



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

**TEXAS HOSPITAL INPATIENT DISCHARGE DATA**

**RESEARCH DATA FILE (RDF)**

**USER MANUAL – 2022 to Present**

**Center for Health Statistics**

**Texas Health Care Information Collection**

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**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

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## BACKGROUND

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

## INPATIENT RESEARCH DATA FILE (RDF)

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

The inpatient RDF includes all the variables in Inpatient Public Use Data File (PUDF) (<https://www.dshs.texas.gov/thcic/hospitals/Inpatientpudf.shtm>) and the additional patient sensitive or confidential data variables. Only data elements approved by the DSHS IRB and DSHS Executive Steering Committee will be released to the requestor with their approved data elements in a custom-built RDF.

The RDF is available in fixed length format text files, tab-delimited or SAS format.

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

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

## PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the outpatient RDF was that the data and resulting information be used for the benefit of the public. This is specified in [HSC, §108.013](#). The [HSC, §108.013](#) also stipulates that DSHS

may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the [HSC, §108.013](#). In addition, under [HSC, §§108.013\(e\) and \(f\)](#), patient and/or physician information in the RDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding.

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

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

## **RESTRICTIONS ON DATA USE**

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

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff

member of the organization that has acquired the data, except with the written approval of DSHS;

- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source,
- 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 Inpatient 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 Hospital Inpatient Discharge Research Data File*, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department’s contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

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

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

## DATA LIMITATIONS

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

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Uniform identification numbers for physicians are available after first (1<sup>st</sup>) quarter 2000 except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.
- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately

represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.

- Race and ethnicity data are required by law and rule to submit for each patient, generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long-Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
- Updates to any RDF manual are available through the THCIC website, <http://www.dshs.texas.gov/thcic/>, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals in the state not specifically exempted by statute prior to January 1, 2015, services. Some hospitals maybe exempted for certain situations (for example, natural or other disasters or other unusual conditions) for limited time periods. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

## HOSPITAL COMMENTS

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

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

## CITATION

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

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



## INPATIENT RDF DATA DICTIONARY

The following information is provided:

|                      |   |
|----------------------|---|
| <b>Field</b>         | Unique, abbreviated name of the data element and brief explanation of the data element.<br>Descriptions of data elements are taken from specifications manuals. |
| <b>Data Source</b>   | Provided by the health care facility on the claim form (Claim)<br>Assigned by DSHS (Assigned)<br>Calculated by DSHS (Calculated)                                |
| <b>Type</b>          | Alphanumeric or numeric   |
| <b>Coding scheme</b> | Valid codes for a data field. Values taken from specifications manuals.   |

Any data provided by a facility that has been determined to be invalid has been assigned the value ` (accent mark). Any data element that is blank should be interpreted as ‘missing’, no data provided, unless otherwise noted.

## BASE DATA FILE

|                          |  |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
|--------------------------|--|-------------------------|---------------------|--------------------------|-----------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------|---------------------------|---------------------|------------------|--------------------|--|
| <b>Field 1:</b>          | <b>RECORD_ID</b><br>Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF (Public Use Data File) Record ID. Each claim associated with a patient’s visit generates a unique Record ID. Does match with RECORD_ID in other Inpatient RDF files.  |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Length:</b>           | 12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned  |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Field 2:</b>          | <b>PAT_UNIQUE_INDEX</b><br>(PUI) Unique identifier assigned to the patient by THCIC. A patient unique index is assigned for each uniquely identifiable patient in the data set. There can be multiple Record IDs associated with a one PUI (see Field # 1).  |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Length:</b>           | 10 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned  |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Field 3:</b>          | <b>THCIC_ID</b><br>Provider ID. Unique identifier assigned to the provider by THCIC.   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Length:</b>           | 6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Field 4:</b>          | <b>SPEC_UNIT_1</b><br>Specialty Unit in which most days stay occurred based on number of days by Type of Bill or Revenue Code.   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Coding Scheme:</b>    | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">C    Coronary Care Unit</td> <td style="width: 50%;">P    Pediatric Unit</td> </tr> <tr> <td>D    Detoxification Unit</td> <td>Y    Psychiatric Unit</td> </tr> <tr> <td>I    Intensive Care Unit</td> <td>R    Rehabilitation Unit</td> </tr> <tr> <td>H    Hospice Unit</td> <td>U    Sub-acute Care Unit</td> </tr> <tr> <td>N    Nursery</td> <td>S    Skilled Nursing Unit</td> </tr> <tr> <td>B    Obstetric Unit</td> <td>Blank Acute Care</td> </tr> <tr> <td>O    Oncology Unit</td> <td></td> </tr> </table> | C    Coronary Care Unit | P    Pediatric Unit | D    Detoxification Unit | Y    Psychiatric Unit | I    Intensive Care Unit | R    Rehabilitation Unit | H    Hospice Unit | U    Sub-acute Care Unit | N    Nursery | S    Skilled Nursing Unit | B    Obstetric Unit | Blank Acute Care | O    Oncology Unit |  |
| C    Coronary Care Unit  | P    Pediatric Unit  |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| D    Detoxification Unit | Y    Psychiatric Unit  |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| I    Intensive Care Unit | R    Rehabilitation Unit   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| H    Hospice Unit        | U    Sub-acute Care Unit   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| N    Nursery             | S    Skilled Nursing Unit  |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| B    Obstetric Unit      | Blank Acute Care   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| O    Oncology Unit       |  |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Length:</b>           | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Field 5:</b>          | <b>SPEC_UNIT_2</b><br>Specialty Unit in which 2 <sup>nd</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Coding Scheme:</b>    | Same as SPEC_UNIT_1.   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Length:</b>           | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |
| <b>Field 6:</b>          | <b>SPEC_UNIT_3</b>   |                         |                     |                          |                       |                          |                          |                   |                          |              |                           |                     |                  |                    |  |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

Specialty Unit in which 3<sup>rd</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.

**Coding Scheme:** Same as SPEC\_UNIT\_1.

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

**Field 7:**            **SPEC\_UNIT\_4**

Specialty Unit in which 4<sup>th</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.

**Coding Scheme:** Same as SPEC\_UNIT\_1.

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

**Field 8:**            **SPEC\_UNIT\_5**

Specialty Unit in which 5<sup>th</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.

**Coding Scheme:** Same as SPEC\_UNIT\_1.

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

**Field 9:**            **ENCOUNTER\_INDICATOR**

Indicates the number of claims used to create the encounter. The encounter refers to an electronic record that contains information on all services rendered for a patient episode of care (admission through discharge) by a provider in a patient care setting. Some non-acute care patients may have more than one claim that is consolidated for the record, such as patients in rehabilitation hospitals, long term care hospitals, or psychiatric hospitals.

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

**Field 10:**          **SEX\_CODE**

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

**Coding Scheme:** M Male  
F Female  
U Unknown

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

**Field 11:**          **BIRTH\_DATE**

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

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

**Field 12:**          **PAT\_AGE\_GROUP**

Code indicating age of patient in days or years on date of discharge.

|                       |    |             |    |       |    |   |
|-----------------------|----|-------------|----|-------|----|---|
| <b>Coding Scheme:</b> | 00 | 1-28 days   | 10 | 35-39 | 20 | 85-89                                     |
|                       | 01 | 29-365 days | 11 | 40-44 | 21 | 90+                                       |
|                       | 02 | 1-4 years   | 12 | 45-49 |    | <i>HIV and drug/alcohol use patients:</i> |
|                       | 03 | 5-9         | 13 | 50-54 | 22 | 0-17                                      |
|                       | 04 | 10-14       | 14 | 55-59 | 23 | 18-44                                     |
|                       | 05 | 15-17       | 15 | 60-64 | 24 | 45-64                                     |
|                       | 06 | 18-19       | 16 | 65-69 | 25 | 65-74                                     |
|                       | 07 | 20-24       | 17 | 70-74 | 26 | 75+                                       |
|                       | 08 | 25-29       | 18 | 75-79 |    | Invalid                                   |
|                       | 09 | 30-34       | 19 | 80-84 |    |   |

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

**Field 13:**          **PAT\_AGE\_YEARS**

Age of patient in years on date of discharge.

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

**Field 14:**          **PAT\_AGE\_DAYS**

Age of patient in days on date of discharge.

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

**Field 15:**          **RACE**

Code indicating the patient's race.

**Coding Scheme:** 1 American Indian/Eskimo/Aleut  
2 Asian or Pacific Islander  
3 Black

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |  |                           |                     |            |     |           |     |               |
|-----------------------|--|---------------------------|---------------------|------------|-----|-----------|-----|---------------|
|                       | 4  | White                     |                     |            |     |           |     |               |
|                       | 5  | Other                     |                     |            |     |           |     |               |
| <b>Length:</b>        | 1  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Claim      |     |           |     |               |
| <b>Field 16:</b>      | <b>ETHNICITY</b>   |                           |                     |            |     |           |     |               |
|                       | Code indicating the Hispanic origin of the patient.  |                           |                     |            |     |           |     |               |
| <b>Coding Scheme:</b> | 1  | Hispanic Origin           |                     |            |     |           |     |               |
|                       | 2  | Not of Hispanic Origin    |                     |            |     |           |     |               |
| <b>Length:</b>        | 1  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Claim      |     |           |     |               |
| <b>Field 17:</b>      | <b>PAT_ADDR_CENSUS_BLOCK_GROUP</b>   |                           |                     |            |     |           |     |               |
|                       | Census block group of patient street address.  |                           |                     |            |     |           |     |               |
| <b>Length:</b>        | 14   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Calculated |     |           |     |               |
| <b>Field 18:</b>      | <b>PAT_ADDR_CENSUS_BLOCK</b>   |                           |                     |            |     |           |     |               |
|                       | Census block of patient street address.  |                           |                     |            |     |           |     |               |
| <b>Length:</b>        | 5  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Calculated |     |           |     |               |
| <b>Field 19:</b>      | <b>PAT_CITY</b>  |                           |                     |            |     |           |     |               |
|                       | Patient address city as provided by the patient.   |                           |                     |            |     |           |     |               |
| <b>Length:</b>        | 30   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider   |     |           |     |               |
| <b>Field 20:</b>      | <b>PAT_STATE</b>   |                           |                     |            |     |           |     |               |
|                       | Patient address state as provided by the patient.  |                           |                     |            |     |           |     |               |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider   |     |           |     |               |
| <b>Field 21:</b>      | <b>PAT_ZIP</b>   |                           |                     |            |     |           |     |               |
|                       | Patient address ZIP code as provided by the patient.   |                           |                     |            |     |           |     |               |
| <b>Length:</b>        | 9  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider   |     |           |     |               |
| <b>Field 22:</b>      | <b>PAT_COUNTRY</b>   |                           |                     |            |     |           |     |               |
|                       | Country of patient's residential address. List maintained by the International Organization for Standardization (ISO). |                           |                     |            |     |           |     |               |
| <b>Coding scheme:</b> | See <a href="http://www.ISO.org">www.ISO.org</a> for complete list.  |                           |                     |            |     |           |     |               |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> | Provider   |     |           |     |               |
| <b>Field 23:</b>      | <b>PAT_COUNTY</b>  |                           |                     |            |     |           |     |               |
|                       | FIPS code of patient's county.   |                           |                     |            |     |           |     |               |
| <b>Coding scheme:</b> | 001  | Anderson                  | 129                 | Donley     | 257 | Kaufman   | 385 | Real          |
|                       | 003  | Andrews                   | 131                 | Duval      | 259 | Kendall   | 387 | Red River     |
|                       | 005  | Angelina                  | 133                 | Eastland   | 261 | Kenedy    | 389 | Reeves        |
|                       | 007  | Aransas                   | 135                 | Ector      | 263 | Kent      | 391 | Refugio       |
|                       | 009  | Archer                    | 137                 | Edwards    | 265 | Kerr      | 393 | Roberts       |
|                       | 011  | Armstrong                 | 139                 | Ellis      | 267 | Kimble    | 395 | Robertson     |
|                       | 013  | Atascosa                  | 141                 | El Paso    | 269 | King      | 397 | Rockwall      |
|                       | 015  | Austin                    | 143                 | Erath      | 271 | Kinney    | 399 | Runnels       |
|                       | 017  | Bailey                    | 145                 | Falls      | 273 | Kleberg   | 401 | Rusk          |
|                       | 019  | Bandera                   | 147                 | Fannin     | 275 | Knox      | 403 | Sabine        |
|                       | 021  | Bastrop                   | 149                 | Fayette    | 283 | La Salle  | 405 | San Augustine |
|                       | 023  | Baylor                    | 151                 | Fisher     | 277 | Lamar     | 407 | San Jacinto   |
|                       | 025  | Bee                       | 153                 | Floyd      | 279 | Lamb      | 409 | San Patricio  |
|                       | 027  | Bell                      | 155                 | Foard      | 281 | Lampasas  | 411 | San Saba      |
|                       | 029  | Bexar                     | 157                 | Fort Bend  | 285 | Lavaca    | 413 | Schleicher    |
|                       | 031  | Blanco                    | 159                 | Franklin   | 287 | Lee       | 415 | Scurry        |
|                       | 033  | Borden                    | 161                 | Freestone  | 289 | Leon      | 417 | Shackelford   |
|                       | 035  | Bosque                    | 163                 | Frio       | 291 | Liberty   | 419 | Shelby        |
|                       | 037  | Bowie                     | 165                 | Gaines     | 293 | Limestone | 421 | Sherman       |
|                       | 039  | Brazoria                  | 167                 | Galveston  | 295 | Lipscomb  | 423 | Smith         |
|                       | 041  | Brazos                    | 169                 | Garza      | 297 | Live Oak  | 425 | Somervell     |
|                       | 043  | Brewster                  | 171                 | Gillespie  | 299 | Llano     | 427 | Starr         |
|                       | 045  | Briscoe                   | 173                 | Glasscock  | 301 | Loving    | 429 | Stephens      |
|                       | 047  | Brooks                    | 175                 | Goliad     | 303 | Lubbock   | 431 | Sterling      |
|                       | 049  | Brown                     | 177                 | Gonzales   | 305 | Lynn      | 433 | Stonewall     |
|                       | 051  | Burleson                  | 179                 | Gray       | 307 | McCulloch | 435 | Sutton        |
|                       | 053  | Burnet                    | 181                 | Grayson    | 309 | McLennan  | 437 | Swisher       |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|     |               |     |            |     |             |     |              |
|-----|---------------|-----|------------|-----|-------------|-----|--------------|
| 055 | Caldwell      | 183 | Gregg      | 311 | McMullen    | 439 | Tarrant      |
| 057 | Calhoun       | 185 | Grimes     | 313 | Madison     | 441 | Taylor       |
| 059 | Callahan      | 187 | Guadalupe  | 315 | Marion      | 443 | Terrell      |
| 061 | Cameron       | 189 | Hale       | 317 | Martin      | 445 | Terry        |
| 063 | Camp          | 191 | Hall       | 319 | Mason       | 447 | Throckmorton |
| 065 | Carson        | 193 | Hamilton   | 321 | Matagorda   | 449 | Titus        |
| 067 | Cass          | 195 | Hansford   | 323 | Maverick    | 451 | Tom Green    |
| 069 | Castro        | 197 | Hardeman   | 325 | Medina      | 453 | Travis       |
| 071 | Chambers      | 199 | Hardin     | 327 | Menard      | 455 | Trinity      |
| 073 | Cherokee      | 201 | Harris     | 329 | Midland     | 457 | Tyler        |
| 075 | Childress     | 203 | Harrison   | 331 | Milam       | 459 | Upshur       |
| 077 | Clay          | 205 | Hartley    | 333 | Mills       | 461 | Upton        |
| 079 | Cochran       | 207 | Haskell    | 335 | Mitchell    | 463 | Uvalde       |
| 081 | Coke          | 209 | Hays       | 337 | Montague    | 465 | Val Verde    |
| 083 | Coleman       | 211 | Hemphill   | 339 | Montgomery  | 467 | Van Zandt    |
| 085 | Collin        | 213 | Henderson  | 341 | Moore       | 469 | Victoria     |
| 087 | Collingsworth | 215 | Hidalgo    | 343 | Morris      | 471 | Walker       |
| 089 | Colorado      | 217 | Hill       | 345 | Motley      | 473 | Waller       |
| 091 | Comal         | 219 | Hockley    | 347 | Nacogdoches | 475 | Ward         |
| 093 | Comanche      | 221 | Hood       | 349 | Navarro     | 477 | Washington   |
| 095 | Concho        | 223 | Hopkins    | 351 | Newton      | 479 | Webb         |
| 097 | Cooke         | 225 | Houston    | 353 | Nolan       | 481 | Wharton      |
| 099 | Coryell       | 227 | Howard     | 355 | Nueces      | 483 | Wheeler      |
| 101 | Cottle        | 229 | Hudspeth   | 357 | Ochiltree   | 485 | Wichita      |
| 103 | Crane         | 231 | Hunt       | 359 | Oldham      | 487 | Wilbarger    |
| 105 | Crockett      | 233 | Hutchinson | 361 | Orange      | 489 | Willacy      |
| 107 | Crosby        | 235 | Irion      | 363 | Palo Pinto  | 491 | Williamson   |
| 109 | Culberson     | 237 | Jack       | 365 | Panola      | 493 | Wilson       |
| 111 | Dallam        | 239 | Jackson    | 367 | Parker      | 495 | Winkler      |
| 113 | Dallas        | 241 | Jasper     | 369 | Parmer      | 497 | Wise         |
| 115 | Dawson        | 243 | Jeff Davis | 371 | Pecos       | 499 | Wood         |
| 117 | Deaf Smith    | 245 | Jefferson  | 373 | Polk        | 501 | Yoakum       |
| 119 | Delta         | 247 | Jim Hogg   | 375 | Potter      | 503 | Young        |
| 121 | Denton        | 249 | Jim Wells  | 377 | Presidio    | 505 | Zapata       |
| 123 | Dewitt        | 251 | Johnson    | 379 | Rains       | 507 | Zavala       |
| 125 | Dickens       | 253 | Jones      | 381 | Randall     |     |              |
| 127 | Dimmit        | 255 | Karnes     | 383 | Reagan      |     | Invalid      |

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

**Field 24:** **PUBLIC\_HEALTH\_REGION**

Public Health Region of patient's address.

