

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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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 $\underline{\mathsf{HSC}}$, $\S108.013$. The $\underline{\mathsf{HSC}}$, $\S108.013$ also stipulates that DSHS

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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

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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.

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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 THCIC 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 (1st)
 quarter 2000 except when the number of physicians represented in a
 DRG for a hospital is less than the minimum cell size of five.
- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately

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- 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.

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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:

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

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

BASE DATA FILE

Field 1:	RE	CORD II	D				
	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						
	pati	ent's visit	generates a uniqu	e Reco	rd ID.	Does ma	atch with RECORD ID in other Inpatient
	RDF files.						
Length:	12	Type:	Alphanumeric	Data	a Sourc	ee:	Assigned
Field 2:	PA	ΓUNIQ	JE INDEX				
	(PU	I) Unique	identifier assigned	d to the	e patier	nt by THC	CIC.A patient unique index is assigned for
							e can be multiple Record IDs associated with a
			Field # 1).				•
Length:	10	Type:	Alphanumeric	Data	a Sourc	ee:	Assigned
Field 3:	TH	CIC_ID					
	Prov	vider ID.	Unique identifier a	ssigne	d to the	e provider	by THCIC.
Length:	6	Type:	Alphanumeric	Data	a Sourc	ee:	Assigned
Field 4:	SPEC UNIT 1						
	Specialty Unit in which most days stay occurred based on number of days by Type of Bill or						
		enue Cod		, ,			7 7 71
Coding Scheme:	C	Coronary	Care Unit	P	Pediatr	ic Unit	
- C	D	Detoxifica	ation Unit	Y	Psychia	tric Unit	
	I	Intensive		R		litation Unit	
	Н	Hospice U	Jnit	U		ute Care Un	
	N B	Nursery Obstetric	T T 14	S D11-	Skilled Acute (Nursing Un	nt
	О	Oncology		Biank	Acute	_are	
Length:	1	Type:	Alphanumeric	Data	a Sourc	e:	Calculated
Field 5:	SPE	C UNIT	-	2			
Ticia o.		_	_	t dave	stay oc	curred ba	sed on number of days by Type of Bill or
		enue Cod		t days	stay oc	curred ba	ised on number of days by Type of Bin of
Coding Schame	: Same as SPEC UNIT 1.						
Length:	1	Type:	Alphanumeric	Dote	a Sourc	٠	Calculated
Field 6:	CDL			Data	Source		Calculated
riciu 0:	SPT	EC_UNIT	_3				
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Specialty Unit in which 3rd most days stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC UNIT 1. Length: Type: Alphanumeric **Data Source:** Calculated Field 7: SPEC UNIT 4 Specialty Unit in which 4th most days stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC UNIT 1. Length: Type: Alphanumeric **Data Source:** Calculated Field 8: SPEC UNIT 5 Specialty Unit in which 5th most days stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC UNIT 1. Type: Alphanumeric **Data Source:** Calculated Length: 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. Alphanumeric **Data Source:** Length: Type: 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 Alphanumeric **Data Source:** Claim Length: Type: Field 11: **BIRTH DATE** Birth date of the patient as recorded at date of admission or start of care. **Data Source:** Length: Alphanumeric Claim Field 12: PAT AGE GROUP Code indicating age of patient in days or years on date of discharge. Coding Scheme: 00 1-28 days 10 35-39 20 85-89 01 29-365 days 11 40-44 21 90+ 02 1-4 years 12 45-49 HIV and drug/alcohol use patients: 03 5-9 13 50-54 22 0 - 1704 10-14 14 55-59 23 18-44 15-17 05 15 24 45-64 60-64 06 18-19 16 65-69 25 65-74 75+ 07 20 - 2417 70 - 7426 08 25-29 18 75-79 Invalid 30-34 19 80-84 Alphanumeric **Data Source:** Assigned Length: Type: Field 13: PAT AGE YEARS Age of patient in years on date of discharge. Alphanumeric **Data Source:** Type: Claim Length: Field 14: PAT AGE DAYS Age of patient in days on date of discharge. Length: Type: Alphanumeric **Data Source:** Claim Field 15: RACE Code indicating the patient's race. American Indian/Eskimo/Aleut **Coding Scheme:** 1 2 Asian or Pacific Islander 3 Black 2024 **Page**

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	4	White						
_	5	Other				_		
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ricia 17:	PAT_ADDR_CENSUS_BLOCK_GROUP Census block group of patient street address.							
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riciu 10:		_ADDK_CI us block of p						
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Field 19:		CITY	рпапа	iliciic	Data Source		aiculated	
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Field 23:		_COUNTY	.,	,				
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Coding scheme:	001 003	Anderson Andrews	129 131	Donley Duval	257 259	Kaufman Kendall	385 387	Real 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
	013 015	Atascosa Austin	141 143	El Paso Erath	269 271	King Kinney	397 399	Rockwall 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
	023 025	Baylor Bee	151 153	Fisher	277 279	Lamar Lamb	407 409	San Jacinto San Patricio
		Bell	155	Floyd Foard		Lampasas	411	
	027							San Saha
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	029 031 033	Bexar Blanco Borden	157 159 161	Fort Bend Franklin Freestone	d 285 287 e 289	Lavaca Lee Leon	413 415 417	Schleicher Scurry Shackelford
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	029 031 033 035 037 039	Bexar Blanco Borden Bosque Bowie Brazoria	157 159 161 163 165 167	Fort Bend Franklin Freestone Frio Gaines Galveston	d 285 287 2 289 291 293 n 295	Lavaca Lee Leon Liberty Limestone Lipscomb	413 415 417 419	Schleicher Scurry Shackelford Shelby
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	029 031 033 035 037 039 041 043	Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe	157 159 161 163 165 167 169 171 173	Fort Bend Franklin Freestone Frio Gaines Galveston Garza Gillespie Glasscoc	d 285 287 2 289 291 293 n 295 297 299 k 301	Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak Llano Loving	413 415 417 419 421 423 425 427 429	Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens
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	029 031 033 035 037 039 041 043 045 047	Bexar Blanco Borden Bosque Bowie Brazoria Brazos Brewster Briscoe Brooks Brown	157 159 161 163 165 167 169 171 173 175	Fort Bender Franklin Freestone Frio Gaines Galveston Garza Gillespie Glasscoc Goliad Gonzales	d 285 287 2 289 291 293 n 295 297 299 k 301 303 305	Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak Llano Loving Lubbock Lynn	413 415 417 419 421 423 425 427 429 431 433	Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr Stephens Sterling Stonewall
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113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
111	Dallam Dallag	239	Jackson	367 360	Parker	495	Winkler
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
095	Concho	223	Hopkins	351	Newton	479	Webb
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
089	Colorado	217	Hill	345	Motley	473	Waller
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
073	Cherokee	201	Harris	329	Midland	457	Tyler
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
063	Camp	191	Hall	319	Mason	447	Throckmorton
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
057	Caldwell	183	Gregg	311	McMullen	439	Tarrant
	Calhoun	185	Grimes	313	Madison	441	Taylor

Field 24: **PUBLIC HEALTH REGION**

Length:

Public Health Region of patient's address.

Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties

- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, 3 Parker, Rockwall, Somervell, Tarrant, Wise counties
- Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- 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
- 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
- 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

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	10 11		, Culberson, El Paso, H Bee, Brooks, Cameron			counties Jim Wells, Kenedy, Kleberg, Live Oak, McMullen,
Length:	2		Refugio, San Patricio, S Alphanumeric		, Zapata	
Field 25:			ADMISSION	Data Source.		Assigned
riciu 23.			ing the type of adm	niccion		
Coding Scheme:	1	Emergen		11551011		
Coung Scheme:	2	Urgent	су			
	3	Elective				
	4	Newborn	1			
	5	Trauma (Center			
	9		ion not available			
Length:	1	Type:	Alphanumeric	Data Source:		Claim
Field 26:		_	OF_ADMISSION			
	Cod		ing source of the a			
Coding Scheme:	1		Ithcare Facility Point of	f Origin (Beginning	July 1,	
8	2	2010) Clinic or	Physician's Office			
	4		from a hospital			
	5		from a skilled nursing f	acility, intermediate	care	
	5		r assisted living facility			
	6		from another health car	e facility		
	8 9		w Enforcement ion not available			
	,		from One distinct Unit	of the Hospital to an	other	
	D		Unit of the Same Hospi			
	_		the Payer	_		
	Е		from Ambulatory Surge			
	F		from a Hospice Facility of Admission=4 (Newbo			
	G	Transfer	from a designated hosp e 7/1/2020)		care site	e
	5	*	de this hospital			
	6		side this hospital			
Length:	1	Type:	Alphanumeric	Data Source:		Claim
Field 27:			MENT SRC			
Ticia 27.		_	ing the expected pr	imary source of	navme	ent .
6.11 6.1			(Removed from 5010 for	•		
Coding Scheme:	09		g 2Q2012 data)	,	HM	Health Maintenance Organization
	10	Central C	Certification		LI	Liability
	11		n-federal Programs	(DDG)	LM	Liability Medical
	12 13		Provider Organization Service (POS)	(PPO)	MA MB	Medicare Part A Medicare Part B
	14		e Provider Organization	(EPO)	MC	Medicaid
	15		y Insurance	(El O)	TV	Title V
	16	Health M Risk	laintenance Organizatio	n (HMO) Medicare	OF	Other Federal Program
	AM	Automob	oile Medical		VA	Veteran Administration Plan
	BL		ss/Blue Shield		WC	Workers Compensation Health Claim
	CH	CHAMP			ZZ	Charity, Indigent or Unknown
	CI DS		cial Insurance y Insurance		•	Codes 09 and ZZ, combined for 2004 & 2005 Invalid
Length:	2	Type:	Alphanumeric	Data Source:		Claim
Field 28:		ST PAY		Data Source.		Cidilli
riciu 20.		_	n EK_ID n Identifier (when i	implemented by	fadaral	1 covernment)
Longth	10		,	Data Source:		Claim
Length:		Type:	Alphanumeric	Data Source:		Ciailli
Field 29:		_	YER_NAME			
T 41		-	nary source of pay			CI :
Length:	35	Type:	Alphanumeric	Data Source:		Claim
Field 30:	SEC	CONDAL	RY_PAYMENT_S	SRC		
2024				Page		
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			ng the expected see		y source of payn	nent.
Coding Scheme:			T_PAYMENT_SI			ct.
Length:	2	Type:	Alphanumeric	Data	Source:	Claim
Field 31:			Y_PAYER_ID	1	4 . 4 l C. 4 1	
Langth			Identifier (when in	_	-	=
Length:	10 SEC	Type:	Alphanumeric		Source:	Claim
Field 32:			Y_PAYER_NAM			
Langth			ndary source of pa Alphanumeric	-	Source:	Claim
Length: Field 33:	35 ADN	Type:	-	Data	i Source.	Ciaiiii
rieid 33:		_	ART_OF_CARE	provi	der for innetient	care or other start of care. Entered as
		YMMDI		provi	der for inpatient	care of other start of care. Efficient as
Length:	8	Type:	Alphanumeric	Data	Source:	Claim
Field 34:		MIT_WE				
		_	ng day of week pat	ient is	admitted	
Coding Scheme:	1	Monday	8 7 1	5	Friday	
9	2	Tuesday		6	Saturday	
	3	Wednesda	y	7	Sunday	
Langth	4	Thursday	A lash anyuna ani a	Doto	Source:	Claim
Length: Field 35:	1 D I	<u> </u>	Alphanumeric IID	Data	i Source.	Ciaiiii
riciu 33.		_		ich the	natient was adm	nitted for inpatient care
Coding Scheme:	00		nt-12:59 a.m.	13	1:00 – 1:59 p.m.	inted for inpatient care
Coung Scheme.	01	1:00 – 1:59		14	2:00 – 2:59 p.m.	
	02	2:00-2:59		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		17	5:00 – 5:59 p.m.	
	05	5:00 - 5:59		18	6:00 – 6:59 p.m.	
	06 07	6:00 - 6:59 7:00 - 7:59		19 20	7:00 – 7:59 p.m. 8:00 – 8:59 p.m.	
	08	8:00 - 8:59		21	9:00 – 9:59 p.m.	
	09	9:00 - 9:59		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		99	Hour unknown	
Langth	12	12 noon –	_	Doto	Courses	Claim
Length:	2 STN	Type:	Alphanumeric OD EDOM	Data	Source:	Claim
Field 36:		_	OD_FROM	مسامماسم	flooted on the at	atement. Entered as YYYYMMDD.
Length:	_	_	Alphanumeric			Claim
Field 37:			OD THRU	Data	i Source.	Ciaiiii
riciu 57.		_	_	d refle	cted on the states	ment. Entered as YYYYMMDD.
Length:	8	Type:	Alphanumeric		Source:	Claim
Field 38:		GTH O	•	Date	i Source.	Cidilli
riciu 50.		_	-	dina s	ervice date of the	e period reflected on the statement
						re date (ADMIT_START_OF_CARE). The
			gth of stay is 1 day			
Length:	4	Type:	Alphanumeric		Source:	Calculated
Field 39:		STATU	•			
				of the	ending date of s	service for the period of care reported
Coding Scheme:	01	Discharge	d to home or self-care (routine	discharge)	•
_	02		d/transferred to a short			
	03	_		_	• • •	Medicare certification in anticipation of skilled care
	04	_	d/transferred to a facili			**
	05					dren's Hospital (effective 10-1-2007) ome health service organization in anticipation of covered
	06	skilled car			organized no	
2024				Pag	ge	
www.dshs.texa	s.gov	/THCIC		_ 14		dated: March, 2025
					_	

07 Left against medical advice 09 Admitted as inpatient to this hospital 20 2.1 Discharged/transferred to Court/Law Enforcement Still patient 30 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 Discharged/transferred to Critical Access Hospital (CAH) 66 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 Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital 82 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care 83 Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital 85 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute 86 Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission 87 (effective 10-1-2013) Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital 89 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a 90 Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital 91 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute 93 Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission 94 (effective 10-1-2013) Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a 95 Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Length: Type: Alphanumeric **Data Source:** Claim **Field 40: DISCHARGE HOUR** Code indicating hour during which the patient was discharged from inpatient care 12 midnight-12:59 a.m. 13 1:00 – 1:59 p.m. Coding Scheme: 00 01 1:00 – 1:59 a.m. 14 2:00 – 2:59 p.m. 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. 9:00 - 9:59 p.m. 08 8:00 - 8:59 a.m.21 $9:00-9:59\ a.m.$ 09 22 10:00 - 10:59 p.m. 10 10:00 - 10:59 a.m. 23 11:00 - 11:59 p.m. Hour unknown 11 11:00 - 11:59 a.m. 12 12 noon - 12:59 p.m. 2024 **Page** www.dshs.texas.gov/THCIC Last Updated: March, 2025 **15**