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

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties  
 11 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

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

---

**Field 25: TYPE\_OF\_ADMISSION**

Code indicating the type of admission

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

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

---

**Field 26: SOURCE\_OF\_ADMISSION**

Code indicating source of the admission.

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

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

---

**Field 27: FIRST\_PAYMENT\_SRC**

Code indicating the expected primary source of payment.

**Coding Scheme:** 09 Self-pay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data)    HM    Health Maintenance Organization  
 10 Central Certification    LI    Liability  
 11 Other Non-federal Programs    LM    Liability Medical  
 12 Preferred Provider Organization (PPO)    MA    Medicare Part A  
 13 Point of Service (POS)    MB    Medicare Part B  
 14 Exclusive Provider Organization (EPO)    MC    Medicaid  
 15 Indemnity Insurance    TV    Title V  
 16 Health Maintenance Organization (HMO) Medicare Risk    OF    Other Federal Program  
 AM Automobile Medical    VA    Veteran Administration Plan  
 BL Blue Cross/Blue Shield    WC    Workers Compensation Health Claim  
 CH CHAMPUS    ZZ    Charity, Indigent or Unknown  
 CI Commercial Insurance    ``    Codes 09 and ZZ, combined for 2004 & 2005  
 DS Disability Insurance    `    Invalid

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

---

**Field 28: FIRST\_PAYER\_ID**

National Plan Identifier (when implemented by federal government).

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

---

**Field 29: FIRST\_PAYER\_NAME**

Name of primary source of payment.

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

---

**Field 30: SECONDARY\_PAYMENT\_SRC**

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |  |  |                                |
|-----------------------|--|--|--------------------------------|
|                       | Code indicating the expected secondary source of payment.  |  |                                |
| <b>Coding Scheme:</b> | Same as FIRST_PAYMENT_SRC  |  |                                |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Claim      |
| <b>Field 31:</b>      | <b>SECONDARY_PAYER_ID</b>  |  |                                |
|                       | National Plan Identifier (when implemented by federal government).   |  |                                |
| <b>Length:</b>        | 10   | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Claim      |
| <b>Field 32:</b>      | <b>SECONDARY_PAYER_NAME</b>  |  |                                |
|                       | Name of secondary source of payment.   |  |                                |
| <b>Length:</b>        | 35   | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Claim      |
| <b>Field 33:</b>      | <b>ADMIT_START_OF_CARE</b>   |  |                                |
|                       | Date patient was admitted to the provider for inpatient care or other start of care. Entered as YYYYMMDD.  |  |                                |
| <b>Length:</b>        | 8  | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Claim      |
| <b>Field 34:</b>      | <b>ADMIT_WEEKDAY</b>   |  |                                |
|                       | Code indicating day of week patient is admitted  |  |                                |
| <b>Coding Scheme:</b> | 1  | Monday   | 5                              |
|                       | 2  | Tuesday  | 6                              |
|                       | 3  | Wednesday  | 7                              |
|                       | 4  | Thursday   | Sunday                         |
| <b>Length:</b>        | 1  | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Claim      |
| <b>Field 35:</b>      | <b>ADMIT_HOUR</b>  |  |                                |
|                       | Code indicating hour during which the patient was admitted for inpatient care  |  |                                |
| <b>Coding Scheme:</b> | 00   | 12 midnight-12:59 a.m.   | 13                             |
|                       | 01   | 1:00 – 1:59 a.m.   | 14                             |
|                       | 02   | 2:00 – 2:59 a.m.   | 15                             |
|                       | 03   | 3:00 – 3:59 a.m.   | 16                             |
|                       | 04   | 4:00 – 4:59 a.m.   | 17                             |
|                       | 05   | 5:00 – 5:59 a.m.   | 18                             |
|                       | 06   | 6:00 – 6:59 a.m.   | 19                             |
|                       | 07   | 7:00 – 7:59 a.m.   | 20                             |
|                       | 08   | 8:00 – 8:59 a.m.   | 21                             |
|                       | 09   | 9:00 – 9:59 a.m.   | 22                             |
|                       | 10   | 10:00 – 10:59 a.m.   | 23                             |
|                       | 11   | 11:00 – 11:59 a.m.   | 99                             |
|                       | 12   | 12 noon – 12:59 p.m.   | Hour unknown                   |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Claim      |
| <b>Field 36:</b>      | <b>STMT_PERIOD_FROM</b>  |  |                                |
|                       | Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.  |  |                                |
| <b>Length:</b>        | 8  | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Claim      |
| <b>Field 37:</b>      | <b>STMT_PERIOD_THRU</b>  |  |                                |
|                       | Ending service date of the period reflected on the statement. Entered as YYYYMMDD.   |  |                                |
| <b>Length:</b>        | 8  | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Claim      |
| <b>Field 38:</b>      | <b>LENGTH_OF_STAY</b>  |  |                                |
|                       | 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 minimum length of stay is 1 day. The maximum is 9999 days. |  |                                |
| <b>Length:</b>        | 4  | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Calculated |
| <b>Field 39:</b>      | <b>PAT_STATUS</b>  |  |                                |
|                       | Code 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 skilled care |                                |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

- 07 Left against medical advice
- 09 Admitted as inpatient to this hospital
- 20 Expired
- 21 Discharged/transferred to Court/Law Enforcement
- 30 Still patient
- 40 Expired at home
- 41 Expired in a medical facility
- 42 Expired, place unknown
- 43 Discharged/transferred to federal government operated health facility
- 50 Hospice-home
- 51 Hospice-medical facility (Certified) providing hospice level of care
- 61 Discharged/transferred within this institution to Medicare-approved swing bed
- 62 Discharged/transferred to inpatient rehabilitation facility
- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
- 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to Critical Access Hospital (CAH)
- 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 81 Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 82 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 83 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

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

**Field 40:**    **DISCHARGE\_HOUR**

Code indicating hour during which the patient was discharged from inpatient care

|                       |                           |                       |
|-----------------------|---------------------------|-----------------------|
| <b>Coding Scheme:</b> | 00 12 midnight-12:59 a.m. | 13 1:00 – 1:59 p.m.   |
|                       | 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.       | 16 4:00 – 4:59 p.m.   |
|                       | 04 4:00 – 4:59 a.m.       | 17 5:00 – 5:59 p.m.   |
|                       | 05 5:00 – 5:59 a.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.       | 21 9:00 – 9:59 p.m.   |
|                       | 09 9:00 – 9:59 a.m.       | 22 10:00 – 10:59 p.m. |
|                       | 10 10:00 – 10:59 a.m.     | 23 11:00 – 11:59 p.m. |
|                       | 11 11:00 – 11:59 a.m.     | 99 Hour unknown       |
|                       | 12 12 noon – 12:59 p.m.   |                       |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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

**Field 41: TYPE\_OF\_BILL**

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

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

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

**Field 42: ADMITTING\_DIAGNOSIS**

ICD-10-CM (International Classification of Diseases- Revision 10- Clinical Modification) diagnosis code that indicates the patient’s diagnosis on admission, 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 43: PRINC\_DIAG\_CODE**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code that describes the principal diagnosis, i.e., the condition established after study to be chiefly responsible for causing the hospitalization, 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 44: POA\_PRINC\_DIAG\_CODE**

POA – Present on Admission code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital

**Coding Scheme:**

|   |                         |
|---|-------------------------|
| Y | Yes                     |
| N | No                      |
| U | Unknown                 |
| W | Clinically Undetermined |

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

**Field 45: OTH\_DIAG\_CODE\_1**

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code for a condition that coexists with the principal diagnosis or develops subsequently during a patient’s treatment, 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 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:** 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 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**



## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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 – 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

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**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

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**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

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**Field 55:**    **OTH\_DIAG\_CODE\_6**

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

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**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:**    **OTH\_DIAG\_CODE\_7**

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.

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |  |              |              |                     |       |
|-----------------------|--|--------------|--------------|---------------------|-------|
| <b>Length:</b>        | 7  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 58:</b>      | <b>POA_OTH_DIAG_CODE_7</b>   |              |              |                     |       |
|                       | POA – Present on Admission code identifying whether Oth_Diag_Code_7 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 59:</b>      | <b>OTH_DIAG_CODE_8</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 60:</b>      | <b>POA_OTH_DIAG_CODE_8</b>   |              |              |                     |       |
|                       | POA – Present on Admission code identifying whether Oth_Diag_Code_8 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 61:</b>      | <b>OTH_DIAG_CODE_9</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 62:</b>      | <b>POA_OTH_DIAG_CODE_9</b>   |              |              |                     |       |
|                       | 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  |              |              |                     |       |
| <b>Length:</b>        | 1  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim |
| <b>Field 63:</b>      | <b>OTH_DIAG_CODE_10</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 64:</b>      | <b>POA_OTH_DIAG_CODE_10</b>  |              |              |                     |       |
|                       | POA – Present on Admission code identifying whether Oth_Diag_Code_10 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 65:</b>      | <b>OTH_DIAG_CODE_11</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 66:</b>      | <b>POA_OTH_DIAG_CODE_11</b>  |              |              |                     |       |
|                       | POA – Present on Admission code identifying whether Oth_Diag_Code_11 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 67:</b>      | <b>OTH_DIAG_CODE_12</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  |              |              |                     |       |

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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 68: POA\_OTH\_DIAG\_CODE\_12**

POA – Present on Admission code identifying whether Oth\_Diag\_Code\_12 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 69: OTH\_DIAG\_CODE\_13**

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: 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

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

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

**Field 71: OTH\_DIAG\_CODE\_14**

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: POA\_OTH\_DIAG\_CODE\_14**

POA – Present on Admission code identifying whether Oth\_Diag\_Code\_14 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 73: OTH\_DIAG\_CODE\_15**

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 74: POA\_OTH\_DIAG\_CODE\_15**

POA – Present on Admission code identifying whether Oth\_Diag\_Code\_15 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 75: OTH\_DIAG\_CODE\_16**

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 76: POA\_OTH\_DIAG\_CODE\_16**

POA – Present on Admission code identifying whether Oth\_Diag\_Code\_16 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 77: OTH\_DIAG\_CODE\_17**

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

**Field 78:**    **POA\_OTH\_DIAG\_CODE\_17**

POA – Present on Admission code identifying whether Oth\_Diag\_Code\_17 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 79:**    **OTH\_DIAG\_CODE\_18**

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 80:**    **POA\_OTH\_DIAG\_CODE\_18**

POA – Present on Admission code identifying whether Oth\_Diag\_Code\_18 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 81:**    **OTH\_DIAG\_CODE\_19**

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 82:**    **POA\_OTH\_DIAG\_CODE\_19**

POA – Present on Admission code identifying whether Oth\_Diag\_Code\_19 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 83:**    **OTH\_DIAG\_CODE\_20**

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 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:** Same as field POA\_PRINC\_DIAG\_CODE

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

**Field 85:**    **OTH\_DIAG\_CODE\_21**

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 86:**    **POA\_OTH\_DIAG\_CODE\_21**

POA – Present on Admission code identifying whether Oth\_Diag\_Code\_21 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

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|                       |  |                           |                           |
|-----------------------|--|---------------------------|---------------------------|
| <b>Length:</b>        | 1  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 87:</b>      | <b>OTH_DIAG_CODE_22</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 88:</b>      | <b>POA_OTH_DIAG_CODE_22</b>  |                           |                           |
|                       | POA – Present on Admission code identifying whether Oth_Diag_Code_22 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 89:</b>      | <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.                                 |                           |                           |
| <b>Length:</b>        | 7  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 90:</b>      | <b>POA_OTH_DIAG_CODE_23</b>  |                           |                           |
|                       | POA – Present on Admission code identifying whether Oth_Diag_Code_23 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 91:</b>      | <b>OTH_DIAG_CODE_24</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 92:</b>      | <b>POA_OTH_DIAG_CODE_24</b>  |                           |                           |
|                       | POA – Present on Admission code identifying whether Oth_Diag_Code_24 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 93:</b>      | <b>E_CODE_1</b>  |                           |                           |
|                       | 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 |                           |                           |
| <b>Length:</b>        | 7  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 94:</b>      | <b>POA_E_CODE_1</b>  |                           |                           |
|                       | 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.   |                           |                           |
| <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 95:</b>      | <b>E_CODE_2</b>  |                           |                           |
|                       | 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 |                           |                           |
| <b>Length:</b>        | 7  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 96:</b>      | <b>POA_E_CODE_2</b>  |                           |                           |

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POA – Present on Admission code identifying whether E\_Code\_2 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

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

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**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

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**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

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

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

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**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

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**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:** Same as field POA\_PRINC\_DIAG\_CODE

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

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**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 an additional external cause of morbidity. Decimal is implied following the third character

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

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**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:** Same as field POA\_PRINC\_DIAG\_CODE

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

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**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

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**Field 104:**    **POA\_E\_CODE\_6**

POA – Present on Admission code identifying whether E\_Code\_6 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

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

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**Field 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

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|                       |  |              |              |                     |            |
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| <b>Length:</b>        | 7  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim      |
| <b>Field 106:</b>     | <b>POA_E_CODE_7</b>  |              |              |                     |            |
|                       | POA – Present on Admission code identifying whether E_Code_7 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 107:</b>     | <b>E_CODE_8</b>  |              |              |                     |            |
|                       | 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 |              |              |                     |            |
| <b>Length:</b>        | 7  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim      |
| <b>Field 108:</b>     | <b>POA_E_CODE_8</b>  |              |              |                     |            |
|                       | POA – Present on Admission code identifying whether E_Code_8 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 109:</b>     | <b>E_CODE_9</b>  |              |              |                     |            |
|                       | 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 |              |              |                     |            |
| <b>Length:</b>        | 7  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim      |
| <b>Field 110:</b>     | <b>POA_E_CODE_9</b>  |              |              |                     |            |
|                       | POA – Present on Admission code identifying whether E_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  |              |              |                     |            |
| <b>Length:</b>        | 1  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim      |
| <b>Field 111:</b>     | <b>E_CODE_10</b>   |              |              |                     |            |
|                       | 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 |              |              |                     |            |
| <b>Length:</b>        | 7  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim      |
| <b>Field 112:</b>     | <b>POA_E_CODE_10</b>   |              |              |                     |            |
|                       | POA – Present on Admission code identifying whether E_Code_10 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 113:</b>     | <b>PRINC_SURG_PROC_CODE</b>  |              |              |                     |            |
|                       | ICD-10-PCS (International Classification System - Revision 10 - Procedure Coding System) code identifying the principal surgical procedure performed.  |              |              |                     |            |
| <b>Length:</b>        | 7  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim      |
| <b>Field 114:</b>     | <b>PRINC_SURG_PROC_DATE</b>  |              |              |                     |            |
|                       | Date the principal surgical procedure was performed. Entered as YYYYMMDD.  |              |              |                     |            |
| <b>Length:</b>        | 8  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Claim      |
| <b>Field 115:</b>     | <b>PRINC_SURG_PROC_DAY</b>   |              |              |                     |            |
|                       | Day of principal surgical procedure was performed. Date minus Admission/Start of Care Date   |              |              |                     |            |
| <b>Length:</b>        | 4  | <b>Type:</b> | Alphanumeric | <b>Data Source:</b> | Calculated |
| <b>Field 116:</b>     | <b>OTH_SURG_PROC_CODE_1</b>  |              |              |                     |            |
|                       | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.  |              |              |                     |            |