	2 T	ype:	Alphanumeric	D	ata Source:	Claim		
Field 41:	TYPE	OF_B	BILL					
	Provides specific information about the claim data submitted. First digit = type of facility. Second							
	digit =	type of	f care. Third digit	= se	quence of the cla	aim.		
Coding Scheme:	1st digit-	Type of I	Facility	2^{na}	digit–Type of Care		3^{rd}	digit–Sequence of claim
O	1 H	lospital		1	Inpatient, including	g Medicare Part A	0	Non-payment/Zero claim
		killed nu	•	2	Inpatient, Medicar	e Part B only	1	Admit through discharge claim
		lome hea		3	Outpatient	M I' D (D	2	Interim-first claim
		engious i are–Hosp	non-medical health	4	Outpatient Other, I only	Medicare Part B	3	Interim-continuing claim
	5 R	eligious	non-medical health nded care	5	Intermediate Care-	-Level I	4	Interim-last claim
		ntermedia	ate care	6	Intermediate Care-		5	Late charge(s) only claim
		linic	-1124	7	Sub-acute inpatien	t – Level III	6	Adjustment of prior claim (Not use by Medicare)
	8 S ₁	pecial fac	cility	8	Swing bed		7 8	Replacement of prior claim Void/cancel of prior claim
Length:	3 T	ype:	Alphanumeric	D	ata Source:	Claim	Ü	void cancer of prior claim
Field 42:		•	G DIAGNOSIS					
			_	sific	ation of Disease	s- Revision 10-	- Cli	nical Modification) diagnosis
		,						4th, 5th, 6th and 7th digits if
			ecimal is implied					, , , , , , , , , , , , , , , , , , , ,
Length:		ype:	Alphanumeric		ata Source:	Claim		
Field 43:		•	G CODE					
		_		sific	ation of Disease	s – Revision 10) – (Clinical Modification)
								established after study to be
								th, 6th and 7th digits if
			ecimal is implied				,	,
T 41					_			
Length:	7 T	ype:	Alphanumeric	D	ata Source:	Claim		
Field 44:				D	ata Source:	Claim		
	POA_	PRINC	C_DIAG_CODE				iagr	nosis code was present at the
	POA_I	PRINC Presen	C_DIAG_CODE	ode i	identifying whet		iagr	nosis code was present at the
	POA_I POA – time th	PRINC Presen	C_DIAG_CODE at on Admission co	ode i	identifying whet		iagr	nosis code was present at the
Field 44:	POA_I POA – time th	PRINC Presente patientes	C_DIAG_CODE at on Admission co	ode i	identifying whet		iagr	nosis code was present at the
Field 44:	POA_I POA – time th Y Y N N U U	PRINC Presente patientes (o) Inknown	C_DIAG_CODE at on Admission count was admitted to	ode i	identifying whet		iagr	nosis code was present at the
Field 44: Coding Scheme:	POA_I POA – time th Y Y N N U U W C	PRINC Presente patientes Presentes P	C_DIAG_CODE at on Admission control was admitted to Undetermined	ode i	identifying whet hospital	her Principal D	iagr	nosis code was present at the
Field 44: Coding Scheme: Length:	POA_1 POA - time th Y Y N N U U W C 1 T	PRINC Presente patient Freschie patient	C_DIAG_CODE It on Admission cont was admitted to Undetermined Alphanumeric	ode i	identifying whet		iagr	nosis code was present at the
Field 44: Coding Scheme:	POA_1 POA - time th Y Y N N U U W C 1 T	PRINC Presente patientes fes foo Inknown Clinically Cype: DIAG	C_DIAG_CODE at on Admission count was admitted to Undetermined Alphanumeric CODE_1	ode in the	identifying whet hospital ata Source:	her Principal D		
Field 44: Coding Scheme: Length:	POA_1 POA - time th Y	PRINC Presente patientes for formation of the patientes for for for formation of the patientes for for formation of the patientes for	C_DIAG_CODE at on Admission count was admitted to Undetermined Alphanumeric CODE_1 International Class	ode in the	identifying whet hospital ata Source:	her Principal D Claim S – Revision 10	0 – (Clinical Modification)
Field 44: Coding Scheme: Length:	POA_I POA - time th Y Y N N U U W C I T OTH_ ICD-10 diagno	PRINC Presente patientes for onknown linically Type: DIAG_ 0-CM (sis code	C_DIAG_CODE at on Admission count was admitted to Undetermined Alphanumeric CODE_1 International Classe for a condition t	ode in the Daniel	identifying whet hospital ata Source: ation of Disease coexists with the	her Principal D Claim S – Revision 10 principal diagi	0 – (nosi:	Clinical Modification) s or develops subsequently
Field 44: Coding Scheme: Length:	POA_I POA - time th Y Y N N U U W C I T OTH_ ICD-10 diagno during	PRINC Presente patientes (o) (nknown linically Type: DIAG O-CM (sis code a patientes	C_DIAG_CODE It on Admission cont was admitted to Undetermined Alphanumeric CODE_1 International Classe for a condition ton's treatment, income	Desific	ata Source: eation of Disease coexists with the	her Principal D Claim S – Revision 10 principal diagi	0 – (nosi:	Clinical Modification)
Field 44: Coding Scheme: Length: Field 45:	POA_I POA - time th Y Y N N U U W C I T OTH_ ICD-10 diagno during implied	PRINC Presente patientes In pat	C_DIAG_CODE It on Admission cont was admitted to Undetermined Alphanumeric CODE_1 International Classe for a condition to nt's treatment, including the third chain	Date of the base of the color o	ata Source: atation of Disease coexists with the ng the 4th, 5th, 6tr.	her Principal D Claim S – Revision 10 principal diagoor the digi	0 – (nosi:	Clinical Modification) s or develops subsequently
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Field 44: Coding Scheme: Length: Field 45: Length: Field 46: Coding Scheme:	POA — time the Y Y Y N N U U W C 1 T OTH ICD-10 diagno during implied 7 T POA — time the Same a	PRINC Presente patientes In pat	Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, including the third characteristics of the condition o	Description of the policy of t	ata Source: ata Source: ata of Disease coexists with the ng the 4th, 5th, or. ata Source: ata Source:	Claim S – Revision 10 principal diagr 6th and 7th digr Claim her Oth_Diag_) – (nosi: its if	Clinical Modification) s or develops subsequently applicable. Decimal is
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Field 44: Coding Scheme: Length: Field 45: Length: Field 46: Coding Scheme: Length:	POA_I POA - time th Y Y N N U U W C I T OTH_ ICD-10 diagno during implied 7 T POA_0 POA - time th Same a 1 T OTH_ ICD-10 diagno	PRINC Presente patientes (o) (nknown linically) ype: DIAG (o) -CM (o) (o) sis code (o) a patiente (o) differentes (o) -CM (o)	Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, including the third characteristic on Admission cont was admitted to POA_PRINC_DI Alphanumeric CODE_2 International Clase that corresponds that corresponds	Dissifice Dissifice Dissifice Sito a	ata Source: ata Source: ataion of Disease coexists with the ng the 4th, 5th, 6 er. ata Source: identifying whet hospital. CODE ata Source: ataion of Disease an additional consumer to the service of the service	Claim S – Revision 10 principal diagr oth and 7th digitation Claim her Oth_Diag_ Claim S – Revision 10 dition that coes	O – (Cod	Clinical Modification) s or develops subsequently applicable. Decimal is e_1 code was present at the Clinical Modification) s with the principal diagnosis
Field 44: Coding Scheme: Length: Field 45: Length: Field 46: Coding Scheme: Length:	POA_I POA - time th Y Y N N U U W C I T OTH_ ICD-10 diagno during implied 7 T POA_0 POA - time th Same a 1 T OTH_ ICD-10 diagno or deve	PRINC Presente patientes for formal partientes for for for formal partientes for	Undetermined Alphanumeric CODE_1 International Clase for a condition to nt's treatment, incoming the third character on Admission cont was admitted to POA_PRINC_DIAlphanumeric CODE_2 International Clase that corresponds the that corresponds absequently during	Dissifice Dissifice storagap	ata Source: ata Source: atation of Disease coexists with the ng the 4th, 5th, 6er. ata Source: identifying whet hospital. CODE ata Source: atation of Disease an additional contaction of contac	Claim S – Revision 10 principal diagroth and 7th digital Claim her Oth_Diag_ Claim S – Revision 10 didition that coent including the	O – (Cod	Clinical Modification) s or develops subsequently applicable. Decimal is e_1 code was present at the
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	POA – Present on Admission code ide	entifying whether	Oth Diag Code 2 code was present at the
	time the patient was admitted to the h		o m_2 mg_ e co como mas presentem me
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	1	
Length:		ta Source:	Claim
Field 49:	OTH_DIAG_CODE_3		
	ICD-10-CM (International Classificat	tion of Diseases -	Revision 10 – Clinical Modification)
			ion that coexists with the principal diagnosis
			ncluding the 4th, 5th, 6th and 7th digits if
T4b.	applicable. Decimal is implied follow	-	
Length:		ta Source:	Claim
Field 50:	POA_OTH_DIAG_CODE_3	antifyina vyhathan	Oth Diag Code 3 code was present at the
	time the patient was admitted to the h		Oth_Diag_Code_3 code was present at the
Coding Scheme:	÷	iospitai	
Length:		ta Source:	Claim
Field 51:	OTH DIAG CODE 4		
	ICD-10-CM (International Classificat	tion of Diseases –	Revision 10 – Clinical Modification)
	diagnosis code, that corresponds to an	n additional condit	ion that coexists with the principal diagnosis
			ncluding the 4th, 5th, 6th and 7th digits if
T (1	applicable. Decimal is implied follow	-	
Length:		ta Source:	Claim
Field 52:	POA_OTH_DIAG_CODE_4	antifying whather	Oth Diag Code 4 code was present at the
	time the patient was admitted to the h		Oth_Diag_Code_4 code was present at the
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	iospitai	
Length:		ta Source:	Claim
Field 53:	OTH DIAG CODE 5		
	ICD-10-CM (International Classificat	tion of Diseases –	Revision 10 – Clinical Modification)
	diagnosis code, that corresponds to an		ion that coexists with the principal diagnosis
	or develops subsequently during a pat		ncluding the 4th, 5th, 6th and 7th digits if
Lough	or develops subsequently during a pat applicable. Decimal is implied follow	ing the third chara	cter.
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	or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_5 POA - Present on Admission code ide	ring the third chara ta Source: entifying whether	cter.
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Field 54:	or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_5 POA – Present on Admission code ide time the patient was admitted to the hasame as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Dat	ring the third chara ta Source: entifying whether	cter. Claim
Field 54: Coding Scheme: Length:	or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_5 POA – Present on Admission code ide time the patient was admitted to the hisame as field POA_PRINC_DIAG_CODE	ring the third chara ta Source: entifying whether to spital ta Source:	Cter. Claim Oth_Diag_Code_5 code was present at the Claim
Field 54: Coding Scheme: Length:	or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_5 POA – Present on Admission code ide time the patient was admitted to the heart	ring the third chara ta Source: entifying whether to spital ta Source: tion of Diseases — an additional condit	Cter. Claim Oth_Diag_Code_5 code was present at the Claim Revision 10 – Clinical Modification) ion that coexists with the principal diagnosis
Field 54: Coding Scheme: Length:	or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_5 POA – Present on Admission code ide time the patient was admitted to the hosame as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Dat OTH_DIAG_CODE_6 ICD-10-CM (International Classificat diagnosis code, that corresponds to an or develops subsequently during a pat	ring the third chara ta Source: entifying whether tospital ta Source: tion of Diseases — n additional condit tient's treatment, in	Claim Oth_Diag_Code_5 code was present at the Claim Revision 10 – Clinical Modification) ion that coexists with the principal diagnosis ncluding the 4th, 5th, 6th and 7th digits if
Field 54: Coding Scheme: Length: Field 55:	or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_5 POA - Present on Admission code ide time the patient was admitted to the hasame as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Dat OTH_DIAG_CODE_6 ICD-10-CM (International Classificat diagnosis code, that corresponds to an or develops subsequently during a pat applicable. Decimal is implied follow	ring the third chara ta Source: entifying whether to spital ta Source: tion of Diseases — additional condit tient's treatment, in ring the third chara	Claim Oth_Diag_Code_5 code was present at the Claim Revision 10 – Clinical Modification) ion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if octer.
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Field 54: Coding Scheme: Length: Field 55: Length:	or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_5 POA - Present on Admission code ide time the patient was admitted to the heart was a field POA_PRINC_DIAG_CODE_1 Type: Alphanumeric Dat OTH_DIAG_CODE_6 ICD-10-CM (International Classificated diagnosis code, that corresponds to an or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_6 POA - Present on Admission code idea.	ring the third chara ta Source: entifying whether to spital ta Source: tion of Diseases — an additional condit tient's treatment, in ring the third chara ta Source: entifying whether	Claim Oth_Diag_Code_5 code was present at the Claim Revision 10 – Clinical Modification) ion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if octer.
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Field 54: Coding Scheme: Length: Field 55: Length: Field 56: Coding Scheme: Length:	or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_5 POA - Present on Admission code ide time the patient was admitted to the heart was a field POA_PRINC_DIAG_CODE_1 Type: Alphanumeric Dat OTH_DIAG_CODE_6 ICD-10-CM (International Classificated diagnosis code, that corresponds to an or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_6 POA - Present on Admission code ide time the patient was admitted to the heart was affeld POA_PRINC_DIAG_CODE_1 Type: Alphanumeric Dat OTH_DIAG_CODE_1 Type: Alphanumeric Dat OTH_DIAG_CODE_7 ICD-10-CM (International Classificated diagnosis code, that corresponds to an other code identificated diagnosis code, that corresponds to an other code identificated diagnosis code, that corresponds to an other code identificated diagnosis code, that corresponds to an other code identificated diagnosis code, that corresponds to an other code identificated diagnosis code, that corresponds to an other code identificated diagnosis code, that corresponds to an other code identificated to the code i	ring the third chara ta Source: entifying whether to spital ta Source: tion of Diseases — an additional conditational conditational character trying the third character trying whether to spital ta Source: tion of Diseases — an additional conditational conditatio	Claim Oth_Diag_Code_5 code was present at the Claim Revision 10 – Clinical Modification) ion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if octer. Claim Oth_Diag_Code_6 code was present at the Claim Revision 10 – Clinical Modification) ion that coexists with the principal diagnosis
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Field 54: Coding Scheme: Length: Field 55: Length: Field 56: Coding Scheme: Length:	or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_5 POA - Present on Admission code ide time the patient was admitted to the h. Same as field POA_PRINC_DIAG_CODE 1 Type: Alphanumeric Dat OTH_DIAG_CODE_6 ICD-10-CM (International Classificat diagnosis code, that corresponds to an or develops subsequently during a pat applicable. Decimal is implied follow 7 Type: Alphanumeric Dat POA_OTH_DIAG_CODE_6 POA - Present on Admission code ide time the patient was admitted to the h. Same as field POA_PRINC_DIAG_CODE_1 Type: Alphanumeric Dat OTH_DIAG_CODE_1 Type: Alphanumeric Dat OTH_DIAG_CODE_7 ICD-10-CM (International Classificat diagnosis code, that corresponds to an or develops subsequently during a pat applicable. Decimal is implied follow Pa	ta Source: tion of Diseases— a additional conditional sta Source: tion of Diseases— a additional conditional con	Claim Oth_Diag_Code_5 code was present at the Claim Revision 10 – Clinical Modification) ion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if octer. Claim Oth_Diag_Code_6 code was present at the Claim Revision 10 – Clinical Modification) ion that coexists with the principal diagnosis including the 4th, 5th, 6th and 7th digits if