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|                   |   |                           |                                |
|-------------------|---|---------------------------|--------------------------------|
| <b>Length:</b>    | 7   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 117:</b> | <b>OTH_SURG_PROC_DATE_1</b><br>Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.  |                           |                                |
| <b>Length:</b>    | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 118:</b> | <b>OTH_SURG_PROC_DAY_1</b><br>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 |                           |                                |
| <b>Length:</b>    | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 119:</b> | <b>OTH_SURG_PROC_CODE_2</b><br>Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.                        |                           |                                |
| <b>Length:</b>    | 7   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 120:</b> | <b>OTH_SURG_PROC_DATE_2</b><br>Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.  |                           |                                |
| <b>Length:</b>    | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 121:</b> | <b>OTH_SURG_PROC_DAY_2</b><br>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 |                           |                                |
| <b>Length:</b>    | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 122:</b> | <b>OTH_SURG_PROC_CODE_3</b><br>Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.                        |                           |                                |
| <b>Length:</b>    | 7   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 123:</b> | <b>OTH_SURG_PROC_DATE_3</b><br>Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.  |                           |                                |
| <b>Length:</b>    | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 124:</b> | <b>OTH_SURG_PROC_DAY_3</b><br>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 |                           |                                |
| <b>Length:</b>    | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 125:</b> | <b>OTH_SURG_PROC_CODE_4</b><br>Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.                        |                           |                                |
| <b>Length:</b>    | 7   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 126:</b> | <b>OTH_SURG_PROC_DATE_4</b><br>Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.  |                           |                                |
| <b>Length:</b>    | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 127:</b> | <b>OTH_SURG_PROC_DAY_4</b><br>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 |                           |                                |
| <b>Length:</b>    | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 128:</b> | <b>OTH_SURG_PROC_CODE_5</b><br>Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.                        |                           |                                |
| <b>Length:</b>    | 7   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 129:</b> | <b>OTH_SURG_PROC_DATE_5</b><br>Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.  |                           |                                |



## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                   |   |                           |                                |
|-------------------|---|---------------------------|--------------------------------|
| <b>Length:</b>    | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 130:</b> | <b>OTH_SURG_PROC_DAY_5</b><br>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 |                           |                                |
| <b>Length:</b>    | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 131:</b> | <b>OTH_SURG_PROC_CODE_6</b><br>Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.                        |                           |                                |
| <b>Length:</b>    | 7   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 132:</b> | <b>OTH_SURG_PROC_DATE_6</b><br>Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .  |                           |                                |
| <b>Length:</b>    | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 133:</b> | <b>OTH_SURG_PROC_DAY_6</b><br>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 |                           |                                |
| <b>Length:</b>    | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 134:</b> | <b>OTH_SURG_PROC_CODE_7</b><br>Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.                        |                           |                                |
| <b>Length:</b>    | 7   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 135:</b> | <b>OTH_SURG_PROC_DATE_7</b><br>Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .  |                           |                                |
| <b>Length:</b>    | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 136:</b> | <b>OTH_SURG_PROC_DAY_7</b><br>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 |                           |                                |
| <b>Length:</b>    | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 137:</b> | <b>OTH_SURG_PROC_CODE_8</b><br>Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.                        |                           |                                |
| <b>Length:</b>    | 7   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 138:</b> | <b>OTH_SURG_PROC_DATE_8</b><br>Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .  |                           |                                |
| <b>Length:</b>    | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 139:</b> | <b>OTH_SURG_PROC_DAY_8</b><br>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 |                           |                                |
| <b>Length:</b>    | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 140:</b> | <b>OTH_SURG_PROC_CODE_9</b><br>Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.                        |                           |                                |
| <b>Length:</b>    | 7   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 141:</b> | <b>OTH_SURG_PROC_DATE_9</b><br>Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .  |                           |                                |
| <b>Length:</b>    | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 142:</b> | <b>OTH_SURG_PROC_DAY_9</b>  |                           |                                |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

**Length:** 4    **Type:** Alphanumeric    **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:**    **OTH\_SURG\_PROC\_DATE\_10**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 145:**    **OTH\_SURG\_PROC\_DAY\_10**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 146:**    **OTH\_SURG\_PROC\_CODE\_11**

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 147:**    **OTH\_SURG\_PROC\_DATE\_11**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 148:**    **OTH\_SURG\_PROC\_DAY\_11**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 149:**    **OTH\_SURG\_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.

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

**Field 150:**    **OTH\_SURG\_PROC\_DATE\_12**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 151:**    **OTH\_SURG\_PROC\_DAY\_12**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 152:**    **OTH\_SURG\_PROC\_CODE\_13**

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 153:**    **OTH\_SURG\_PROC\_DATE\_13**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 154:**    **OTH\_SURG\_PROC\_DAY\_13**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 155:**    **OTH\_SURG\_PROC\_CODE\_14**

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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 156:**    **OTH\_SURG\_PROC\_DATE\_14**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 157:**    **OTH\_SURG\_PROC\_DAY\_14**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 158:**    **OTH\_SURG\_PROC\_CODE\_15**

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 159:**    **OTH\_SURG\_PROC\_DATE\_15**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 160:**    **OTH\_SURG\_PROC\_DAY\_15**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 161:**    **OTH\_SURG\_PROC\_CODE\_16**

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 162:**    **OTH\_SURG\_PROC\_DATE\_16**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 163:**    **OTH\_SURG\_PROC\_DAY\_16**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 164:**    **OTH\_SURG\_PROC\_CODE\_17**

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 165:**    **OTH\_SURG\_PROC\_DATE\_17**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 166:**    **OTH\_SURG\_PROC\_DAY\_17**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 167:**    **OTH\_SURG\_PROC\_CODE\_18**

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 168:**    **OTH\_SURG\_PROC\_DATE\_18**

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 169:**    **OTH\_SURG\_PROC\_DAY\_18**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 170:**    **OTH\_SURG\_PROC\_CODE\_19**

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 171:**    **OTH\_SURG\_PROC\_DATE\_19**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 172:**    **OTH\_SURG\_PROC\_DAY\_19**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 173:**    **OTH\_SURG\_PROC\_CODE\_20**

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 174:**    **OTH\_SURG\_PROC\_DATE\_20**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 175:**    **OTH\_SURG\_PROC\_DAY\_20**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 176:**    **OTH\_SURG\_PROC\_CODE\_21**

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 177:**    **OTH\_SURG\_PROC\_DATE\_21**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 178:**    **OTH\_SURG\_PROC\_DAY\_21**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 179:**    **OTH\_SURG\_PROC\_CODE\_22**

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 180:**    **OTH\_SURG\_PROC\_DATE\_22**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 181:**    **OTH\_SURG\_PROC\_DAY\_22**

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 182:**    **OTH\_SURG\_PROC\_CODE\_23**

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.

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

**Field 183:**    **OTH\_SURG\_PROC\_DATE\_23**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 184:**    **OTH\_SURG\_PROC\_DAY\_23**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Field 185:**    **OTH\_SURG\_PROC\_CODE\_24**

Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.

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

**Field 186:**    **OTH\_SURG\_PROC\_DATE\_24**

Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.

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

**Field 187:**    **OTH\_SURG\_PROC\_DAY\_24**

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed *minus* Admission/Start of Care Date

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

**Coding Scheme:** 999999999 Temporary license or license number could not be matched

**Length:** 10    **Type:** Alphanumeric    **Data Source:** 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 podiatrists authorized by the hospital to admit or treat patients

**Coding Scheme:** 999999999 Temporary license or license number could not be matched

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

**Field 190:**    **OCCUR\_CODE\_1**

Code describing a significant event relating to the claim.

|                       |  |    |   |
|-----------------------|--|----|---|
| <b>Coding Scheme:</b> | 01    Auto accident  | 40 | Scheduled date of admission                 |
|                       | 02    No Fault Insurance Involved - Including<br>Auto Accident/Other | 41 | Date of first test of pre-admission testing |
|                       | 03    Accident/ Tort Liability                                       | 42 | Date of discharge (hospice only)            |
|                       | 04    Accident/ Employment Related                                   | 43 | Scheduled date of canceled surgery          |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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

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

**Field 191:**    **OCCUR\_DATE\_1**  
Date of occurrence, as YYYYMMDD.

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

**Field 192:**    **OCCUR\_DAY\_1**  
Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

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

**Field 193:**    **OCCUR\_CODE\_2**  
Code describing a significant event relating to the claim.

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

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

**Field 194:**    **OCCUR\_DATE\_2**  
Date of occurrence, as YYYYMMDD.

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

**Field 195:**    **OCCUR\_DAY\_2**  
Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

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

**Field 196:**    **OCCUR\_CODE\_3**  
Code describing a significant event relating to the claim.

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

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

**Field 197:**    **OCCUR\_DATE\_3**

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |   |                           |                                |
|-----------------------|---|---------------------------|--------------------------------|
|                       | Date of occurrence, as YYYYMMDD.  |                           |                                |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 198:</b>     | <b>OCCUR_DAY_3</b>  |                           |                                |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. |                           |                                |
| <b>Length:</b>        | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 199:</b>     | <b>OCCUR_CODE_4</b>   |                           |                                |
|                       | Code describing a significant event relating to the claim.                              |                           |                                |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.   |                           |                                |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 200:</b>     | <b>OCCUR_DATE_4</b>   |                           |                                |
|                       | Date of occurrence, as YYYYMMDD.  |                           |                                |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 201:</b>     | <b>OCCUR_DAY_4</b>  |                           |                                |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. |                           |                                |
| <b>Length:</b>        | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 202:</b>     | <b>OCCUR_CODE_5</b>   |                           |                                |
|                       | Code describing a significant event relating to the claim.                              |                           |                                |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.   |                           |                                |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 203:</b>     | <b>OCCUR_DATE_5</b>   |                           |                                |
|                       | Date of occurrence, as YYYYMMDD.  |                           |                                |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 204:</b>     | <b>OCCUR_DAY_5</b>  |                           |                                |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. |                           |                                |
| <b>Length:</b>        | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 205:</b>     | <b>OCCUR_CODE_6</b>   |                           |                                |
|                       | Code describing a significant event relating to the claim.                              |                           |                                |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.   |                           |                                |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 206:</b>     | <b>OCCUR_DATE_6</b>   |                           |                                |
|                       | Date of occurrence, as YYYYMMDD.  |                           |                                |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 207:</b>     | <b>OCCUR_DAY_6</b>  |                           |                                |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. |                           |                                |
| <b>Length:</b>        | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 208:</b>     | <b>OCCUR_CODE_7</b>   |                           |                                |
|                       | Code describing a significant event relating to the claim.                              |                           |                                |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.   |                           |                                |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 209:</b>     | <b>OCCUR_DATE_7</b>   |                           |                                |
|                       | Date of occurrence, as YYYYMMDD.  |                           |                                |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 210:</b>     | <b>OCCUR_DAY_7</b>  |                           |                                |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. |                           |                                |
| <b>Length:</b>        | 4   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Calculated |
| <b>Field 211:</b>     | <b>OCCUR_CODE_8</b>   |                           |                                |
|                       | Code describing a significant event relating to the claim.                              |                           |                                |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.   |                           |                                |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim      |
| <b>Field 212:</b>     | <b>OCCUR_DATE_8</b>   |                           |                                |
|                       | Date of occurrence, as YYYYMMDD.  |                           |                                |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |   |   |              |  |            |
|-----------------------|---|---|--------------|--|------------|
| <b>Length:</b>        | 8   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Claim      |
| <b>Field 213:</b>     | <b>OCCUR_DAY_8</b>  |   |              |  |            |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.     |   |              |  |            |
| <b>Length:</b>        | 4   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Calculated |
| <b>Field 214:</b>     | <b>OCCUR_CODE_9</b>   |   |              |  |            |
|                       | Code describing a significant event relating to the claim.                                  |   |              |  |            |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.   |   |              |  |            |
| <b>Length:</b>        | 2   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Claim      |
| <b>Field 215:</b>     | <b>OCCUR_DATE_9</b>   |   |              |  |            |
|                       | Date of occurrence, as YYYYMMDD.  |   |              |  |            |
| <b>Length:</b>        | 8   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Claim      |
| <b>Field 216:</b>     | <b>OCCUR_DAY_9</b>  |   |              |  |            |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.     |   |              |  |            |
| <b>Length:</b>        | 4   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Calculated |
| <b>Field 217:</b>     | <b>OCCUR_CODE_10</b>  |   |              |  |            |
|                       | Code describing a significant event relating to the claim.                                  |   |              |  |            |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.   |   |              |  |            |
| <b>Length:</b>        | 2   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Claim      |
| <b>Field 218:</b>     | <b>OCCUR_DATE_10</b>  |   |              |  |            |
|                       | Date of occurrence, as YYYYMMDD.  |   |              |  |            |
| <b>Length:</b>        | 8   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Claim      |
| <b>Field 219:</b>     | <b>OCCUR_DAY_10</b>   |   |              |  |            |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.     |   |              |  |            |
| <b>Length:</b>        | 4   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Calculated |
| <b>Field 220:</b>     | <b>OCCUR_CODE_11</b>  |   |              |  |            |
|                       | Code describing a significant event relating to the claim.                                  |   |              |  |            |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.   |   |              |  |            |
| <b>Length:</b>        | 2   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Claim      |
| <b>Field 221:</b>     | <b>OCCUR_DATE_11</b>  |   |              |  |            |
|                       | Date of occurrence, as YYYYMMDD.  |   |              |  |            |
| <b>Length:</b>        | 8   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Claim      |
| <b>Field 222:</b>     | <b>OCCUR_DAY_11</b>   |   |              |  |            |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.     |   |              |  |            |
| <b>Length:</b>        | 4   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Calculated |
| <b>Field 223:</b>     | <b>OCCUR_CODE_12</b>  |   |              |  |            |
|                       | Code describing a significant event relating to the claim.                                  |   |              |  |            |
| <b>Coding Scheme:</b> | Same as OCCUR_CODE_1.   |   |              |  |            |
| <b>Length:</b>        | 2   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Claim      |
| <b>Field 224:</b>     | <b>OCCUR_DATE_12</b>  |   |              |  |            |
|                       | Date of occurrence, as YYYYMMDD.  |   |              |  |            |
| <b>Length:</b>        | 8   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Claim      |
| <b>Field 225:</b>     | <b>OCCUR_DAY_12</b>   |   |              |  |            |
|                       | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.     |   |              |  |            |
| <b>Length:</b>        | 4   | <b>Type:</b>                              | Alphanumeric | <b>Data Source:</b>                                      | Calculated |
| <b>Field 226:</b>     | <b>OCCUR_SPAN_CODE_1</b>  |   |              |  |            |
|                       | Code describing a significant event relating to the claim that may affect payer processing. |   |              |  |            |
| <b>Coding Scheme:</b> | 70  | Qualifying stay dates (for SNF use only)  | 78           | SNF prior stay dates                                     |            |
|                       | 71  | Prior stay dates                          | 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                                  |            |



## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |   |   |                     |  |
|-----------------------|---|---|---------------------|--|
|                       | 76  | Patient Liability Period  | M3                  | ICF level of care  |
|                       | 77  | Provider Liability - Utilization Charged                                      | M4                  | Residential level of care                                    |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 227:</b>     | <b>OCCUR_SPAN_FROM_1</b>  |   |                     |  |
|                       | Occurrence Span From is the Beginning Date of Occurrence Event.                             |   |                     |  |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 228:</b>     | <b>OCCUR_SPAN_THRU_1</b>  |   |                     |  |
|                       | Occurrence Span Thru is the Ending Date of Occurrence Event.                                |   |                     |  |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 229:</b>     | <b>OCCUR_SPAN_CODE_2</b>  |   |                     |  |
|                       | Code describing a significant event relating to the claim that may affect payer processing. |   |                     |  |
| <b>Coding Scheme:</b> | Same as OCCUR_SPAN_CODE_1.  |   |                     |  |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 230:</b>     | <b>OCCUR_SPAN_FROM_2</b>  |   |                     |  |
|                       | Occurrence Span From is the Beginning Date of Occurrence Event.                             |   |                     |  |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 231:</b>     | <b>OCCUR_SPAN_THRU_2</b>  |   |                     |  |
|                       | Occurrence Span Thru is the Ending Date of Occurrence Event.                                |   |                     |  |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 232:</b>     | <b>OCCUR_SPAN_CODE_3</b>  |   |                     |  |
|                       | Code describing a significant event relating to the claim that may affect payer processing. |   |                     |  |
| <b>Coding Scheme:</b> | Same as OCCUR_SPAN_CODE_1.  |   |                     |  |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 233:</b>     | <b>OCCUR_SPAN_FROM_3</b>  |   |                     |  |
|                       | Occurrence Span From is the Beginning Date of Occurrence Event.                             |   |                     |  |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 234:</b>     | <b>OCCUR_SPAN_THRU_3</b>  |   |                     |  |
|                       | Occurrence Span Thru is the Ending Date of Occurrence Event.                                |   |                     |  |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 235:</b>     | <b>OCCUR_SPAN_CODE_4</b>  |   |                     |  |
|                       | Code describing a significant event relating to the claim that may affect payer processing. |   |                     |  |
| <b>Coding Scheme:</b> | Same as OCCUR_SPAN_CODE_1.  |   |                     |  |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 236:</b>     | <b>OCCUR_SPAN_FROM_4</b>  |   |                     |  |
|                       | Occurrence Span From is the Beginning Date of Occurrence Event.                             |   |                     |  |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 237:</b>     | <b>OCCUR_SPAN_THRU_4</b>  |   |                     |  |
|                       | Occurrence Span Thru is the Ending Date of Occurrence Event.                                |   |                     |  |
| <b>Length:</b>        | 8   | <b>Type:</b> Alphanumeric   | <b>Data Source:</b> | Claim  |
| <b>Field 238:</b>     | <b>CONDITION_CODE_1</b>   |   |                     |  |
|                       | Code describing a condition relating to the claim.  |   |                     |  |
| <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          |
|                       | 04  | Information only bill.  | 86                  | Additional Hemodialysis Treatment with Medical Justification |
|                       | 05  | Lien has been filed   | A0                  | TRICARE external partnership program                         |
|                       | 06  | ESRD patient in first 18 months of entitlement covered by EGHP                | A1                  | EPSDT/CHAP   |
|                       | 07  | Treatment of non-terminal condition for hospice patient                       | A2                  | Physically handicapped children's program                    |
|                       | 08  | Beneficiary would not provide information concerning other insurance coverage | A3                  | Special Federal Funding                                      |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|    |  |    |   |
|----|--|----|---|
| 09 | Neither patient or spouse is employed  | A4 | Family planning   |
| 10 | Patient and/or spouse is employed but no EGHP exists   | A5 | Disability  |
| 11 | Disabled beneficiary but no LGHP coverage exists   | A6 | Vaccines/Medicare 100% payment  |
| 17 | Patient is homeless  | A9 | Second opinion surgery  |
| 18 | Maiden name retained   | AA | Abortion performed due to rape  |
| 19 | Child retains mother's name  | AB | Abortion performed due to incest  |
| 20 | Beneficiary requested billing  | AC | Abortion performed due to serious fatal genetic defect, deformity, or abnormality |
| 21 | Billing for denial notice  | AD | Abortion performed due to life endangering physical condition                     |
| 22 | Patient on multiple drug regimen   | AE | Abortion performed due to physical health of mother that is not life endangering  |
| 23 | Home care giver available  | AF | Abortion performed due to emotional/psychological health of mother                |
| 24 | Home IV patient also receiving HHA services  | AG | Abortion performed due to social or economic reasons                              |
| 25 | Patient is non-US resident   | AH | Elective abortion   |
| 26 | VA eligible patient chooses to receive services in a Medicare certified facility                       | AI | Sterilization   |
| 27 | Patient referred to a sole community hospital for a diagnostic laboratory test                         | AJ | Payer responsible for co-payment  |
| 28 | Patient and/or spouse's EGHP is secondary to Medicare  | AK | Air ambulance required  |
| 29 | Disabled beneficiary and/or family member's LGHP is secondary to Medicare                              | AL | Specialized treatment/bed unavailable   |
| 30 | Non-research services provided to patients enrolled in a qualified clinical trial                      | AM | Non-emergency medically necessary stretcher transport required                    |
| 31 | Patient is student (full time - day)   | AN | Pre-admission screening not required  |
| 32 | Patient is student (cooperative/work study program)  | B0 | Medicare coordinated care demonstration claim                                     |
| 33 | Patient is student (full time - night)   | B1 | Beneficiary is ineligible for demonstration program                               |
| 34 | Patient is student (part-time)   | B4 | Admission unrelated to discharge on same day                                      |
| 36 | General care patient in a special unit   | BP | Gulf Oil Spill of 2010  |
| 37 | Ward accommodation at patient request  | C1 | Approved as billed  |
| 38 | Semi-private room not available  | C2 | Automatic approval as billed based on focused review                              |
| 39 | Private room medically necessary   | C3 | Partial approval  |
| 40 | Same day transfer  | C4 | Admission/services denied   |
| 41 | Partial hospitalization  | C5 | Post payment review applicable  |
| 42 | Continuing care not related to inpatient admission   | C6 | Admission Preauthorization  |
| 43 | Continuing care not provided within prescribed post discharge window                                   | C7 | Extended Authorization  |
| 44 | Inpatient admission changed to outpatient  | D0 | Changes to Service Dates  |
| 45 | Ambiguous Gender Category  | D1 | Changes to Charges  |
| 46 | Non-availability statement on file   | D3 | Second or Subsequent Interim PPS Bill   |
| 47 | Transfer from another Home Health Agency   | D4 | Change in clinical codes (ICD) for diagnosis and/or procedure codes.              |
| 48 | Psychiatric residential treatment centers for children and adolescents (RTCs)                          | D5 | Cancel to correct Insured's ID or Provider ID                                     |
| 49 | Product replacement within product lifecycle   | D6 | Cancel Only to Repay a Duplicate or OIG Overpayment                               |
| 50 | Product Replacement for Known Recall of a Product  | D7 | Change to Make Medicare the Secondary Payer                                       |
| 51 | Attestation of Unrelated Outpatient Nondiagnostic Services   | D8 | Change to Make Medicare the Primary Payer   |
| 52 | Out of Hospice Service Area  | D9 | Any Other Change  |
| 53 | Initial placement of a medical device provided as part of a clinical trial or a free sample            | DR | Disaster related  |
| 54 | No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency | E0 | Changes in Patient Status   |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|    |   |    |  |
|----|---|----|--|
| 55 | SNF bed not available   | G0 | Distinct Medical Visit   |
| 56 | Medical appropriateness   | H0 | Delayed Filing, Statement of Intent Submitted  |
| 57 | SNF readmission   | H2 | Discharge by a Hospice Provider for Cause  |
| 58 | Terminated Medicare+Choice organization enrollee  | H3 | Reoccurrence of GI Bleed Comorbid Category   |
| 59 | Non-primary ESRD facility   | H4 | Reoccurrence of Pneumonia Comorbid Category  |
| 60 | Day outlier   | H5 | Reoccurrence of Pericarditis Comorbid Category   |
| 61 | Cost outlier  | P1 | Do not Resuscitate Order (DNR)   |
| 66 | Provider does not wish cost outlier payment   | P7 | Direct Inpatient Admission from Emergency Room   |
| 67 | Beneficiary elects not to use life time reserve (LTR) days  | R1 | Request for reopening Reason Code - Mathematical or Computational Mistake  |
| 68 | Beneficiary elects to use life time reserve (LTR) days  | R2 | Request for reopening Reason Code -Inaccurate Data Entry   |
| 69 | IME/DGME/N&AH Payment Only  | R3 | Request for reopening Reason Code - Misapplication of a Fee Schedule   |
| 70 | Self-administered anemia management drug  | R4 | Request for reopening Reason Code - Computer Errors  |
| 71 | Full care in unit   | R5 | Request for reopening Reason Code - Incorrectly 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% reimbursement   | R9 | Request for reopening Reason Code - Faulty Evidence  |
| 76 | Back-up in facility dialysis  | WO | United Mine Workers of America (UMWA) Demonstration Indicator  |
| 77 | Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment | W2 | Duplicate of Original Bill   |
| 78 | New coverage not implemented by HMO   | W3 | Level I Appeal   |
| 79 | CORF services provided offsite  | W4 | Level II Appeal  |
| 80 | Home dialysis - nursing facility  | W5 | Level III Appeal   |
| 81 | C-section/Inductions <39 Weeks- Medical Necessity   |    |  |
| 82 | C-section/Inductions <39 Weeks- Elective  |    |  |

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

**Field 239:**    **CONDITION\_CODE\_2**  
Code describing a condition relating to the claim.

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

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

**Field 240:**    **CONDITION\_CODE\_3**  
Code describing a condition relating to the claim.

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

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

**Field 241:**    **CONDITION\_CODE\_4**  
Code describing a condition relating to the claim.

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

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

**Field 242:**    **CONDITION\_CODE\_5**  
Code describing a condition relating to the claim.

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

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

**Field 243:**    **CONDITION\_CODE\_6**  
Code describing a condition relating to the claim.

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

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |   |   |              |   |       |
|-----------------------|---|---|--------------|---|-------|
| <b>Length:</b>        | 2   | <b>Type:</b>  | Alphanumeric | <b>Data Source:</b>   | Claim |
| <b>Field 244:</b>     | <b>CONDITION_CODE_7</b>                                       |   |              |   |       |
|                       | Code describing a condition relating to the claim.            |   |              |   |       |
| <b>Coding Scheme:</b> | Same as CONDITION_CODE_1.                                     |   |              |   |       |
| <b>Length:</b>        | 2   | <b>Type:</b>  | Alphanumeric | <b>Data Source:</b>   | Claim |
| <b>Field 245:</b>     | <b>CONDITION_CODE_8</b>                                       |   |              |   |       |
|                       | Code describing a condition relating to the claim.            |   |              |   |       |
| <b>Coding Scheme:</b> | Same as CONDITION_CODE_1.                                     |   |              |   |       |
| <b>Length:</b>        | 2   | <b>Type:</b>  | Alphanumeric | <b>Data Source:</b>   | Claim |
| <b>Field 246:</b>     | <b>VALUE_CODE_1</b>   |   |              |   |       |
|                       | Code describing information that may affect payer processing. |   |              |   |       |
| <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  |       |
|                       | 05  | Professional component included in charges and also billed separately to carrier      | 61           | Place of Residence where service is furnished (HHA and hospice)                             |       |
|                       | 06  | Blood deductible  | 66           | Medicaid spend down amount  |       |
|                       | 08  | Life time reserve amount in the first calendar year                                   | 67           | Peritoneal dialysis   |       |
|                       | 09  | Coinsurance amount in the first calendar year   | 68           | EPO-drug  |       |
|                       | 10  | Lifetime reserve amount in the second calendar year                                   | 69           | State charity care percentage   |       |
|                       | 11  | Coinsurance amount in the second calendar year  | 80           | Covered Days  |       |
|                       | 12  | Working aged beneficiary/spouse with employer group health plan                       | 81           | Non-covered Days  |       |
|                       | 13  | ESRD beneficiary in a Medicare coordination period with an employer group health plan | 82           | Co-insurance Days   |       |
|                       | 14  | No fault, including auto/other  | 83           | Lifetime Reserve Days   |       |
|                       | 15  | Worker's compensation   | 84           | Shorter Duration Hemodialysis   |       |
|                       | 16  | Public health service (PHS) or other federal agency                                   | A0           | Special zip code reporting  |       |
|                       | 21  | Catastrophic  | A1           | Deductible payer A  |       |
|                       | 22  | Surplus   | A2           | Coinsurance payer A   |       |
|                       | 23  | Recurring monthly income  | A3           | Estimated responsibility payer A  |       |
|                       | 24  | Medicaid Rate Code  | A4           | Covered self-administrable drugs - emergency  |       |
|                       | 25  | Offset to the patient - payment amount - prescription drugs                           | A5           | Covered self-administrable drugs - administrable in form and situation furnished to patient |       |
|                       | 26  | Offset to the patient - payment amount - hearing and ear services                     | A6           | Covered self-administrable drugs - diagnostic study and other                               |       |
|                       | 27  | Offset to the patient - payment amount - vision and eye services                      | A7           | Co-payment payer A  |       |
|                       | 28  | Offset to the patient - payment amount - dental services                              | A8           | Patient weight  |       |
|                       | 29  | Offset to the patient - payment amount - chiropractic services                        | A9           | Patient height  |       |
|                       | 30  | Preadmission testing  | AA           | Regulatory surcharges, assessments, allowances or health care related taxes - payer A       |       |
|                       | 31  | Patient Liability Amount  | AB           | Other assessments or allowances (e.g., medical education) - payer A                         |       |
|                       | 32  | Multiple patient ambulance transport  | B1           | Deductible payer B  |       |
|                       | 33  | Offset to the patient - payment amount - podiatric services                           | B2           | Coinsurance payer B   |       |
|                       | 34  | Offset to the patient - payment amount - other medical services                       | B3           | Estimated responsibility payer B  |       |
|                       | 35  | Offset to the patient - payment amount - health insurance premiums                    | B7           | Co-payment payer B  |       |
|                       | 37  | Units of blood furnished  | BA           | Regulatory surcharges, assessments, allowances or health care related taxes - payer B       |       |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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

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

**Field 247:** VALUE\_AMOUNT\_1  
Amount (in cents, no decimal point included) that may be affected.

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

**Field 248:** VALUE\_CODE\_2  
Code describing information that may affect payer processing.

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

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

**Field 249:** VALUE\_AMOUNT\_2  
Amount (in cents, no decimal point included) that may be affected.

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

**Field 250:** VALUE\_CODE\_3  
Code describing information that may affect payer processing.

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

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

**Field 251:** VALUE\_AMOUNT\_3  
Amount (in cents) that may be affected.

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

**Field 252:** VALUE\_CODE\_4  
Code describing information that may affect payer processing.

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

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

**Field 253:** VALUE\_AMOUNT\_4  
Amount (in cents, no decimal point included) that may be affected.

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

**Field 254:** VALUE\_CODE\_5  
Code describing information that may affect payer processing.

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

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

**Field 255:** VALUE\_AMOUNT\_5  
Amount (in cents, no decimal point included) that may be affected.

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |  |                           |                           |
|-----------------------|--|---------------------------|---------------------------|
| <b>Length:</b>        | 9  | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim |
| <b>Field 256:</b>     | <b>VALUE_CODE_6</b><br>Code describing information that may affect payer processing.         |                           |                           |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.  |                           |                           |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 257:</b>     | <b>VALUE_AMOUNT_6</b><br>Amount (in cents, no decimal point included) that may be affected.  |                           |                           |
| <b>Length:</b>        | 9  | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim |
| <b>Field 258:</b>     | <b>VALUE_CODE_7</b><br>Code describing information that may affect payer processing.         |                           |                           |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.  |                           |                           |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 259:</b>     | <b>VALUE_AMOUNT_7</b><br>Amount (in cents, no decimal point included) that may be affected.  |                           |                           |
| <b>Length:</b>        | 9  | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim |
| <b>Field 260:</b>     | <b>VALUE_CODE_8</b><br>Code describing information that may affect payer processing.         |                           |                           |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.  |                           |                           |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 261:</b>     | <b>VALUE_AMOUNT_8</b><br>Amount (in cents, no decimal point included) that may be affected.  |                           |                           |
| <b>Length:</b>        | 9  | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim |
| <b>Field 262:</b>     | <b>VALUE_CODE_9</b><br>Code describing information that may affect payer processing.         |                           |                           |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.  |                           |                           |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 263:</b>     | <b>VALUE_AMOUNT_9</b><br>Amount (in cents, no decimal point included) that may be affected.  |                           |                           |
| <b>Length:</b>        | 9  | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim |
| <b>Field 264:</b>     | <b>VALUE_CODE_10</b><br>Code describing information that may affect payer processing.        |                           |                           |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.  |                           |                           |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 265:</b>     | <b>VALUE_AMOUNT_10</b><br>Amount (in cents, no decimal point included) that may be affected. |                           |                           |
| <b>Length:</b>        | 9  | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim |
| <b>Field 266:</b>     | <b>VALUE_CODE_11</b><br>Code describing information that may affect payer processing.        |                           |                           |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.  |                           |                           |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 267:</b>     | <b>VALUE_AMOUNT_11</b><br>Amount (in cents, no decimal point included) that may be affected. |                           |                           |
| <b>Length:</b>        | 9  | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim |
| <b>Field 268:</b>     | <b>VALUE_CODE_12</b><br>Code describing information that may affect payer processing.        |                           |                           |
| <b>Coding Scheme:</b> | Same as VALUE_CODE_1.  |                           |                           |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim |
| <b>Field 269:</b>     | <b>VALUE_AMOUNT_12</b><br>Amount (in cents, no decimal point included) that may be affected. |                           |                           |
| <b>Length:</b>        | 9  | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim |
| <b>Field 270:</b>     | <b>PRIVATE_AMOUNT</b>  |                           |                           |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                   |   |                      |                                |
|-------------------|---|----------------------|--------------------------------|
|                   | Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 011X, 014X   |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 271:</b> | <b>SEMI_PRIVATE_AMOUNT</b>  |                      |                                |
|                   | Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 010X, 012X, 013X, 016X-019X   |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 272:</b> | <b>WARD_AMOUNT</b>  |                      |                                |
|                   | Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 015X.  |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 273:</b> | <b>ICU_AMOUNT</b>   |                      |                                |
|                   | Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 020X.   |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 274:</b> | <b>CCU_AMOUNT</b>   |                      |                                |
|                   | Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 021X.  |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 275:</b> | <b>OTHER_AMOUNT</b>   |                      |                                |
|                   | Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X. |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 276:</b> | <b>PHARM_AMOUNT</b>   |                      |                                |
|                   | Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 025X, 026X, 063X.   |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 277:</b> | <b>MEDSURG_AMOUNT</b>   |                      |                                |
|                   | Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X.  |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 278:</b> | <b>DME_AMOUNT</b>   |                      |                                |
|                   | Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299.   |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 279:</b> | <b>USED_DME_AMOUNT</b>  |                      |                                |
|                   | Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 0293.   |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 280:</b> | <b>PT_AMOUNT</b>  |                      |                                |
|                   | Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 042X.   |                      |                                |
| <b>Length:</b>    | 12  | <b>Type:</b> Numeric | <b>Data Source:</b> Calculated |
| <b>Field 281:</b> | <b>OT_AMOUNT</b>  |                      |                                |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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

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

**Field 282:    SPEECH\_AMOUNT**

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

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

**Field 283:    IT\_AMOUNT**

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    **Type:** Numeric    **Data Source:** Calculated

**Field 284:    BLOOD\_AMOUNT**

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

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

**Field 285:    BLOOD\_ADM\_AMOUNT**

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

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

**Field 286:    OR\_AMOUNT**

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

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

**Field 287:    LITH\_AMOUNT**

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

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

**Field 288:    CARD\_AMOUNT**

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

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

**Field 289:    ANES\_AMOUNT**

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

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

**Field 290:    LAB\_AMOUNT**

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

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

**Field 291:    RAD\_AMOUNT**

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

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

**Field 292:    MRI\_AMOUNT**



## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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

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

**Field 293: OP\_AMOUNT**

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

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

**Field 294: ER\_AMOUNT**

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

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

**Field 295: AMBULANCE\_AMOUNT**

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

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

**Field 296: PRO\_FEE\_AMOUNT**

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

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

**Field 297: ORGAN\_AMOUNT**

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

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

**Field 298: ESRD\_AMOUNT**

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

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

**Field 299: CLINIC\_AMOUNT**

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

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

**Field 300: TOTAL\_CHARGES**

Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL\_CHARGES\_23.

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

**Field 301: TOTAL\_NON\_COV\_CHARGES**

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

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

**Field 302: TOTAL\_CHARGES\_ACCOMM**

Sum (in cents) of covered and non-covered accommodation charges.

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

**Field 303: TOTAL\_NON\_COV\_CHARGES\_ACCOMM**

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

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

**Field 304: TOTAL\_CHARGES Ancil**

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

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

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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|                       |  |
|-----------------------|--|
| <b>Field 305:</b>     | <b>TOTAL_NON_COV_CHARGES Ancil</b>   |
|                       | Sum (in cents) of non-covered ancillary charges.                           |
| <b>Length:</b>        | 12 <b>Type:</b> Numeric <b>Data Source:</b> Claim                          |
| <b>Field 306:</b>     | <b>INBOUND_INDICATOR</b>   |
|                       | Indicates the format of data as submitted.                                 |
| <b>Coding Scheme:</b> | 8    837 format<br>D    Data entry<br>U    UB-04<br>format                 |
| <b>Length:</b>        | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim                      |
| <b>Field 307:</b>     | <b>EMERGENCY_DEPT_FLAG</b>   |
|                       | Indicator of emergency department visit                                    |
| <b>Coding Scheme:</b> | Y    visit was emergency related<br>N    Visit was not emergency related   |
| <b>Length:</b>        | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                   |
| <b>Field 308:</b>     | <b>DISCHARGE</b>   |
|                       | Discharge Quarter. Year and quarter of discharge. <i>yyyQn</i> .           |
|                       | 1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year    |
|                       | 2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year     |
|                       | 3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year  |
|                       | 4th Quarter (YYYYQ4); 1st October-31st December of that corresponding year |
| <b>Length:</b>        | 6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned                   |