Field 58: POA_OTH_DIAG_CODE_7 POA - Present on Admission code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 59: OTH_DIAG_CODE_8 ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 60: POA_OTH_DIAG_CODE_8 POA - Present on Admission code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 61: OTH_DIAG_CODE_9 ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 62: POA_OTH_DIAG_CODE_9 POA - Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.
POA – Present on Admission code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital Coding Scheme: Length: 1 Type: Alphanumeric Data Source: Claim Field 59: OTH_DIAG_CODE_8 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 60: POA_OTH_DIAG_CODE_8 POA - Present on Admission code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital Coding Scheme: Length: 1 Type: Alphanumeric Data Source: Claim Field 61: OTH_DIAG_CODE_9 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 62: POA_OTH_DIAG_CODE_9 Field 63: OTH_DIAG_CODE_9 Field 64: POA_OTH_DIAG_CODE_9 Field 65: POA_OTH_DIAG_CODE_9 Length: 1 Type: Alphanumeric Data Source: Claim Field 65: OTH_DIAG_CODE_9 Length: 1 Type: Alphanumeric Data Source: Claim Field 66: OTH_DIAG_CODE_9 Field 67: POA_OTH_DIAG_CODE_9 Field 68: OTH_DIAG_CODE_9 Length: 1 Type: Alphanumeric Data Source: Claim Field 69: OTH_DIAG_CODE_9 Length: 1 Type: Alphanumeric Data Source: Claim Field 69: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, includi
time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 59: OTH_DIAG_CODE_8 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 60: POA_OTH_DIAG_CODE_8 POA - Present on Admission code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 61: OTH_DIAG_CODE_9 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 62: POA_OTH_DIAG_CODE_9 POA - Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
Length: 1 Type: Alphanumeric Data Source: Claim
Length: 1 Type: Alphanumeric Data Source: Claim
Field 59: OTH_DIAG_CODE_8 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7
ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 60: POA_OTH_DIAG_CODE_8 POA - Present on Admission code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 61: OTH_DIAG_CODE_9 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 62: POA_OTH_DIAG_CODE_9 POA - Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
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. 7 Type: Alphanumeric Data Source: Claim Field 60: POA_OTH_DIAG_CODE_8 POA Present on Admission code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 61: OTH_DIAG_CODE_9 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 62: POA_OTH_DIAG_CODE_9 POA - Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
Aphanumeric Data Source: Claim
Length: 7 Type: Alphanumeric Data Source: Claim
Field 60: POA_OTH_DIAG_CODE_8 POA - Present on Admission code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 61: OTH_DIAG_CODE_9 ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Type: Alphanumeric Data Source: Claim Field 62: POA_OTH_DIAG_CODE_9 POA - Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
POA – Present on Admission code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital Coding Scheme: Length: 1 Type: Alphanumeric Data Source: Claim Field 61: OTH_DIAG_CODE_9 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 62: POA_OTH_DIAG_CODE_9 POA - Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
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Length: 1 Type: Alphanumeric Data Source: Claim
Field 61: OTH_DIAG_CODE_9 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 62: POA_OTH_DIAG_CODE_9 POA – Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: 7 Type: Alphanumeric Data Source: Claim Field 62: POA_OTH_DIAG_CODE_9 POA - Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
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Length: 7 Type: Alphanumeric Data Source: Claim
Field 62: POA_OTH_DIAG_CODE_9 POA - Present on Admission code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases - Revision 10 - Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
POA – Present on Admission code identifying whether Oth_Diag_Code_9 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 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
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Coding Scheme: Same as field POA_PRINC_DIAG_CODE Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
Length: 1 Type: Alphanumeric Data Source: Claim Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
Field 63: OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
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
diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
Length: 7 Type: Alphanumeric Data Source: Claim
Field 64: POA OTH DIAG CODE 10
POA – Present on Admission code identifying whether Oth_Diag_Code_10 code was present at the
time the patient was admitted to the hospital
Coding Scheme: Same as field POA_PRINC_DIAG_CODE
Length: 1 Type: Alphanumeric Data Source: Claim
Field 65: OTH DIAG CODE 11
ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification)
diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis
or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if
applicable. Decimal is implied following the third character.
Length: 7 Type: Alphanumeric Data Source: Claim
Field 66: POA_OTH_DIAG_CODE_11
POA – Present on Admission code identifying whether Oth_Diag_Code_11 code was present at the
time the patient was admitted to the hospital
Coding Scheme: Same as field POA_PRINC_DIAG_CODE
Length: 1 Type: Alphanumeric Data Source: Claim
Field 67: OTH_DIAG_CODE_12
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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				including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal	_		
Length:			Source:	Claim
Field 68:	POA_OTH_DIAG			
				Oth_Diag_Code_12 code was present at the
Cadina Sahama	time the patient was		ospital	
Coding Scheme:			Courses	Claim
Length: Field 69:	**		Source:	Cialin
rieid 69:	OTH_DIAG_COD		on of Disasses	Revision 10 – Clinical Modification)
				tion that coexists with the principal diagnosis
				including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal			
Length:		_	Source:	Claim
Field 70:	POA_OTH_DIAG	CODE 13		
			ntifying whether	Oth_Diag_Code_13 code was present at the
	time the patient was			_
Coding Scheme:	Same as field POA_PRI	NC_DIAG_CODE		
Length:	1 Type: Alph	anumeric Data	Source:	Claim
Field 71:	OTH_DIAG_COD	_		
				Revision 10 – Clinical Modification)
				tion that coexists with the principal diagnosis
				including the 4th, 5th, 6th and 7th digits if
T4b.	applicable. Decimal	•	-	
Length:			Source:	Claim
Field 72:	POA_OTH_DIAG		4°C1 41	
	time the patient was			Oth_Diag_Code_14 code was present at the
Coding Scheme:	Same as field POA_PRI		ospitai	
Length:			Source:	Claim
Field 73:	OTH DIAG COD		Bource.	Claim
Ticia 75.			on of Diseases –	Revision 10 – Clinical Modification)
				tion that coexists with the principal diagnosis
				including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal	is implied followi	ng the third char	acter.
Length:	7 Type: Alph	anumeric Data	Source:	Claim
Field 74:	POA_OTH_DIAG	_CODE_15		
				Oth_Diag_Code_15 code was present at the
	time the patient was		ospital	
Coding Scheme:	Same as field POA_PRI		6	ct.
Length:			Source:	Claim
Field 75:	OTH_DIAG_COD		25.	
	`			Revision 10 – Clinical Modification)
				tion that coexists with the principal diagnosis
	applicable. Decimal			including the 4th, 5th, 6th and 7th digits if
Length:	= =	_	Source:	Claim
Field 76:	POA OTH DIAG		Bource.	Cidini
ricia 70.			ntifying whether	Oth_Diag_Code_16 code was present at the
	time the patient was			= m_2.mg_code_10 code was present at the
Coding Scheme:	Same as field POA_PRI			
Length:			Source:	Claim
Field 77:	OTH DIAG COD			
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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
riciu ov.	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:	
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
I	applicable. Decimal is implied following the third character.
Length: Field 82:	7 Type: Alphanumeric Data Source: Claim
rieiu 62:	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:	
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
I	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:	1
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
T 41	applicable. Decimal is implied following the third character.
Length:	
	7 Type: Alphanumeric Data Source: Claim
Field 86:	POA_OTH_DIAG_CODE_21
	POA_OTH_DIAG_CODE_21 POA – Present on Admission code identifying whether Oth_Diag_Code_21 code was present at the
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
Field 86: Coding Scheme:	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 Same as field POA_PRINC_DIAG_CODE
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 Same as field POA_PRINC_DIAG_CODE Page