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**CHARGES DATA FILE**

|                       |                     |  |   |
|-----------------------|---------------------|--|---|
| <b>Field 1:</b>       | <b>RECORD_ID</b>    | Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF Record ID. Does match with RECORD_ID in other Inpatient RDF files |   |
| <b>Length:</b>        | 12                  | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Assigned  |
| <b>Field 2:</b>       | <b>REVENUE_CODE</b> | Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.  |   |
| <b>Coding Scheme:</b> | 0100                | All-inclusive room charges plus ancillary  | 0527 Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area  |
|                       | 0101                | All-inclusive room charges   | 0528 Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident) |
|                       | 0110                | Room charges for private rooms - general   | 0529 Freestanding Clinic - other  |
|                       | 0111                | Room charges for private rooms - medical/surgical/GYN  | 0530 Osteopathic service - general  |
|                       | 0112                | Room charges for private rooms - obstetrics  | 0531 Osteopathic service - therapy  |
|                       | 0113                | Room charges for private rooms - pediatric   | 0539 Osteopathic service - other  |
|                       | 0114                | Room charges for private rooms - psychiatric   | 0540 Ambulance service - general  |
|                       | 0115                | Room charges for private rooms - hospice   | 0541 Ambulance service - supplies   |
|                       | 0116                | Room charges for private rooms - detoxification  | 0542 Ambulance service - medical transport  |
|                       | 0117                | Room charges for private rooms - oncology  | 0543 Ambulance service - heart mobile   |
|                       | 0118                | Room charges for private rooms - rehabilitation  | 0544 Ambulance service - oxygen   |
|                       | 0119                | Room charges for private rooms - other   | 0545 Ambulance service - air ambulance  |
|                       | 0120                | Room charges for semi-private rooms - general  | 0546 Ambulance service - neonatal   |
|                       | 0121                | Room charges for semi-private rooms - medical/surgical/GYN   | 0547 Ambulance service - pharmacy   |
|                       | 0122                | Room charges for semi-private rooms - obstetrics   | 0548 Ambulance service - telephone transmission EKG   |
|                       | 0123                | Room charges for semi-private rooms - pediatric  | 0549 Ambulance service - other  |
|                       | 0124                | Room charges for semi-private rooms - psychiatric  | 0550 Skilled nursing - general  |
|                       | 0125                | Room charges for semi-private rooms - hospice  | 0551 Skilled nursing - visit charge   |
|                       | 0126                | Room charges for semi-private rooms - detoxification   | 0552 Skilled nursing - hourly charge  |
|                       | 0127                | Room charges for semi-private rooms - oncology   | 0559 Skilled nursing - other  |
|                       | 0128                | Room charges for semi-private rooms - rehabilitation   | 0560 Medical social services - general  |
|                       | 0129                | Room charges for semi-private rooms - other  | 0561 Medical social services - visit charge   |
|                       | 0130                | Room charges for semi-private - 3/4 beds - rooms - general   | 0562 Medical social services - hourly charge  |
|                       | 0131                | Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN  | 0569 Medical social services - other  |
|                       | 0132                | Room charges for semi-private - 3/4 beds - rooms - obstetrics  | 0570 Home health aide - general   |
|                       | 0133                | Room charges for semi-private - 3/4 beds - rooms - pediatric   | 0571 Home health aide - visit charge  |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|      |  |      |  |
|------|--|------|--|
| 0134 | Room charges for semi-private - 3/4 beds<br>- rooms - psychiatric    | 0572 | Home health aide - hourly charge   |
| 0135 | Room charges for semi-private - 3/4 beds<br>- rooms - hospice        | 0579 | Home health aide - other   |
| 0136 | Room charges for semi-private - 3/4 beds<br>- rooms - detoxification | 0580 | Other visits (home health) - general   |
| 0137 | Room charges for semi-private - 3/4 beds<br>- rooms - oncology       | 0581 | Other visits (home health) - visit charge                                    |
| 0138 | Room charges for semi-private - 3/4 beds<br>- rooms - rehabilitation | 0582 | Other visits (home health) - hourly charge                                   |
| 0139 | Room charges for semi-private - 3/4 beds<br>- rooms - other          | 0583 | Other visits (home health) - assessment                                      |
| 0140 | Room charges for private (deluxe) rooms<br>- general                 | 0589 | Other visits (home health) - other   |
| 0141 | Room charges for private (deluxe) rooms<br>- medical/surgical/GYN    | 0590 | Units of service (home health) - general                                     |
| 0142 | Room charges for private (deluxe) rooms<br>- obstetrics              | 0600 | Oxygen (home health) - general   |
| 0143 | Room charges for private (deluxe) rooms<br>- pediatric               | 0601 | Oxygen (home health) - stat/equip/supply or<br>contents                      |
| 0144 | Room charges for private (deluxe) rooms<br>- psychiatric             | 0602 | Oxygen (home health) - stat/equip/supply under 1<br>liter per minute         |
| 0145 | Room charges for private (deluxe) rooms<br>- hospice                 | 0603 | Oxygen (home health) - stat/equip/supply over 4<br>liters per minute         |
| 0146 | Room charges for private (deluxe) rooms<br>- detoxification          | 0604 | Oxygen (home health) - portable add-in                                       |
| 0147 | Room charges for private (deluxe) rooms<br>- oncology                | 0609 | Oxygen (home health) - other   |
| 0148 | Room charges for private (deluxe) rooms<br>- rehabilitation          | 0610 | Magnetic Resonance Technology (MRT) - MRI -<br>general                       |
| 0149 | Room charges for private (deluxe) rooms<br>- other                   | 0611 | Magnetic Resonance Technology (MRT) - MRI -<br>brain (including brain stem)  |
| 0150 | Room charges for ward rooms - general                                | 0612 | Magnetic Resonance Technology (MRT) - MRI -<br>spinal cord (including spine) |
| 0151 | Room charges for ward rooms -<br>medical/surgical/GYN                | 0614 | Magnetic Resonance Technology (MRT) - MRI -<br>other                         |
| 0152 | Room charges for ward rooms -<br>obstetrics                          | 0615 | Magnetic Resonance Technology (MRT) - MRA -<br>head and neck                 |
| 0153 | Room charges for ward rooms - pediatric                              | 0616 | Magnetic Resonance Technology (MRT) - MRA -<br>lower extremities             |
| 0154 | Room charges for ward rooms -<br>psychiatric                         | 0618 | Magnetic Resonance Technology (MRT) - MRA -<br>other                         |
| 0155 | Room charges for ward rooms - hospice                                | 0619 | Magnetic Resonance Technology (MRT) - Other<br>MRT                           |
| 0156 | Room charges for ward rooms -<br>detoxification                      | 0621 | Medical/surgical supplies - incident to radiology                            |
| 0157 | Room charges for ward rooms - oncology                               | 0622 | Medical/surgical supplies - incident to other<br>diagnostic services         |
| 0158 | Room charges for ward rooms -<br>rehabilitation                      | 0623 | Medical/surgical supplies - surgical dressings                               |
| 0159 | Room charges for ward rooms - other                                  | 0624 | Medical/surgical supplies - FDA investigational<br>devices                   |
| 0160 | Room charges for other rooms - general                               | 0631 | Drugs requiring specific identification - single<br>source                   |
| 0164 | Room charges for other rooms - Sterile<br>Environment                | 0632 | Drugs requiring specific identification - multiple<br>source                 |
| 0167 | Room charges for other rooms - self care                             | 0633 | Drugs requiring specific identification - restrictive<br>prescription        |
| 0169 | Room charges for other rooms - other                                 | 0634 | Drugs requiring specific identification - EPO, less<br>than 10,000 units     |
| 0170 | Room charges for nursery - general                                   | 0635 | Drugs requiring specific identification - EPO, 10,000<br>or more units       |
| 0171 | Room charges for nursery - newborn<br>level I                        | 0636 | Drugs requiring specific identification - requiring<br>detailed coding       |
| 0172 | Room charges for nursery - newborn<br>level II                       | 0637 | Drugs requiring specific identification - self-<br>administrable             |
| 0173 | Room charges for nursery - newborn<br>level III                      | 0640 | Home IV therapy services - general   |
|      |  | 0641 | Home IV therapy services - non-routine nursing,<br>central line              |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|      |  |      |   |
|------|--|------|---|
| 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   |
| 0220 | Special charges - general  | 0684 | Trauma response - level IV  |
| 0221 | Special charges - admission charge                                       | 0689 | Trauma response - other   |
| 0222 | Special charges - technical support charge                               | 0690 | Pre-hospice/Palliative Care Services - general                      |
| 0223 | Special charges - UR service charge                                      | 0691 | Pre-hospice/Palliative Care Services – visit charge                 |
| 0224 | Special charges - late discharge, medically necessary                    | 0692 | Pre-hospice/Palliative Care Services – hourly charge                |
| 0229 | Special charges - other  | 0693 | Pre-hospice/Palliative Care Services - evaluation                   |
| 0230 | Incremental nursing care - general                                       | 0694 | Pre-hospice/Palliative Care Services – consultation and education   |
| 0231 | Incremental nursing care - nursery                                       | 0695 | Pre-hospice/Palliative Care Services – inpatient care               |
| 0232 | Incremental nursing care - OB  | 0696 | Pre-hospice/Palliative Care Services – physician services           |
| 0233 | Incremental nursing care - ICU (includes transitional care)              | 0699 | Pre-hospice/Palliative Care Services - other                        |
| 0234 | Incremental nursing care - CCU (includes transitional care)              | 0700 | Cast Room services - general  |
| 0235 | Incremental nursing care - hospice                                       | 0710 | Recovery Room services - general                                    |
| 0239 | Incremental nursing care - other   | 0720 | Labor/Delivery Room services - general                              |
| 0240 | All-inclusive ancillary - general  | 0721 | Labor/Delivery Room services - labor                                |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|      |  |      |  |
|------|--|------|--|
| 0241 | All-inclusive ancillary - basic                                | 0722 | Labor/Delivery Room services - delivery  |
| 0242 | All-inclusive ancillary - comprehensive                        | 0723 | Labor/Delivery Room services - circumcision  |
| 0243 | 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   |
| 0251 | Pharmacy - generic drugs                                       | 0731 | EKG/ECG services - Holter monitor  |
| 0252 | Pharmacy - non-generic drugs                                   | 0732 | EKG/ECG services - telemetry   |
| 0253 | Pharmacy - take-home drugs                                     | 0739 | EKG/ECG services - other   |
| 0254 | Pharmacy - drugs incident to other diagnostic services         | 0740 | EEG services - general   |
| 0255 | Pharmacy - drugs incident to radiology                         | 0750 | Gastrointestinal services - general  |
| 0256 | Pharmacy - experimental drugs                                  | 0760 | Treatment or observation room services - general                                     |
| 0257 | Pharmacy - nonprescription                                     | 0761 | Specialty Room - Treatment/ Observation Room - Treatment Room                        |
| 0258 | Pharmacy - IV solutions  | 0762 | Specialty Room - Treatment/ Observation Room - Observation Room                      |
| 0259 | Pharmacy - other   | 0769 | Treatment or observation room services - other                                       |
| 0260 | IV Therapy - general   | 0770 | Preventive care services - general   |
| 0261 | IV Therapy - infusion pump                                     | 0771 | Preventive care services - vaccine administration                                    |
| 0262 | IV Therapy - pharmacy services                                 | 0780 | Telemedicine services - general  |
| 0263 | IV Therapy - drug/supply delivery                              | 0790 | Extra-corporeal shockwave therapy - general  |
| 0264 | IV Therapy - supplies  | 0800 | Inpatient renal dialysis services - general  |
| 0269 | IV Therapy - other   | 0801 | Inpatient renal dialysis services - hemodialysis                                     |
| 0270 | Medical surgical supplies and devices - general                | 0802 | Inpatient renal dialysis services - peritoneal (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 dialysis (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                                       |
| 0277 | Medical surgical supplies and devices - oxygen - take-home     | 0813 | Acquisition of body components - unknown donor                                       |
| 0278 | Medical surgical supplies and devices - other implants         | 0814 | Acquisition of body components - unsuccessful organ search-donor bank charges        |
| 0279 | Medical surgical supplies and devices - other                  | 0815 | Acquisition of body components – stem cells- allogeneic                              |
| 0280 | Oncology - general   | 0819 | Acquisition of body components - other donor   |
| 0289 | Oncology - other   | 0820 | Hemodialysis - outpatient or home - general  |
| 0290 | DME - general  | 0821 | Hemodialysis - outpatient or home - composite or other rate                          |
| 0291 | DME - rental   | 0822 | Hemodialysis - outpatient or home – home supplies                                    |
| 0292 | DME - purchase of new  | 0823 | Hemodialysis - outpatient or home – home equipment                                   |
| 0293 | DME - purchase of used   | 0824 | Hemodialysis - outpatient or home – maintenance 100%                                 |
| 0294 | DME - supplies/drugs for DME effectiveness                     | 0825 | Hemodialysis - outpatient or home - support services                                 |
| 0299 | DME - other equipment  | 0826 | Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)              |
| 0300 | Laboratory - general   | 0829 | Hemodialysis - outpatient or home - other  |
| 0301 | Laboratory - chemistry   | 0830 | Peritoneal dialysis - outpatient or home - general                                   |
| 0302 | Laboratory - immunology  | 0831 | Peritoneal dialysis - outpatient or home - composite or other rate                   |
| 0303 | Laboratory - renal patient (home)                              | 0832 | Peritoneal dialysis - outpatient or home – home supplies                             |
| 0304 | Laboratory – 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 microbiology                     | 0835 | Peritoneal dialysis - outpatient or home - support services                          |
| 0307 | Laboratory - urology   | 0839 | Peritoneal dialysis - outpatient or home - other                                     |
| 0309 | Laboratory - other   | 0840 | CAPD - outpatient or home - general  |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|      |  |      |  |
|------|--|------|--|
| 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 -<br>angiocardiography  | 0850 | CCPD - outpatient or home - general  |
| 0322 | Radiology - diagnostic - arthrography  | 0851 | CCPD - outpatient or home - composite or other rate  |
| 0323 | Radiology - diagnostic - arteriography   | 0852 | CCPD - outpatient or home - home supplies  |
| 0324 | Radiology - diagnostic - chest x-ray   | 0853 | CCPD - outpatient or home - home equipment   |
| 0329 | Radiology - diagnostic - other   | 0854 | CCPD - outpatient or home - maintenance 100%   |
| 0330 | Radiology - therapeutic and/or<br>chemotherapy administration - general                    | 0855 | CCPD - outpatient or home - support services   |
| 0331 | Radiology - therapeutic and/or<br>chemotherapy administration -<br>chemotherapy - injected | 0859 | CCPD - outpatient or home - other  |
| 0332 | Radiology - therapeutic and/or<br>chemotherapy administration -<br>chemotherapy - oral     | 0860 | Magnetoencephalography (MEG) - General   |
| 0333 | Radiology - therapeutic and/or<br>chemotherapy administration - radiation<br>therapy       | 0861 | Magnetoencephalography (MEG) - MEG   |
| 0335 | Radiology - therapeutic and/or<br>chemotherapy administration -<br>chemotherapy - IV       | 0880 | Miscellaneous dialysis - general   |
| 0339 | Radiology - therapeutic and/or<br>chemotherapy administration - other                      | 0881 | Miscellaneous dialysis - ultrafiltration   |
| 0340 | Nuclear medicine - general   | 0882 | Miscellaneous dialysis - home aide visit   |
| 0341 | Nuclear medicine - diagnostic procedures   | 0889 | Miscellaneous dialysis - other   |
| 0342 | Nuclear medicine - therapeutic<br>procedures   | 0900 | Behavior health treatments/services - general  |
| 0343 | Nuclear medicine - diagnostic<br>radiopharmaceuticals                                      | 0901 | Behavior health treatments/services - electroshock   |
| 0344 | Nuclear medicine - therapeutic<br>radiopharmaceuticals                                     | 0902 | Behavior health treatments/services - milieu therapy   |
| 0349 | Nuclear medicine - other   | 0903 | Behavioral health treatments/services - play therapy   |
| 0350 | CT scan - general  | 0904 | Behavior health treatments/services - activity<br>therapy                                    |
| 0351 | CT scan - head   | 0905 | Behavior health treatments/services - intensive<br>outpatient services - psychiatric         |
| 0352 | CT scan - body   | 0906 | Behavior health treatments/services - intensive<br>outpatient services - chemical dependency |
| 0359 | CT scan - other  | 0907 | Behavior health treatments/services - community<br>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<br>hospitalization - less intensive             |
| 0362 | Operating room services - organ<br>transplant other than kidney                            | 0913 | Behavior health treatment/services - partial<br>hospitalization - intensive                  |
| 0367 | Operating room services - kidney<br>transplant   | 0914 | Behavior health treatment/services - individual<br>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<br>services                                      | 0918 | Behavior health treatment/services - testing   |
| 0374 | Anesthesia - acupuncture   | 0919 | Behavior health treatment/services - other   |
| 0379 | Anesthesia - other   | 0920 | Other diagnostic services - general  |
| 0380 | Blood - general  | 0921 | Other diagnostic services - peripheral vascular lab  |
| 0381 | Blood - packed red cells   | 0922 | Other diagnostic services - electromyogram   |
| 0382 | Blood - whole blood  | 0923 | Other diagnostic services - pap smear  |
| 0383 | Blood - plasma   | 0924 | Other diagnostic services - allergy test   |
| 0384 | Blood - platelets  | 0925 | Other diagnostic services - pregnancy test   |
| 0385 | Blood - leukocytes   | 0929 | Other diagnostic services - other  |
| 0386 | Blood - other components   | 0931 | Medical rehabilitation day program - half day  |
| 0387 | Blood - other derivatives<br>(cryoprecipitate)   | 0932 | Medical rehabilitation day program - full day  |
| 0389 | Blood - other  | 0940 | Other therapeutic services - general   |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|      |   |      |  |
|------|---|------|--|
| 0390 | Blood and blood component administration, storage and processing - general                | 0941 | Other therapeutic services - recreational therapy                            |
| 0391 | Blood and blood component administration, storage and processing - administration         | 0942 | Other therapeutic services - education/training                              |
| 0392 | Blood and blood component administration, storage and processing – processing and storage | 0943 | Other therapeutic services - cardiac rehabilitation                          |
| 0399 | Blood and blood component administration, storage and processing - other                  | 0944 | Other therapeutic services - drug rehabilitation                             |
| 0400 | Other imaging services - general  | 0945 | Other therapeutic services - alcohol rehabilitation                          |
| 0401 | Other imaging services - diagnostic mammography   | 0946 | Other therapeutic services - complex medical equipment - routine             |
| 0402 | Other imaging services - ultrasound   | 0947 | Other therapeutic services - complex medical equipment - ancillary           |
| 0403 | Other imaging services - screening mammography  | 0948 | Other therapeutic services – pulmonary rehabilitation                        |
| 0404 | Other imaging services - PET  | 0949 | Other therapeutic services - other   |
| 0409 | Other imaging services - other  | 0951 | Other therapeutic services – athletic training                               |
| 0410 | Respiratory services - general  | 0952 | Other therapeutic services - kinesiotherapy                                  |
| 0412 | Respiratory services - inhalation   | 0953 | Other therapeutic services – chemical dependency (drug and alcohol)          |
| 0413 | Respiratory services - hyperbaric oxygen therapy  | 0960 | Professional fees - general  |
| 0419 | Respiratory services - other  | 0961 | Professional fees - psychiatric  |
| 0420 | Physical therapy - general  | 0962 | Professional fees - ophthalmology  |
| 0421 | Physical therapy - visit charge   | 0963 | Professional fees - anesthesiologist (MD)                                    |
| 0422 | Physical therapy - hourly charge  | 0964 | Professional fees - anesthetist (CRNA)                                       |
| 0423 | Physical therapy - group rate   | 0969 | Professional fees - other  |
| 0424 | Physical therapy - evaluation or reevaluation   | 0971 | Professional fees - laboratory   |
| 0429 | Physical therapy - other  | 0972 | Professional fees - radiology - diagnostic                                   |
| 0430 | Occupational therapy - general  | 0973 | Professional fees - radiology - therapeutic                                  |
| 0431 | Occupational therapy - visit charge   | 0974 | Professional fees - radiology - nuclear medicine                             |
| 0432 | Occupational therapy - hourly charge  | 0975 | Professional fees - operating room   |
| 0433 | Occupational therapy - group rate   | 0976 | Professional fees - respiratory therapy                                      |
| 0434 | Occupational therapy - evaluation or reevaluation   | 0977 | Professional fees - physical therapy   |
| 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 reevaluation                                    | 0984 | Professional fees - medical social services                                  |
| 0449 | Speech-language pathology - other   | 0985 | Professional fees - EKG  |
| 0450 | Emergency room - general  | 0986 | Professional fees - EEG  |
| 0451 | Emergency room - EMTALA emergency medical screening services                              | 0987 | Professional fees - hospital 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                            |
| 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 - psychiatric         |
| 0490 | Ambulatory surgical care - general  | 1002 | Behavior health accommodations - residential treatment - chemical dependency |



## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|      |   |      |  |
|------|---|------|--|
| 0499 | Ambulatory surgical care - other  | 1003 | Behavior health accommodations - supervised living |
| 0500 | Outpatient services - general   | 1004 | Behavior health accommodations - halfway house     |
| 0509 | Outpatient services - other   | 1005 | Behavior health accommodations - group home        |
| 0510 | Clinic - general  | 2100 | Alternative therapy services - general             |
| 0511 | Clinic - chronic pain   | 2101 | Alternative therapy services - acupuncture         |
| 0512 | Clinic - dental   | 2102 | Alternative therapy services - acupressure         |
| 0513 | Clinic - psychiatric  | 2103 | Alternative therapy services - massage             |
| 0514 | Clinic - OB/GYN   | 2104 | Alternative therapy services - reflexology         |
| 0515 | Clinic - pediatric  | 2105 | Alternative therapy services - biofeedback         |
| 0516 | Clinic - urgent care  | 2106 | Alternative therapy services - hypnosis            |
| 0517 | Clinic - family practice  | 2109 | Alternative therapy services - other               |
| 0519 | Clinic - other  | 3101 | Adult day care, medical and social - hourly        |
| 0520 | Freestanding Clinic - general   | 3102 | Adult day care, social - hourly                    |
| 0521 | Freestanding Clinic - Clinic Visit by Member to RHC/FQHC  | 3103 | Adult day care, medical and social - daily         |
| 0522 | Freestanding Clinic - Home Visit by RHC/FQHC Practitioner   | 3104 | Adult day care, social - daily                     |
| 0523 | Freestanding Clinic - family practice   | 3105 | Adult foster care - daily                          |
| 0524 | Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF  | 3109 | Adult foster care - other                          |
| 0525 | Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility |      |  |
| 0526 | Freestanding Clinic - urgent care   |      |  |

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

**Field 3: REVENUE\_CODE\_SEQUENCE\_NUMBER**

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

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

**Field 4: HCPCS\_QUALIFIER**

HCFA Common Procedure Coding System (HCPCS) Codes Indicator

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

**Field 5: HCPCS\_PROCEDURE\_CODE**

HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.

**Coding Scheme:** See <http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp> for complete list.

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

**Field 6: MODIFIER\_1**

Identifies special circumstances related to the performance of the service

**Coding Scheme:**

|    |  |    |   |
|----|--|----|---|
| 22 | Increased procedural services  | P4 | A patient with severe systemic disease that is a constant threat to life        |
| 23 | Unusual Anesthesia   | P5 | A moribund patient who is not expected to survive without the operation         |
| 24 | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period  | P6 | A declared brain-dead patient whose organs are being removed for donor purposes |
| 25 | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service | E1 | Upper left eyelid   |
| 26 | Professional Component   | E2 | Lower left eyelid   |
| 27 | Multiple Outpatient Hospital E/M Encounters on the Same Date   | E3 | Upper right eyelid  |
| 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 | Bilateral Procedure  | F3 | Left hand, fourth digit   |
| 51 | Multiple Procedures  | F4 | Left hand, fifth digit  |
| 52 | Reduced Services   | F5 | Right hand, thumb   |
| 53 | Discontinued Procedure   | F6 | Right hand, second digit  |
| 54 | Surgical Care Only   | F7 | Right hand, third digit   |
| 55 | Postoperative Management Only  | F8 | Right hand, fourth digit  |
| 56 | Preoperative Management Only   | F9 | Right hand, fifth digit   |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|    |  |    |  |
|----|--|----|--|
| 57 | Decision for Surgery   | FA | Left hand, thumb   |
| 58 | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period   | GG | Performance and payment of a screening mammography and diagnostic mammography on same patient, same day. |
| 59 | Distinct Procedural Service  | GH | Diagnostic mammogram converted from screening mammogram on same day                                      |
| 62 | Two Surgeons   | LC | Left circumflex coronary artery  |
| 63 | Procedure Performed on Infants less than 4kg   | LD | Left anterior descending coronary artery   |
| 66 | Surgical Team  | L  | Left main coronary artery  |
|    |  | M  |  |
| 73 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia   | LT | Left side of the body procedure  |
| 74 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia  | Q  | Ambulance service provided under arrangement by a provider of services                                   |
|    |  | M  |  |
| 76 | Repeat Procedure by Same Physician or Other Qualified Health Care Professional   | QN | Ambulance service furnished directly by a provider of services   |
| 77 | Repeat Procedure by Another Physician or Other Qualified Health Care Professional  | RC | Right coronary artery  |
| 78 | Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period | RI | Ramus intermedius coronary artery  |
| 79 | Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period   | RT | Right side of the body procedure   |
| 80 | Assistant Surgeon  | T1 | Left foot, second digit  |
| 81 | Minimum Assistant Surgeon  | T2 | Left foot, third digit   |
| 82 | Repeat procedure by same physician   | T3 | Left foot, fourth digit  |
| 90 | Reference (Outside) Laboratory   | T4 | Left foot, fifth digit   |
| 91 | Repeat Clinical Diagnostic Laboratory Test   | T5 | Right foot, great toe  |
| 92 | Alternative Laboratory Platform Testing  | T6 | Right foot, second digit   |
| 95 | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System  | T7 | Right foot, third digit  |
| 99 | Multiple Modifiers   | T8 | Right foot, fourth digit   |
| 1P | Performance Measure Exclusion Modifier due to Medical Reasons  | T9 | Right foot, fifth digit  |
| 2P | Performance Measure Exclusion Modifier due to Patient Reasons  | TA | Left foot, great toe   |
| 3P | Performance Measure Exclusion Modifier due to System Reasons   | XE | Separate Encounter   |
| 8P | Performance Measure Reporting Modifier-Action not performed, reason not otherwise specified  | XS | Separate Structure   |
| P1 | A normal healthy patient   | XP | Separate Practitioner  |
| P2 | A patient with mild systemic disease   | XU | Unusual Non-Overlapping Service  |
| P3 | A patient with severe systemic disease   |    |  |

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

**Field 7:**    **MODIFIER\_2**  
Identifies special circumstances related to the performance of the service.

**Coding Scheme:** Same as MODIFIER\_1

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

**Field 8:**    **MODIFIER\_3**  
Identifies special circumstances related to the performance of the service.

**Coding Scheme:** Same as MODIFIER\_1

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

**Field 9:**    **MODIFIER\_4**  
Identifies special circumstances related to the performance of the service.

**Coding Scheme:** Same as MODIFIER\_1

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

**Field 10:**    **UNIT\_MEASUREMENT\_CODE**

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |  |                           |                              |
|-----------------------|--|---------------------------|------------------------------|
| <b>Coding Scheme:</b> | Code specifying the units in which a value is being expressed. |                           |                              |
|                       | DA   | Days                      |                              |
|                       | F2   | International unit        |                              |
|                       | UN   | Unit                      |                              |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Claim    |
| <b>Field 11:</b>      | <b>UNITS_OF_SERVICE</b>  |                           |                              |
|                       | Numeric value of quantity                                      |                           |                              |
| <b>Length:</b>        | 7  | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim    |
| <b>Field 12:</b>      | <b>UNIT_RATE</b>   |                           |                              |
|                       | Rate per unit  |                           |                              |
| <b>Length:</b>        | 12   | <b>Type:</b> Numeric      | <b>Data Source:</b> Claim    |
| <b>Field 13:</b>      | <b>CHRG_LINE_ITEM</b>  |                           |                              |
|                       | Total amount of the charge                                     |                           |                              |
| <b>Length:</b>        | 14   | <b>Type:</b> Numeric      | <b>Data Source:</b> Assigned |
| <b>Field 14:</b>      | <b>CHRG_NON_COV</b>  |                           |                              |
|                       | Total non-covered amount of the charge                         |                           |                              |
| <b>Length:</b>        | 14   | <b>Type:</b> Alphanumeric | <b>Data Source:</b> Assigned |

**FACILITY TYPE INDICATOR FILE**

|                       |  |
|-----------------------|--|
| <b>Field 1:</b>       | <b>THCIC_ID</b><br>Provider ID. Unique identifier assigned to the provider by THCIC.   |
| <b>Length:</b>        | 6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned   |
| <b>Field 2:</b>       | <b>PROVIDER_NAME</b><br>Hospital name provided by the hospital.  |
| <b>Length:</b>        | 55 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider  |
| <b>Field 3:</b>       | <b>PROVIDER_ADDR</b><br>Hospital address provided by the hospital.   |
| <b>Length:</b>        | 50 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider  |
| <b>Field 4:</b>       | <b>PROVIDER_CITY</b><br>Hospital city provided by the hospital.  |
| <b>Length:</b>        | 20 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider  |
| <b>Field 5:</b>       | <b>PROVIDER_STATE</b><br>Hospital state provided by the hospital.  |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |
| <b>Field 6:</b>       | <b>PROVIDER_ZIP</b><br>Hospital ZIP code provided by the hospital.   |
| <b>Length:</b>        | 9 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |
| <b>Field 7:</b>       | <b>FAC_TEACHING_IND</b><br>Teaching Facility Indicator.  |
| <b>Coding Scheme:</b> | A Member, Council of Teaching Hospitals<br>X Other Teaching facility   |
| <b>Length:</b>        | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |
| <b>Field 8:</b>       | <b>FAC_PSYCH_IND</b><br>Psychiatric Facility Indicator.  |
| <b>Length:</b>        | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |
| <b>Field 9:</b>       | <b>FAC_REHAB_IND</b><br>Rehabilitation Facility Indicator.   |
| <b>Length:</b>        | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |
| <b>Field 10:</b>      | <b>FAC_ACUTE_CARE_IND</b><br>Acute Care Facility Indicator.  |
| <b>Length:</b>        | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |
| <b>Field 11:</b>      | <b>FAC_SNF_IND</b><br>Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.   |
| <b>Length:</b>        | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |
| <b>Field 12:</b>      | <b>FAC_LONG_TERM_AC_IND</b><br>Long Term Acute Care Facility Indicator.  |
| <b>Length:</b>        | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |
| <b>Field 13:</b>      | <b>FAC_OTHER_LTC_IND</b><br>Other Long Term Care Facility Indicator.   |
| <b>Length:</b>        | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |
| <b>Field 14:</b>      | <b>FAC_PEDS_IND</b><br>Pediatric Facility Indicator.   |
| <b>Coding Scheme:</b> | C Member, Council of Teaching Hospitals<br>X Facility also treat children  |
| <b>Length:</b>        | 1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider   |
| <b>Field 15:</b>      | <b>POA_PROVIDER_INDICATOR</b><br>Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |  |  |                              |
|-----------------------|--|--|------------------------------|
|                       | Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long-Term Care Hospitals. |  |                              |
| <b>Coding Scheme:</b> | M  | Mixed (Facility has sections that would be exempted from reporting POA for those patients) |                              |
|                       | R  | Required   |                              |
|                       | X  | Exempt   |                              |
|                       | `  | Invalid  |                              |
| <b>Length:</b>        | 1  | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Assigned |
| <b>Field 16:</b>      | <b>PROVIDER_COUNTY</b>   |  |                              |
|                       | Hospital County provided by the hospital.  |  |                              |
| <b>Length:</b>        | 3  | <b>Type:</b> Alphanumeric  | <b>Data Source:</b> Provider |

**GROUPER FILE**

|                       |   |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
|-----------------------|---|----|---|----|---|----|--|----|--|----|---|----|---|----|-------------|----|---|----|-------------|----|--|----|--------------------------|----|---|----|--|----|---|----|-----------------------------|--|--|
| <b>Field 1:</b>       | <b>RECORD_ID</b><br>Provider ID. Unique identifier assigned to the provider by THCIC.   |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Length:</b>        | 6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned  |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Field 2:</b>       | <b>FROZEN_MS_DRG</b><br>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.  |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Length:</b>        | 3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned  |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Field 3:</b>       | <b>FROZEN_MS_MDC</b><br>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 annually.  |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned  |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Field 4:</b>       | <b>FROZEN_MS_GROUPER_VERSION_NBR</b><br>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.   |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Length:</b>        | 5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned  |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Field 5:</b>       | <b>FROZEN_MS_GROUPER_ERROR_CODE</b><br>Error codes identify potential variations with MS DRG code assignment. The calculation for this field is updated annually.   |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Coding Scheme:</b> | <table border="0"> <tr> <td>00</td> <td>No errors. DRG successfully assigned.</td> <td>19</td> <td>DisableHac = 0 and at least one HAC POA is invalid or exe</td> </tr> <tr> <td>01</td> <td>Diagnosis code cannot be used as principal diagnosis</td> <td>20</td> <td>DisableHac is invalid and at least one HAC POA is N or U</td> </tr> <tr> <td>02</td> <td>Record does not meet criteria for any DRG</td> <td>21</td> <td>DisableHac is invalid and at least one HAC POA is invalid</td> </tr> <tr> <td>03</td> <td>Invalid Age</td> <td>22</td> <td>DisableHac = 0 and at least one HAC POA is exempt</td> </tr> <tr> <td>04</td> <td>Invalid Sex</td> <td>23</td> <td>DisableHac is invalid and at least one HAC POA is exempt</td> </tr> <tr> <td>05</td> <td>Invalid Discharge Status</td> <td>24</td> <td>DisableHac = 0 and there are multiple HACs that have diffe not Y, W, N, U</td> </tr> <tr> <td>10</td> <td>Illogical Principal Diagnosis (CMS only)</td> <td>25</td> <td>DisableHac is invalid and there are multiple HACs that hav are not Y or W</td> </tr> <tr> <td>11</td> <td>Invalid Principal Diagnosis</td> <td></td> <td></td> </tr> </table> | 00 | No errors. DRG successfully assigned.                                     | 19 | DisableHac = 0 and at least one HAC POA is invalid or exe | 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 | 03 | Invalid Age | 22 | DisableHac = 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 Discharge Status | 24 | DisableHac = 0 and there are multiple HACs that have diffe not Y, W, N, U | 10 | Illogical Principal Diagnosis (CMS only) | 25 | DisableHac is invalid and there are multiple HACs that hav are not Y or W | 11 | Invalid Principal Diagnosis |  |  |
| 00                    | No errors. DRG successfully assigned.   | 19 | DisableHac = 0 and at least one HAC POA is invalid or exe                 |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| 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                 |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| 03                    | Invalid Age   | 22 | DisableHac = 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 Discharge Status  | 24 | DisableHac = 0 and there are multiple HACs that have diffe not Y, W, N, U |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| 10                    | Illogical Principal Diagnosis (CMS only)  | 25 | DisableHac is invalid and there are multiple HACs that hav are not Y or W |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| 11                    | Invalid Principal Diagnosis   |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Length:</b>        | 2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned  |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Field 6:</b>       | <b>FROZEN_APR_DRG</b><br>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.   |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Length:</b>        | 4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned  |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Field 7:</b>       | <b>FROZEN_RISK_MORTALITY</b><br>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.   |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| <b>Coding Scheme:</b> | <table border="0"> <tr> <td>1</td> <td>Minor</td> </tr> <tr> <td>2</td> <td>Moderate</td> </tr> <tr> <td>3</td> <td>Major</td> </tr> <tr> <td>4</td> <td>Extreme</td> </tr> </table>  | 1  | Minor   | 2  | Moderate  | 3  | Major  | 4  | Extreme  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| 1                     | Minor   |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| 2                     | Moderate  |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| 3                     | Major   |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |
| 4                     | Extreme   |    |   |    |   |    |  |    |  |    |   |    |   |    |             |    |   |    |             |    |  |    |                          |    |   |    |  |    |   |    |                             |  |  |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |   |  |   |
|-----------------------|---|--|---|
| <b>Length:</b>        | 1   | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned  |
| <b>Field 8:</b>       | <b>FROZEN_ILLNESS_SEVERITY</b>  |  |   |
|                       | 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.  |  |   |
| <b>Coding Scheme:</b> | 1   | Minor  |   |
|                       | 2   | Moderate   |   |
|                       | 3   | Major  |   |
|                       | 4   | Extreme  |   |
|                       | 0   | No class specified                                   |   |
| <b>Length:</b>        | 1   | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Provider  |
| <b>Field 9:</b>       | <b>FROZEN_APR_MDC</b>   |  |   |
|                       | 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.<br>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. |  |   |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned  |
| <b>Field 10:</b>      | <b>FROZEN_APR_GROUPER_VERSION_NBR</b>   |  |   |
|                       | Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated annually.  |  |   |
| <b>Length:</b>        | 5   | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned  |
| <b>Field 11:</b>      | <b>FROZEN_APR_GROUPER_ERROR_CODE</b>  |  |   |
|                       | Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated annually.<br>HAC: Hospital Acquired Condition<br>POA: Present on Admission<br>DRG: Diagnostic Related Group  |  |   |
| <b>Coding Scheme:</b> | 00  | No errors. DRG successfully assigned                 | 12 Gestational age/birth weight conflict (APR only)                           |
|                       | 01  | Diagnosis code cannot be used as principal diagnosis | 19 DisableHac = 0 and at least one HAC POA is invalid or exempt               |
|                       | 02  | Record does not meet criteria for any DRG            | 20 DisableHac is invalid and at least one HAC POA is N or U                   |
|                       | 03  | Invalid Age  | 21 DisableHac is invalid and at least one HAC POA is invalid                  |
|                       | 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 only)                  | 24 DisableHac = 0 and there are multiple HACs that have different Y, W, N, U  |
|                       | 09  | Invalid discharge age in days (AP & APR only)        | 25 DisableHac is invalid and there are multiple HACs that have are not Y or W |
|                       | 11  | Invalid Principal Diagnosis                          |   |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned  |
| <b>Field 12:</b>      | <b>MS_DRG</b>   |  |   |
|                       | 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.   |  |   |
| <b>Length:</b>        | 3   | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned  |

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |  |  |  |
|-----------------------|--|--|--|
| <b>Field 13:</b>      | <b>MS_MDC</b>  |  |  |
|                       | 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. |  |  |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned   |
| <b>Field 14:</b>      | <b>MS_GROUPEL_VERSION_NBR</b>  |  |  |
|                       | CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPEL_VERSION_NBR) version used to assign MS DRG and, MS MDC codes.. The calculation for this field is updated quarterly.  |  |  |
| <b>Coding Scheme:</b> | C Member, Council of Teaching Hospitals<br>X Facility also treat children  |  |  |
| <b>Length:</b>        | 5  | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned   |
| <b>Field 15:</b>      | <b>MS_GROUPEL_ERROR_CODE</b>   |  |  |
|                       | Error codes identify potential variations with MS DRG code assignment. The calculation for this field is updated quarterly.  |  |  |
| <b>Coding Scheme:</b> | 00   | No errors. DRG successfully 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 ex             |
|                       | 03   | Invalid Age  | 22 DisableHac = 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 Discharge Status                             | 24 DisableHac = 0 and there are multiple HACs that have different W, N, U      |
|                       | 10   | Illogical Principal Diagnosis (CMS only)             | 25 DisableHac is invalid and there are multiple HACs that have diff not Y or W |
|                       | 11   | Invalid Principal Diagnosis                          |  |
| <b>Length:</b>        | 2  | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned   |
| <b>Field 16:</b>      | <b>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.   |  |  |
| <b>Length:</b>        | 4  | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned   |
| <b>Field 17:</b>      | <b>RISK_MORTALITY</b>  |  |  |
|                       | 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 quarterly.   |  |  |
| <b>Coding Scheme:</b> | 1  |  | Minor  |
|                       | 2  |  | Moderate   |
|                       | 3  |  | Major  |
|                       | 4  |  | Extreme  |
| <b>Length:</b>        | 1  | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned   |
| <b>Field 18:</b>      | <b>ILLNESS_SEVERITY</b>  |  |  |
|                       | 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.        |  |  |
| <b>Coding Scheme:</b> | 1  |  | Minor  |



## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

|                       |   |  |   |
|-----------------------|---|--|---|
|                       | 2   |  | Moderate  |
|                       | 3   |  | Major   |
|                       | 4   |  | Extreme   |
|                       | 0   |  | No class specified  |
| <b>Length:</b>        | 1   | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned  |
| <b>Field 19:</b>      | <b>APR_MDC</b>  |  |   |
|                       | 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 quarterly.   |  |   |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned  |
| <b>Field 20:</b>      | <b>APR_GROUPEr_VERSION_NBR</b>  |  |   |
|                       | Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated quarterly.   |  |   |
| <b>Length:</b>        | 5   | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned  |
| <b>Field 21:</b>      | <b>APR_GROUPEr_ERROR_CODE</b>   |  |   |
|                       | 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   |  |   |
| <b>Coding Scheme:</b> | 00  | No errors. DRG successfully assigned                 | 12 Gestational age/birth weight conflict (APR only)                           |
|                       | 01  | Diagnosis code cannot be used as principal diagnosis | 19 DisableHac = 0 and at least one HAC POA is invalid or exe                  |
|                       | 02  | Record does not meet criteria for any DRG            | 20 DisableHac is invalid and at least one HAC POA is N or U                   |
|                       | 03  | Invalid Age  | 21 DisableHac is invalid and at least one HAC POA is invalid                  |
|                       | 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 only)                  | 24 DisableHac = 0 and there are multiple HACs that have diffe not Y, W, N, U  |
|                       | 09  | Invalid discharge age in days (AP & APR only)        | 25 DisableHac is invalid and there are multiple HACs that have are not Y or W |
|                       | 11  | Invalid Principal Diagnosis                          |   |
| <b>Length:</b>        | 2   | <b>Type:</b> Alphanumeric                            | <b>Data Source:</b> Assigned  |