Length:	1 Type: Alphanumeric	Data Source:	Claim
Field 87:	OTH DIAG CODE 22	2000 2001 001	
11010 071		assification of Disease	es – Revision 10 – Clinical Modification)
			indition that coexists with the principal diagnosis
	or develops subsequently during	ng a patient's treatme	nt, including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied	I following the third c	haracter.
Length:	7 Type: Alphanumeric		Claim
Field 88:	POA_OTH_DIAG_CODE_2		
			ther Oth_Diag_Code_22 code was present at the
	time the patient was admitted	•	
Coding Scheme:	Same as field POA_PRINC_DIAG_C		CI.
Length:	1 Type: Alphanumeric	Data Source:	Claim
Field 89:	OTH_DIAG_CODE_23	::C:4:	Desiries 10 Clinical Madification)
			es – Revision 10 – Clinical Modification) Indition that coexists with the principal diagnosis
			nt, including the 4th, 5th, 6th and 7th digits if
	applicable. Decimal is implied	C 1	
Length:	7 Type: Alphanumeric		Claim
Field 90:	POA_OTH_DIAG_CODE_2	23	
	POA – Present on Admission	code identifying whet	ther Oth_Diag_Code_23 code was present at the
	time the patient was admitted		
Coding Scheme:	Same as field POA_PRINC_DIAG_C	CODE	
Length:	1 Type: Alphanumeric	Data Source:	Claim
Field 91:	OTH_DIAG_CODE_24		
			es – Revision 10 – Clinical Modification)
			indition that coexists with the principal diagnosis
	applicable. Decimal is implied		nt, including the 4th, 5th, 6th and 7th digits if
Length:	7 Type: Alphanumeric	_	Claim
Field 92:	POA OTH DIAG CODE 2		Cidilli
riciu 72.			ther Oth Diag Code 24 code was present at the
	time the patient was admitted		and our_blug_code_21 code was present at the
Coding Scheme:	Same as field POA_PRINC_DIAG_C	-	
Length:	1 Type: Alphanumeric	Data Source:	Claim
Field 93:	E CODE 1		
	E -Code – External Cause of M	Morbidity/Injury Code	e is an ICD-10-CM (International Classification
			diagnosis code that is used to classify injury
			g the 4th, 5th, 6th and 7th digits if applicable, of
Ŧ			is implied following the third character
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 94:	POA_E_CODE_1	1 11 46.	d F C 1 1/F-4 1C - 1
			ther E_Code_1 (External Cause of patient was admitted to the hospital.
Coding Scheme:	Same as field POA PRINC_DIAG_C		batient was admitted to the nospital.
Length:	1 Type: Alphanumeric	Data Source:	Claim
Field 95:	E CODE 2	Butu Source.	Cium
ricia 75.		Morbidity/Injury Code	e is an ICD-10-CM (International Classification
	of Diseases – Revision 10 – C	linical Modification)	diagnosis code that is used to classify injury
			g the 4th, 5th, 6th and 7th digits if applicable, of
			is implied following the third character
Length:	7 Type: Alphanumeric	Data Source:	Claim
Field 96:	POA_E_CODE_2		
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	POA – Present o	on Admission co	de identifying wheth	er E Code 2 code was present at the time the
	patient was adm		, ,	or L_code_2 code was present at the time the
Coding Scheme:				
Length:		Alphanumeric	Data Source:	Claim
Field 97:	E CODE 3	•		
		nal Cause of Mo	orbidity/Injury Code	is an ICD-10-CM (International Classification
				iagnosis code that is used to classify injury
				the 4th, 5th, 6th and 7th digits if applicable, of
			-	implied following the third character
Length:		Alphanumeric	Data Source:	Claim
Field 98:	POA_E_CODE	_	1 :1 :::: 1 :1	
				er E_Code_3 code was present at the time the
Coding Scheme:	patient was adm Same as field POA_	_		
Length:		Alphanumeric	Data Source:	Claim
Field 99:	E CODE 4	пришишене	Data Source.	Cidilli
ricia //.	_	mal Cause of Mc	orbidity/Injury Code	is an ICD-10-CM (International Classification
				iagnosis code that is used to classify injury
			,	the 4th, 5th, 6th and 7th digits if applicable, of
	an additional ex	ternal cause of m		implied following the third character
Length:	7 Type: A	Alphanumeric	Data Source:	Claim
Field 100:	POA_E_CODE	_		
				er E_Code_4 code was present at the time the
~ ~ .	patient was adm	-		
Coding Scheme:	Same as field POA_			CI.:
Length:		Alphanumeric	Data Source:	Claim
Field 101:	E_CODE_5	1 C £M-	1.: 1:4/T:	: ICD 10 CM (Intermedianal Classification
	E -Code – Exter	nai Cause of Mc	orbiaity/iniury Coae i	is an ICD-10-CM (International Classification
	of Diseases – Re	evision 10 – Clin	nical Modification) d	iagnosis code that is used to classify injury
	of Diseases – Reevents by mecha	evision 10 – Clin anism and intent	nical Modification) di of injury, including	iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of
Length:	of Diseases – Reevents by mecha an additional ex	evision 10 – Clin anism and intent	nical Modification) di of injury, including	iagnosis code that is used to classify injury
Length: Field 102:	of Diseases – Reevents by mecha an additional ex	evision 10 – Clin anism and intent ternal cause of n Alphanumeric	nical Modification) do of injury, including to norbidity. Decimal is	iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character
	of Diseases – References by mechas an additional extra transfer of the POA_E_CODE POA – Present of the Poa_E code of the	evision 10 – Clin anism and intent ternal cause of n Alphanumeric E_5 on Admission co	of injury, including to of injury, including to orbidity. Decimal is Data Source:	iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character
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Field 102: Coding Scheme: Length:	of Diseases – Re events by mecha an additional extraction of the property of t	evision 10 – Clinanism and intent ternal cause of malphanumeric E_5 on Admission contited to the hosp PRINC_DIAG_CONAlphanumeric conditions.	de identifying wheth ital De Data Source: Data Source: Data Source: Data Source:	iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim er E_Code_5 code was present at the time the Claim is an ICD-10-CM (International Classification
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Field 102: Coding Scheme: Length: Field 103: Length: Field 104: Coding Scheme: Length:	of Diseases – Re events by mecha an additional extra 7 Type: A POA_E_CODE POA – Present of Diseases – Re events by mecha an additional extra 7 Type: A POA_E_CODE POA – Present of Diseases – Re events by mecha an additional extra 7 Type: A POA_E_CODE POA – Present of Diseases – Re events an additional extra 7 Type: A POA_E_CODE POA – Present of Diseases – Re events an additional extra 7 Type: A POA_E_CODE POA – Present of Diseases – Re events PoA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 7 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 7 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code – Externof Diseases – Re events by mecha and additional extra 9 Type: A POA_E_CODE_7 E -Code_E_CODE_7 E -C	evision 10 – Clinanism and intent ternal cause of malphanumeric E_5 on Admission contitted to the hosp PRINC_DIAG_COI Alphanumeric That Cause of More evision 10 – Clinanism and intent ternal cause of malphanumeric E_6 on Admission contitted to the hosp PRINC_DIAG_COI Alphanumeric That Cause of More evision 10 – Clinanism and intent ternal Cause of More evision 10 – Clinanism and intent ternal Cause of More evision 10 – Clinanism and intent ternal Cause of More evision 10 – Clinanism and intent ternal Cause of More evision 10 – Clinanism and intent ternal Cause of More evision 10 – Clinanism and intent ternal Cause of More evision 10 – Clinanism and intent ternal cause evision 10 – Clinanism	de identifying wheth ital DE Data Source:	iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim er E_Code_5 code was present at the time the Claim is an ICD-10-CM (International Classification iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim er E_Code_6 code was present at the time the Claim is an ICD-10-CM (International Classification iagnosis code that is used to classify injury
Field 102: Coding Scheme: Length: Field 103: Length: Field 104: Coding Scheme: Length:	of Diseases – Reevents by mechas an additional extraction of POA – Present of patient was adm Same as field POA – Present of Diseases – Reevents by mechas an additional extraction of Diseases – Reevents by mechas an additional extraction of POA – Present of POA – Present of Diseases – Reevents an additional extraction of Diseases – Reevents by mechas and patient was adm Same as field POA – Present of Diseases – Reevents by mechas events by mechas events by mechas and provided patient was adm Same as field POA – Present of Diseases – Reevents by mechas events by mechas events by mechas and provided p	evision 10 – Clinanism and intent ternal cause of malphanumeric E_5 on Admission contited to the hosp PRINC_DIAG_COI Alphanumeric E_6 on Admission contited to the hosp evision 10 – Clinanism and intent ternal cause of malphanumeric E_6 on Admission contited to the hosp PRINC_DIAG_COI Alphanumeric E_16 on Admission contited to the hosp PRINC_DIAG_COI Alphanumeric The contitution of the hosp	de identifying wheth ital DE Data Source:	iagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim er E_Code_5 code was present at the time the Claim is an ICD-10-CM (International Classification tagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of implied following the third character Claim er E_Code_6 code was present at the time the Claim is an ICD-10-CM (International Classification tagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of the 4th, 5th, 6th and 7th digits if applicable, of the 4th, 5th, 6th and 7th digits if applicable, of
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Length:	7 Type:	Alphanumeric	Data Source:	Claim		
Field 106:	POA E COI	-				
		_	de identifying wheth	ner E_Code_7 code was present at the time the		
	patient was admitted to the hospital					
Coding Scheme:	Same as field PO	A_PRINC_DIAG_CO	DE			
Length:	1 Type:	Alphanumeric	Data Source:	Claim		
Field 107:	E_CODE_8					
				is an ICD-10-CM (International Classification		
				liagnosis code that is used to classify injury the 4th, 5th, 6th and 7th digits if applicable, of		
				s implied following the third character		
Length:	7 Type:	Alphanumeric	Data Source:	Claim		
Field 108:	POA E COI	•	Data Source.	Ciann		
riciu 100.		-	de identifying wheth	ner E_Code_8 code was present at the time the		
		dmitted to the hosp		ici E_code_8 code was present at the time the		
Coding Scheme:	-	A_PRINC_DIAG_CO				
Length:	1 Type:	Alphanumeric	Data Source:	Claim		
Field 109:	E CODE 9	7 II pilanamente	Dutu Source.	Cium		
Ticia 107.		ternal Cause of Mo	orbidity/Iniury Code	is an ICD-10-CM (International Classification		
				liagnosis code that is used to classify injury		
				the 4th, 5th, 6th and 7th digits if applicable, of		
	an additional	external cause of n	norbidity. Decimal is	s implied following the third character		
Length:	7 Type:	Alphanumeric	Data Source:	Claim		
Field 110:	POA_E_COI	DE_9				
	POA – Preser	ıt on Admission cc	de identifying wheth	ner E_Code_9 code was present at the time the		
	patient was ac	dmitted to the hosp	ital			
Coding Scheme:	Same as field PO	A_PRINC_DIAG_CO	DE			
Length:	1 Type:	Alphanumeric	Data Source:	Claim		
Field 111:	E_CODE_10					
				is an ICD-10-CM (International Classification		
				liagnosis code that is used to classify injury		
	events by med	chanism and intent	of injury, including	the 4th, 5th, 6th and 7th digits if applicable, of		
Langth	an additional	external cause of n	norbidity. Decimal is	s implied following the third character		
Length:	an additional of Type:	external cause of n Alphanumeric				
Length: Field 112:	an additional of Type: POA_E_COI	external cause of n Alphanumeric DE_10	norbidity. Decimal is Data Source:	s implied following the third character Claim		
	an additional of Type: POA_E_COI POA - Presen	external cause of n Alphanumeric DE_10 nt on Admission co	norbidity. Decimal is Data Source: ode identifying wheth	s implied following the third character		
Field 112:	an additional of Type: POA_E_COI POA - Present patient was additional of Type:	external cause of n Alphanumeric DE_10 nt on Admission co	norbidity. Decimal is Data Source: ode identifying wheth ottal	s implied following the third character Claim		
Field 112: Coding Scheme:	an additional of Type: POA_E_COI POA - Present patient was accompanient w	external cause of n Alphanumeric DE_10 It on Admission collmitted to the hosp DA_PRINC_DIAG_CO	norbidity. Decimal is Data Source: ode identifying wheth ital DE	s implied following the third character Claim ner E_Code_10 code was present at the time the		
Field 112: Coding Scheme: Length:	an additional of Type: POA_E_COI POA - Present patient was act Same as field PO 1 Type:	external cause of n Alphanumeric DE_10 nt on Admission codmitted to the hosp A_PRINC_DIAG_CO Alphanumeric	norbidity. Decimal is Data Source: ode identifying whethoital DE Data Source:	s implied following the third character Claim		
Field 112: Coding Scheme:	an additional of Type: POA_E_COI POA - Present patient was act Same as field POI Type: PRINC_SUR	external cause of n Alphanumeric DE_10 nt on Admission codmitted to the hosp DA_PRINC_DIAG_CO	Data Source: Data Source: ode identifying whethoital DE Data Source:	s implied following the third character Claim ner E_Code_10 code was present at the time the Claim		
Field 112: Coding Scheme: Length:	an additional of Type: POA_E_COI POA - Present patient was accompanient w	external cause of n Alphanumeric DE_10 Int on Admission codmitted to the hosp A_PRINC_DIAG_CO Alphanumeric CG_PROC_CODE (International Class)	norbidity. Decimal is Data Source: ode identifying wheth bital DE Data Source: Essification System - F	s implied following the third character Claim her E_Code_10 code was present at the time the Claim Revision 10 - Procedure Coding System) code		
Field 112: Coding Scheme: Length: Field 113:	an additional of Type: POA_E_COI POA - Present patient was accompanient w	external cause of n Alphanumeric DE_10 Int on Admission columited to the hosp A_PRINC_DIAG_COL Alphanumeric RG_PROC_CODE (International Classe principal surgica	norbidity. Decimal is Data Source: ode identifying wheth oital DE Data Source: Estification System - Fel procedure performe	simplied following the third character Claim ner E_Code_10 code was present at the time the Claim Revision 10 - Procedure Coding System) code ed.		
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Length:	7 Type: Alphanumeric Data Source:	Claim
Field 117:	OTH_SURG_PROC_DATE_1	
	Date the surgical or other procedure other than the	principal procedure was performed. Entered as
	YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 118:	OTH_SURG_PROC_DAY_1	
	Day of surgical or other procedure other than the pr	
T (1	surgical was performed minus Admission/Start of C	
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 119:	OTH_SURG_PROC_CODE_2	
	Code for surgical or other procedure other than the covered by the bill. ICD-10-PCS code.	principal procedure performed during the period
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 120:	OTH_SURG_PROC_DATE_2	Cium
11clu 120.	Date the surgical or other procedure other than the	principal procedure was performed. Entered as
	YYYYMMDD.	principal procedure was performed. Effected as
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 121:	OTH SURG PROC DAY 2	
11010 1211	Day of surgical or other procedure other than the pr	rincipal procedure was performed. Date of the
	surgical was performed <i>minus</i> Admission/Start of C	
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 122:	OTH_SURG_PROC_CODE_3	
	Code for surgical or other procedure other than the	principal procedure performed during the period
	covered by the bill. ICD-10-PCS code.	
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 123:	OTH_SURG_PROC_DATE_3	