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

**DATA ELEMENT**

**BASE DATA FILE**

| <b>Data Dictionary #</b> | <b>RDF Field Name</b>  | <b>Length</b> | <b>Field Type</b> |
|--------------------------|--|---------------|-------------------|
| 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      |

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

| <b>Data Dictionary #</b> | <b>RDF Field Name</b> | <b>Length</b> | <b>Field Type</b> |
|--------------------------|-----------------------|---------------|-------------------|
| 42                       | ADMITTING DIAGNOSIS   | 7             | Alphanumeric      |
| 43                       | PRINC DIAG CODE       | 7             | Alphanumeric      |
| 44                       | POA PRINC DIAG CODE   | 1             | Alphanumeric      |
| 45                       | OTH DIAG CODE 1       | 7             | Alphanumeric      |
| 46                       | POA OTH DIAG CODE 1   | 1             | Alphanumeric      |
| 47                       | OTH DIAG CODE 2       | 7             | Alphanumeric      |
| 48                       | POA OTH DIAG CODE 2   | 1             | Alphanumeric      |
| 49                       | OTH DIAG CODE 3       | 7             | Alphanumeric      |
| 50                       | POA OTH DIAG CODE 3   | 1             | Alphanumeric      |
| 51                       | OTH DIAG CODE 4       | 7             | Alphanumeric      |
| 52                       | POA OTH DIAG CODE 4   | 1             | Alphanumeric      |
| 53                       | OTH DIAG CODE 5       | 7             | Alphanumeric      |
| 54                       | POA OTH DIAG CODE 5   | 1             | Alphanumeric      |
| 55                       | OTH DIAG CODE 6       | 7             | Alphanumeric      |
| 56                       | POA OTH DIAG CODE 6   | 1             | Alphanumeric      |
| 57                       | OTH DIAG CODE 7       | 7             | Alphanumeric      |
| 58                       | POA OTH DIAG CODE 7   | 1             | Alphanumeric      |
| 59                       | OTH DIAG CODE 8       | 7             | Alphanumeric      |
| 60                       | POA OTH DIAG CODE 8   | 1             | Alphanumeric      |
| 61                       | OTH DIAG CODE 9       | 7             | Alphanumeric      |
| 62                       | POA OTH DIAG CODE 9   | 1             | Alphanumeric      |
| 63                       | OTH DIAG CODE 10      | 7             | Alphanumeric      |
| 64                       | POA OTH DIAG CODE 10  | 1             | Alphanumeric      |
| 65                       | OTH DIAG CODE 11      | 7             | Alphanumeric      |
| 66                       | POA OTH DIAG CODE 11  | 1             | Alphanumeric      |
| 67                       | OTH DIAG CODE 12      | 7             | Alphanumeric      |
| 68                       | POA OTH DIAG CODE 12  | 1             | Alphanumeric      |
| 69                       | OTH DIAG CODE 13      | 7             | Alphanumeric      |
| 70                       | POA OTH DIAG CODE 13  | 1             | Alphanumeric      |
| 71                       | OTH DIAG CODE 14      | 7             | Alphanumeric      |
| 72                       | POA OTH DIAG CODE 14  | 1             | Alphanumeric      |
| 73                       | OTH DIAG CODE 15      | 7             | Alphanumeric      |
| 74                       | POA OTH DIAG CODE 15  | 1             | Alphanumeric      |
| 75                       | OTH DIAG CODE 16      | 7             | Alphanumeric      |
| 76                       | POA OTH DIAG CODE 16  | 1             | Alphanumeric      |
| 77                       | OTH DIAG CODE 17      | 7             | Alphanumeric      |
| 78                       | POA OTH DIAG CODE 17  | 1             | Alphanumeric      |
| 79                       | OTH DIAG CODE 18      | 7             | Alphanumeric      |
| 80                       | POA OTH DIAG CODE 18  | 1             | Alphanumeric      |
| 81                       | OTH DIAG CODE 19      | 7             | Alphanumeric      |
| 82                       | POA OTH DIAG CODE 19  | 1             | Alphanumeric      |
| 83                       | OTH DIAG CODE 20      | 7             | Alphanumeric      |
| 84                       | POA OTH DIAG CODE 20  | 1             | Alphanumeric      |
| 85                       | OTH DIAG CODE 21      | 7             | Alphanumeric      |
| 86                       | POA OTH DIAG CODE 21  | 1             | Alphanumeric      |
| 87                       | OTH DIAG CODE 22      | 7             | Alphanumeric      |

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

| <b>Data Dictionary #</b> | <b>RDF Field Name</b> | <b>Length</b> | <b>Field Type</b> |
|--------------------------|-----------------------|---------------|-------------------|
| 88                       | POA OTH DIAG CODE 22  | 1             | Alphanumeric      |
| 89                       | OTH DIAG CODE 23      | 7             | Alphanumeric      |
| 90                       | POA OTH DIAG CODE 23  | 1             | Alphanumeric      |
| 91                       | OTH DIAG CODE 24      | 7             | Alphanumeric      |
| 92                       | POA OTH DIAG CODE 24  | 1             | Alphanumeric      |
| 93                       | E CODE 1              | 7             | Alphanumeric      |
| 94                       | POA E CODE 1          | 1             | Alphanumeric      |
| 95                       | E CODE 2              | 7             | Alphanumeric      |
| 96                       | POA E CODE 2          | 1             | Alphanumeric      |
| 97                       | E CODE 3              | 7             | Alphanumeric      |
| 98                       | POA E CODE 3          | 1             | Alphanumeric      |
| 99                       | E CODE 4              | 7             | Alphanumeric      |
| 100                      | POA E CODE 4          | 1             | Alphanumeric      |
| 101                      | E CODE 5              | 7             | Alphanumeric      |
| 102                      | POA E CODE 5          | 1             | Alphanumeric      |
| 103                      | E CODE 6              | 7             | Alphanumeric      |
| 104                      | POA E CODE 6          | 1             | Alphanumeric      |
| 105                      | E CODE 7              | 7             | Alphanumeric      |
| 106                      | POA E CODE 7          | 1             | Alphanumeric      |
| 107                      | E CODE 8              | 7             | Alphanumeric      |
| 108                      | POA E CODE 8          | 1             | Alphanumeric      |
| 109                      | E CODE 9              | 7             | Alphanumeric      |
| 110                      | POA E CODE 9          | 1             | Alphanumeric      |
| 111                      | E CODE 10             | 7             | Alphanumeric      |
| 112                      | POA E CODE 10         | 1             | Alphanumeric      |
| 113                      | PRINC SURG PROC CODE  | 7             | Alphanumeric      |
| 114                      | PRINC SURG PROC DATE  | 8             | Alphanumeric      |
| 115                      | PRINC SURG PROC DAY   | 4             | Alphanumeric      |
| 116                      | OTH SURG PROC CODE 1  | 7             | Alphanumeric      |
| 117                      | OTH SURG PROC DATE 1  | 8             | Alphanumeric      |
| 118                      | OTH SURG PROC DAY 1   | 4             | Alphanumeric      |
| 119                      | OTH SURG PROC CODE 2  | 7             | Alphanumeric      |
| 120                      | OTH SURG PROC DATE 2  | 8             | Alphanumeric      |
| 121                      | OTH SURG PROC DAY 2   | 4             | Alphanumeric      |
| 122                      | OTH SURG PROC CODE 3  | 7             | Alphanumeric      |
| 123                      | OTH SURG PROC DATE 3  | 8             | Alphanumeric      |
| 124                      | OTH SURG PROC DAY 3   | 4             | Alphanumeric      |
| 125                      | OTH SURG PROC CODE 4  | 7             | Alphanumeric      |
| 126                      | OTH SURG PROC DATE 4  | 8             | Alphanumeric      |
| 127                      | OTH SURG PROC DAY 4   | 4             | Alphanumeric      |
| 128                      | OTH SURG PROC CODE 5  | 7             | Alphanumeric      |
| 129                      | OTH SURG PROC DATE 5  | 8             | Alphanumeric      |
| 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      |

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

| <b>Data Dictionary #</b> | <b>RDF Field Name</b> | <b>Length</b> | <b>Field Type</b> |
|--------------------------|-----------------------|---------------|-------------------|
| 134                      | OTH SURG PROC CODE 7  | 7             | Alphanumeric      |
| 135                      | OTH SURG PROC DATE 7  | 8             | Alphanumeric      |
| 136                      | OTH SURG PROC DAY 7   | 4             | Alphanumeric      |
| 137                      | OTH SURG PROC CODE 8  | 7             | Alphanumeric      |
| 138                      | OTH SURG PROC DATE 8  | 8             | Alphanumeric      |
| 139                      | OTH SURG PROC DAY 8   | 4             | Alphanumeric      |
| 140                      | OTH SURG PROC CODE 9  | 7             | Alphanumeric      |
| 141                      | OTH SURG PROC DATE 9  | 8             | Alphanumeric      |
| 142                      | OTH SURG PROC DAY 9   | 4             | Alphanumeric      |
| 143                      | OTH SURG PROC CODE 10 | 7             | Alphanumeric      |
| 144                      | OTH SURG PROC DATE 10 | 8             | Alphanumeric      |
| 145                      | OTH SURG PROC DAY 10  | 4             | Alphanumeric      |
| 146                      | OTH SURG PROC CODE 11 | 7             | Alphanumeric      |
| 147                      | OTH SURG PROC DATE 11 | 8             | Alphanumeric      |
| 148                      | OTH SURG PROC DAY 11  | 4             | Alphanumeric      |
| 149                      | OTH SURG PROC CODE 12 | 7             | Alphanumeric      |
| 150                      | OTH SURG PROC DATE 12 | 8             | Alphanumeric      |
| 151                      | OTH SURG PROC DAY 12  | 4             | Alphanumeric      |
| 152                      | OTH SURG PROC CODE 13 | 7             | Alphanumeric      |
| 153                      | OTH SURG PROC DATE 13 | 8             | Alphanumeric      |
| 154                      | OTH SURG PROC DAY 13  | 4             | Alphanumeric      |
| 155                      | OTH SURG PROC CODE 14 | 7             | Alphanumeric      |
| 156                      | OTH SURG PROC DATE 14 | 8             | Alphanumeric      |
| 157                      | OTH SURG PROC DAY 14  | 4             | Alphanumeric      |
| 158                      | OTH SURG PROC CODE 15 | 7             | Alphanumeric      |
| 159                      | OTH SURG PROC DATE 15 | 8             | Alphanumeric      |
| 160                      | OTH SURG PROC DAY 15  | 4             | Alphanumeric      |
| 161                      | OTH SURG PROC CODE 16 | 7             | Alphanumeric      |
| 162                      | OTH SURG PROC DATE 16 | 8             | Alphanumeric      |
| 163                      | OTH SURG PROC DAY 16  | 4             | Alphanumeric      |
| 164                      | OTH SURG PROC CODE 17 | 7             | Alphanumeric      |
| 165                      | OTH SURG PROC DATE 17 | 8             | Alphanumeric      |
| 166                      | OTH SURG PROC DAY 17  | 4             | Alphanumeric      |
| 167                      | OTH SURG PROC CODE 18 | 7             | Alphanumeric      |
| 168                      | OTH SURG PROC DATE 18 | 8             | Alphanumeric      |
| 169                      | OTH SURG PROC DAY 18  | 4             | Alphanumeric      |
| 170                      | OTH SURG PROC CODE 19 | 7             | Alphanumeric      |
| 171                      | OTH SURG PROC DATE 19 | 8             | Alphanumeric      |
| 172                      | OTH SURG PROC DAY 19  | 4             | Alphanumeric      |
| 173                      | OTH SURG PROC CODE 20 | 7             | Alphanumeric      |
| 174                      | OTH SURG PROC DATE 20 | 8             | Alphanumeric      |
| 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      |

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

| <b>Data Dictionary #</b> | <b>RDF Field Name</b>       | <b>Length</b> | <b>Field Type</b> |
|--------------------------|-----------------------------|---------------|-------------------|
| 180                      | OTH SURG PROC DATE 22       | 8             | Alphanumeric      |
| 181                      | OTH SURG PROC DAY 22        | 4             | Alphanumeric      |
| 182                      | OTH SURG PROC CODE 23       | 7             | Alphanumeric      |
| 183                      | OTH SURG PROC DATE 23       | 8             | Alphanumeric      |
| 184                      | OTH SURG PROC DAY 23        | 4             | Alphanumeric      |
| 185                      | OTH SURG PROC CODE 24       | 7             | Alphanumeric      |
| 186                      | OTH SURG PROC DATE 24       | 8             | Alphanumeric      |
| 187                      | OTH SURG PROC DAY 24        | 4             | Alphanumeric      |
| 188                      | 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      |

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

| <b>Data Dictionary #</b> | <b>RDF Field Name</b> | <b>Length</b> | <b>Field Type</b> |
|--------------------------|-----------------------|---------------|-------------------|
| 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      |
| 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           |

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

| <b>Data Dictionary #</b> | <b>RDF Field Name</b>        | <b>Length</b> | <b>Field Type</b> |
|--------------------------|------------------------------|---------------|-------------------|
| 272                      | WARD AMOUNT                  | 12            | Numeric           |
| 273                      | ICU AMOUNT                   | 12            | Numeric           |
| 274                      | CCU AMOUNT                   | 12            | Numeric           |
| 275                      | OTHER AMOUNT                 | 12            | Numeric           |
| 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      |
|                          |                              |               |                   |
|                          |                              |               |                   |
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|                          |                              |               |                   |



**CHARGES FILE**

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

**FACILITY TYPE INDICATOR FILE**

| <b>Data Dictionary #</b> | <b>RDF Field Name</b>  | <b>Length</b> | <b>Field Type</b> |
|--------------------------|------------------------|---------------|-------------------|
| 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 HOSPITAL DISCHARGE RESEARCH DATA FILE**

**GROUPER FILE**

| <b>Data Dictionary #</b> | <b>RDF Field Name</b>   | <b>Length</b> | <b>Field Type</b> |
|--------------------------|---|---------------|-------------------|
| 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      |

## APPENDIX

### History of Changes

#### 2022 Revisions

Field 318: DISCHARGE: Additional information regarding the breakdown of months into quarters added  
Added Fields: Fields 1-21 in the grouper data file.

### External Code Sources

[https://www.census.gov/programs-surveys/geography/about/glossary.html#par\\_textimage\\_4](https://www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_4)  
[https://www.cms.gov/glossary?term=National+Payer&items\\_per\\_page=10](https://www.cms.gov/glossary?term=National+Payer&items_per_page=10)  
[https://www.cms.gov/glossary?term=Admitting+Diagnosis+Code&items\\_per\\_page=30&viewmode=grid](https://www.cms.gov/glossary?term=Admitting+Diagnosis+Code&items_per_page=30&viewmode=grid)  
[https://www.cms.gov/glossary?term=Diagnosis+Code&items\\_per\\_page=30&viewmode=grid](https://www.cms.gov/glossary?term=Diagnosis+Code&items_per_page=30&viewmode=grid)  
[https://www.3m.com/3M/en\\_US/health-information-systems-us/drive-value-based-care/patient-classification-methodologies/apr-drgs/](https://www.3m.com/3M/en_US/health-information-systems-us/drive-value-based-care/patient-classification-methodologies/apr-drgs/)  
<https://resdac.org/cms-data/variables/principal-procedure-code>  
[https://www.ahrq.gov/hai/hac/tools.html#:~:text=Hospital%2DAcquired%20Conditions%20\(HACs\),conditions%20cause%20harm%20to%20patients](https://www.ahrq.gov/hai/hac/tools.html#:~:text=Hospital%2DAcquired%20Conditions%20(HACs),conditions%20cause%20harm%20to%20patients)