	Date the surgical or other procedure other than the	principal procedure was performed. Entered as
	YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 124:	OTH_SURG_PROC_DAY_3	
	Day of surgical or other procedure other than the pr	
Lanatha	surgical was performed <i>minus</i> Admission/Start of C	
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 125:	OTH_SURG_PROC_CODE_4 Code for surgical or other procedure other than the	main aimal mana a dayana manfanna ad dayain a tha mania d
	covered by the bill. ICD-10-PCS code.	principal procedure performed during the period
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 126:	OTH SURG PROC DATE 4	Ciumi
11010 120.	Date the surgical or other procedure other than the	principal procedure was performed. Entered as
	YYYYMMDD.	principal procedure was performed. Emered as
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 127:	OTH SURG PROC DAY 4	
	Day of surgical or other procedure other than the pr	rincipal procedure was performed. Date of the
	surgical was performed minus Admission/Start of C	
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 128:	OTH_SURG_PROC_CODE_5	
	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 129:	OTH_SURG_PROC_DATE_5	
	Date the surgical or other procedure other than the	principal procedure was performed. Entered as
	YYYYMMDD.	
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Length:	8 Type: Alphanumeric Data Source: Claim	
Field 130:	OTH_SURG_PROC_DAY_5	
	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 131:	OTH_SURG_PROC_CODE_6	
	Code for surgical or other procedure other than the principal procedu	re performed during the perio
I	covered by the bill. ICD-10-PCS code.	
Length:	7 Type: Alphanumeric Data Source: Claim OTH_SURG_PROC_DATE_6	
Field 132:	Date the surgical or obstetrical procedure other than the principal pro	ocedure was performed. Enter
	as YYYYMMDD.	because was performed. Entere
Length:	8 Type: Alphanumeric Data Source: Claim	
Field 133:	OTH SURG PROC DAY 6	
	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 134:	OTH SURG PROC CODE 7	
	Code for surgical or other procedure other than the principal procedu	re performed during the perio
	covered by the bill. ICD-10-PCS code.	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 135:	OTH_SURG_PROC_DATE_7	
	Date the surgical or other procedure other than the principal procedure	re was performed. Entered as
	YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source: Claim	
Field 136:	OTH_SURG_PROC_DAY_7	
	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 137:	OTH_SURG_PROC_CODE_8	
	Code for surgical or other procedure other than the principal procedu	re performed during the perio
T 41	covered by the bill. ICD-10-PCS code.	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 138:	OTH_SURG_PROC_DATE_8	- C 1 F 4 1
	Date the surgical or other procedure other than the principal procedure <i>YYYYMMDD</i> .	re was performed. Entered as
Length:	8 Type: Alphanumeric Data Source: Claim	
Field 139:	OTH SURG PROC DAY 8	
riciu 157.	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	was performed. Bate of the
Length:	4 Type: Alphanumeric Data Source: Calculated	
Field 140:	OTH SURG PROC CODE 9	
	Code for surgical or other procedure other than the principal procedu	re performed during the perio
	covered by the bill. ICD-10-PCS code.	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 141:	OTH_SURG_PROC_DATE_9	
	Date the surgical or other procedure other than the principal procedure	re was performed. Entered as
	YYYYMMDD.	
	8 Type: Alphanumeric Data Source: Claim	
Length:	OTH SIDC DDOC DAV 0	
Length: Field 142:	OTH_SURG_PROC_DAY_9	
	OTH_SURG_PROC_DAY_9	
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	Day of surgical or other procedure other than the principal procedure was performed. Date of the
T (1	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
Longth	covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Source: Claim
Length: Field 144:	7 Type: Alphanumeric Data Source: Claim OTH_SURG_PROC_DATE_10
rieiu 144:	Date the surgical or other procedure other than the principal procedure was performed. Entered as
	YYYYMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 145:	OTH SURG PROC DAY 10
11014 1131	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 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
Longth	surgical was performed <i>minus</i> Admission/Start of Care Date 4 Type: Alphanumeric Data Source: Calculated
Length: Field 149:	OTH SURG PROC CODE 12
rieiu 149;	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 <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 151:	OTH SURG PROC DAY 12
riciu 131.	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 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
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			ne principal procedure performed during the period
Length:	covered by the bill. ICD-7 Type: Alphanum		Claim
Field 156:	OTH SURG PROC D		Ciaiiii
riciu 150.		_	e principal procedure was performed. Entered as
	YYYYMMDD.	. processis curer unun u	o principal procedure was personneas Entered as
Length:	8 Type: Alphanun	neric Data Source:	Claim
Field 157:	OTH_SURG_PROC_D	AY_14	
			principal procedure was performed. Date of the
	surgical was performed n		
Length:	4 Type: Alphanun		Calculated
Field 158:	OTH_SURG_PROC_C	_	
	covered by the bill. ICD-		ne principal procedure performed during the period
Length:	7 Type: Alphanun		Claim
Field 159:	OTH SURG PROC D		
Ticia 155.			e principal procedure was performed. Entered as
	YYYYMMDD.	1	
Length:	8 Type: Alphanun	neric Data Source:	Claim
Field 160:	OTH_SURG_PROC_D		
			principal procedure was performed. Date of the
	surgical was performed n		
Length:	4 Type: Alphanun		Calculated
Field 161:	OTH_SURG_PROC_C	_	
	covered by the bill. ICD-		ne principal procedure performed during the period
Length:	7 Type: Alphanun		Claim
Field 162:	OTH_SURG_PROC_D		- MAII
11010 1020			e principal procedure was performed. Entered as
	YYYYMMDD.	. processis curer unun u	te principal procedure was performed. Entered as
Length:	_		Claim
Length: Field 163:	YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D	neric Data Source: AY_16	Claim
	8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other p	neric Data Source: AY_16 procedure other than the	Claim principal procedure was performed. Date of the
Field 163:	8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other p surgical was performed n	neric Data Source: AY_16 procedure other than the ninus Admission/Start o	Claim principal procedure was performed. Date of the f Care Date
Field 163: Length:	8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other p surgical was performed n 4 Type: Alphanum	neric Data Source: AY_16 procedure other than the ninus Admission/Start oneric Data Source:	Claim principal procedure was performed. Date of the
Field 163:	8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other psurgical was performed not a surgical was performed not be a surgic	neric Data Source: AY_16 procedure other than the ninus Admission/Start of neric Data Source: ODE_17	Claim principal procedure was performed. Date of the f Care Date Calculated
Field 163: Length:	8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other psurgical was performed m 4 Type: Alphanum OTH_SURG_PROC_C Code for surgical or othe	neric Data Source: AY_16 procedure other than the ninus Admission/Start of neric Data Source: ODE_17 r procedure other than the procedure other th	Claim principal procedure was performed. Date of the f Care Date
Field 163: Length: Field 164:	8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other psurgical was performed m 4 Type: Alphanum OTH_SURG_PROC_C Code for surgical or othe covered by the bill. ICD-	neric Data Source: AY_16 procedure other than the ninus Admission/Start of neric Data Source: ODE_17 r procedure other than to 10-PCS code.	Claim principal procedure was performed. Date of the f Care Date Calculated ne principal procedure performed during the period
Field 163: Length: Field 164: Length:	8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other psurgical was performed m 4 Type: Alphanum OTH_SURG_PROC_C Code for surgical or othe covered by the bill. ICD- 7 Type: Alphanum	neric Data Source: AY_16 procedure other than the ninus Admission/Start of neric Data Source: ODE_17 r procedure other than the ninus Admission of the neric Data Source: ODE_18 Topocodure other than the ninus Admission of the neric Data Source:	Claim principal procedure was performed. Date of the f Care Date Calculated
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Field 163: Length: Field 164: Length:	7YYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other particular was performed in the surgical was performed in the surgical was performed in the surgical or othe surgical or othe covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D	neric Data Source: AY_16 procedure other than the ninus Admission/Start of neric Data Source: ODE_17 r procedure other than the 10-PCS code. neric Data Source: ATE_17	Claim principal procedure was performed. Date of the f Care Date Calculated ne principal procedure performed during the period
Field 163: Length: Field 164: Length:	8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other psurgical was performed m 4 Type: Alphanum OTH_SURG_PROC_C Code for surgical or othe covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or other	neric Data Source: AY_16 procedure other than the ninus Admission/Start of neric Data Source: CODE_17 r procedure other than the 10-PCS code. neric Data Source: ATE_17 r procedure other than the p	Claim principal procedure was performed. Date of the f Care Date Calculated ne principal procedure performed during the period Claim
Field 163: Length: Field 164: Length: Field 165:	YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other psurgical was performed m 4 Type: Alphanum OTH_SURG_PROC_C Code for surgical or othe covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or other YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D OTH_SURG_PROC_D	neric Data Source: AY_16 procedure other than the ninus Admission/Start of neric Data Source: ODE_17 r procedure other than the 10-PCS code. neric Data Source: ATE_17 r procedure other than the neric Data Source: AY_17	Claim principal procedure was performed. Date of the f Care Date Calculated ne principal procedure performed during the period Claim ne principal procedure was performed. Entered as Claim
Field 163: Length: Field 164: Length: Field 165: Length:	YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other particular was performed in the surgical was performed in the surgical was performed in the surgical or other particular of the covered by the bill. ICD-7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or other particular or other surgical or other particular or other partic	neric Data Source: AY_16 procedure other than the ninus Admission/Start of neric Data Source: ODE_17 r procedure other than to 10-PCS code. neric Data Source: ATE_17 r procedure other than to procedure other than to procedure other than the neric Data Source: AY_17 procedure other than the neric Data Source: AY_17	Claim principal procedure was performed. Date of the f Care Date Calculated ne principal procedure performed during the period Claim ne principal procedure was performed. Entered as Claim principal procedure was performed. Date of the
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Field 163: Length: Field 164: Length: Field 165: Length: Field 166:	7YYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other particular was performed in a surgical or other particular or other surgical or other particular or other particular or other surgical or other particular or other particula	neric Data Source: AY_16 procedure other than the ninus Admission/Start of neric Data Source: ODE_17 r procedure other than to 10-PCS code. neric Data Source: ATE_17 r procedure other than the neric Data Source: AY_17 procedure other than the ninus Admission/Start of neric Data Source: ODE_18	Claim principal procedure was performed. Date of the f Care Date
Field 163: Length: Field 164: Length: Field 165: Length: Field 166:	7YYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other particular was performed in a surgical or other covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or other particular in a surgical was performed in a surgical or other particular in a surgical was performed in a surgical or other particular in a surgical or other p	neric Data Source: AY_16 procedure other than the ninus Admission/Start of neric Data Source: ODE_17 r procedure other than to 10-PCS code. neric Data Source: ATE_17 r procedure other than the neric Data Source: AY_17 procedure other than the ninus Admission/Start of neric Data Source: ODE_18 r procedure other than the neric Data Source: ODE_18 r procedure other than the neric Data Source:	Claim principal procedure was performed. Date of the f Care Date Calculated ne principal procedure performed during the period Claim re principal procedure was performed. Entered as Claim principal procedure was performed. Date of the f Care Date
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Field 163: Length: Field 164: Length: Field 165: Length: Field 166: Length: Field 167: Length: Field 167:	8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other psurgical was performed m 4 Type: Alphanum OTH_SURG_PROC_C Code for surgical or othe covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or other pyyyymmDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other psurgical was performed m 4 Type: Alphanum OTH_SURG_PROC_C Code for surgical or other covered by the bill. ICD-	meric Data Source: AY_16 procedure other than the minus Admission/Start of meric Data Source: ODE_17 r procedure other than to 10-PCS code. meric Data Source: ATE_17 r procedure other than to 10-PCS code other than the minus Admission/Start of meric Data Source: ODE_18 r procedure other than to 10-PCS code. meric Data Source: ODE_18 r procedure other than to 10-PCS code. meric Data Source: ATE_18	Claim principal procedure was performed. Date of the f Care Date Calculated ne principal procedure performed during the period Claim ne principal procedure was performed. Entered as Claim principal procedure was performed. Date of the f Care Date Calculated ne principal procedure performed during the period
Field 163: Length: Field 164: Length: Field 165: Length: Field 166: Length: Field 167:	NYYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other particular was performed in the surgical was performed in the surgical or othe covered by the bill. ICD-7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or other particular was performed in the surgical or other particular was performed in the surgical or other particular was performed in the surgical or other particular was performed in the surgical or other particular was performed in the surgical or other surgical or ot	meric Data Source: AY_16 procedure other than the minus Admission/Start of meric Data Source: ODE_17 r procedure other than to 10-PCS code. meric Data Source: ATE_17 r procedure other than to meric Data Source: AY_17 procedure other than the minus Admission/Start of meric Data Source: ODE_18 r procedure other than to 10-PCS code. meric Data Source: ATE_18 Page	Claim principal procedure was performed. Date of the f Care Date Calculated ne principal procedure performed during the period Claim ne principal procedure was performed. Entered as Claim principal procedure was performed. Date of the f Care Date Calculated ne principal procedure performed during the period

	Date the surgryyyymmDD.	ical or other proce	dure other that	an the principal procedure was performed. Entered as
Length:	8 Type:	Alphanumeric	Data Sourc	rce: Claim
Field 169:		PROC_DAY_18		
				n the principal procedure was performed. Date of the
	•	performed minus A		
Length:	4 Type:	Alphanumeric	Data Sourc	ce: Calculated
Field 170:		_PROC_CODE_		
	covered by th	e bill. ICD-10-PC	S code.	nan the principal procedure performed during the period
Length:	7 Type:	Alphanumeric	Data Sourc	ce: Claim
Field 171:		PROC_DATE_		
	Date the surg: <i>YYYYMMDD</i> .	ical or other proce	dure other that	an the principal procedure was performed. Entered as
Length:	8 Type:	Alphanumeric	Data Sourc	rce: Claim
Field 172:		PROC_DAY_19		
				n the principal procedure was performed. Date of the
		performed minus A		
Length:	4 Type:	Alphanumeric	Data Sourc	ce: Calculated
Field 173:		PROC_CODE_		
				nan the principal procedure performed during the period
Longth	•	e bill. ICD-10-PC		Claim
Length: Field 174:	7 Type:	Alphanumeric	Data Sourc	rce: Claim
rieid 1/4:		PROC_DATE_		on the principal procedure was performed. Entered as
	YYYYMMDD.	-		an the principal procedure was performed. Entered as
Length:	8 Type:	Alphanumeric	Data Sourc	ce: Claim
Field 175:		_PROC_DAY_20		
				n the principal procedure was performed. Date of the
Longth	•	performed minus A		
Length: Field 176:	4 Type:	Alphanumeric PROC CODE	Data Sourc	ce: Calculated
rieia 1/0:	_		-	nan the principal procedure performed during the period
		e bill. ICD-10-PC		ian the principal procedure performed during the period
Length:	7 Type:	Alphanumeric	Data Sourc	ce: Claim
Field 177:		PROC DATE		
- 101W - 1 / 1	-			an the principal procedure was performed. Entered as
	YYYYMMDD.	1		
Length:	8 Type:	Alphanumeric	Data Sourc	rce: Claim
Field 178:	OTH_SURG	PROC_DAY_21	1	
				n the principal procedure was performed. Date of the
		performed minus A		
Length:	4 Type:	Alphanumeric	Data Sourc	ce: Calculated
Field 179:	_	PROC_CODE_	-	
				nan the principal procedure performed during the period
Longth	•	e bill. ICD-10-PC		ce: Claim
Length: Field 180:	7 Type:	Alphanumeric PROC_DATE_	Data Sourc	ce: Claim
rieiu 180:				an the principal procedure was performed. Entered as
	YYYYMMDD.	ical of other proce	dure outer tha	ian the principal procedure was performed. Efficied as
Length:	8 Type:	Alphanumeric	Data Sourc	ce: Claim
Field 181:		PROC DAY 22		
	5111_50RG	1.002/11_2/		
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	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date					
Length:	4 Type:		Data Sour		Calculated	
Field 182:		G PROC CODE 2				
				nan the prin	ncipal procedure performed during the period	
		the bill. ICD-10-PCS		1		
Length:	7 Type:	Alphanumeric	Data Sour	·ce:	Claim	
Field 183:	OTH_SUR	G_PROC_DATE_2	23			
	Date the sur		lure other th	an the prin	cipal procedure was performed. Entered as	
Length:	8 Type:	Alphanumeric	Data Sour	ce:	Claim	
Field 184:	OTH_SUR	G_PROC_DAY_23				
	Day of surg	ical or other procedu	re other than	n the princi	ipal procedure was performed. Date of the	
		s performed minus A				
Length:	4 Type:		Data Sour	ce:	Calculated	
Field 185:		G_PROC_CODE_2				
				nan the prir	ncipal procedure performed during the period	
T 41	-	the bill. ICD-10-PCS			CI.	
Length:	7 Type:		Data Sour	ce:	Claim	
Field 186:	_	G_PROC_DATE_2		an tha min	cipal procedure was performed. Entered as	
	YYYYMMDE	_	iure ouier ui	an me prin	cipal procedure was performed. Entered as	
Length:	8 Type:		Data Sour	ce:	Claim	
Field 187:		G_PROC_DAY_24			Cidilli	
Ticia 107.				n the princ	ipal procedure was performed. Date of the	
		s performed <i>minus</i> A				
Length:	4 Type:	•	Data Sour		Calculated	
Field 188:	ATTENDING PHYSICIAN UNIF ID					
	Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician					
					red, with primary responsibility for the	
					dividual licensed to practice medicine under	
					ner than a physician who admits patients to	
					cedures to inpatients, including	
		ital to admit or treat p		pracuuone	rs, nurse midwives, and podiatrists authorized	
Coding Scheme		emporary license or licens		d not be mate	hed	
Length:		Alphanumeric				
Field 189:		NG PHYSICIAN U			Tionghed	
Ticia 107.			_	fier (if app	licable). Unique identifier assigned to the	
					ng physician who performed the principal or	
	surgical pro	cedure most closely:	related to the	e principal	diagnosis. Physician is an individual licensed	
					an include an individual other than a	
					rides diagnostic or therapeutic procedures to	
					ists, nurse practitioners, nurse midwives, and	
Coding Sahamas		authorized by the hos emporary license or licens				
Coding Scheme:		·	Data Sour		Assigned	
Length: Field 190:		•	Data Soul	ce.	Assigned	
riciu 170;	OCCUR_C	bing a significant even	ent relating t	to the clair	n	
Coding Scheme:	01 Auto ac		ent relating	40	Scheduled date of admission	
coung sentine.		lt Insurance Involved - Inc	luding	41		
	Auto A	ccident/Other	S		Date of first test of pre-admission testing	
		nt/ Tort Liability		42	Date of discharge (hospice only)	
2024	OT ACCIDE	nt/ Employment Related	Page	43	Scheduled date of canceled surgery	
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	- ,			-		

	05 Other accide	nt		44	Date treatment started - OT
	06 Crime Victir	n		45	Date treatment started - ST
		tility Treatment Cycle	e	46	Date treatment started - Cardiac rehabilitation
	10 Last Menstru			47	Date cost outlier status begins
	•	nptoms/ Illness et for a Chronically		A1 A2	Birthdate - Insured A
	Dependent In			AZ	Effective Date - Insured A Policy
	16 Date of Last			A3	Payer A benefits exhausted
	17 Date Outpati Last Review	ent OT Plan Establish	ned or	A4	Split Bill Date
		ed rement - Patient/Bene	ficiary	B1	Birthdate - Insured B
		rement - Spouse	riciar y	B2	Effective date - Insured B Policy
		tee of Payment Begar	ı	В3	Payer B benefits exhausted
	21 Date UR No	tice Received		C1	Birthdate - Insured C
	22 Date Active			C2	Effective date - Insured C Policy
	24 Date Insuran			C3	Payer C benefits exhausted
	25 Date Benefit Payer	s Terminated by Prim	iary	DR	Katrina disaster related
	•	ed Became Available		E1	Birthdate - Insured D
	27 Date Home I	Health Plan Establish	ed or	E2	Effective date - Insured D Policy
	Last Review			F2	Effective date insured B Toney
		ehensive Outpatient on Plan Established or	Last	E3	Payer D benefits exhausted
	29 Date Outpati last reviewed	ent PT Plan establishe	ed or	F1	Birthdate - Insured E
	last reviewed			F2	Effective date - Insured E Policy
	31 Date benefic (accommoda	iary notified of intent tions)	to bill	F3	Payer E benefits exhausted
	(procedures	iary notified of intent or treatments)		G1	Birthdate - Insured F
		tient hospital discharg transplant patients	ge for	G2	Effective date - Insured F Policy
	38 Date treatme therapy	nt started for home IV	V	G3	Payer F benefits exhausted
	1.0	ged on a continuous c	course		
Length:	2 Type:	Alphanumeric	Data Source	e:	Claim
Field 191:	OCCUR_DAT	E_1			
	Date of occurre	nce, as YYYYMM	DD.		
Length:	8 Type: .	Alphanumeric	Data Source	ee:	Claim
Field 192:	OCCUR_DAY	_1			
	Occurrence Day	equals Occurrer	nce Date min	us Admis	sion/Start of Care Date.
Length:	4 Type:	Alphanumeric	Data Sourc	e:	Calculated
Field 193:	OCCUR COD	E 2			
	_	g a significant eve	ent relating to	o the clair	n.
Coding Scheme:	Same as OCCU		C		
Length:		Alphanumeric	Data Source	e:	Claim
Field 194:	OCCUR DAT				
	_	nce, as <i>YYYYMM</i>	DD.		
Length:		Alphanumeric	Data Sourc	e:	Claim
Field 195:	OCCUR DAY		2		
Ticiu 175.	_	_	nce Date min	us Admis	sion/Start of Care Date.
Length:		Alphanumeric	Data Source		Calculated
Field 196:	OCCUR COD		Data Source		Culculated
riciu 170.	_	g a significant eve	ent relating to	o the clair	n
Cading Sahama			ant relating to	o tiic ciaii	11.
Coding Scheme:	Same as OCCU		Data Sourc		Claim
Length:		Alphanumeric	Data Sourc	ic.	Ciaiiii
Field 197:	OCCUR_DAT	L_3	_		
2024	/		Page	•	1.1.2
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	Date of occur	rence, as YYYYMM	מתז		
Length:	8 Type:	Alphanumeric	Do. Data Sourc	e: Claim	
Field 198:	OCCUR DA		Data Sourc	e: Claiiii	
rieiu 198:	_	_	naa Data <i>mi</i> na	us Admission/Start of	of Cara Data
Longth	4 Type:	Alphanumeric	Data Sourc		
Length: Field 199:	OCCUR CO	*	Data Sourc	e. Calculate	u
rieiu 199:		ng a significant ev	ant relating to	the claim	
Coding Scheme:		UR CODE 1.	ent relating to	the Claim.	
Length:	2 Type:	Alphanumeric	Data Sourc	e: Claim	
Field 200:	OCCUR DA		Data Sourc	c. Claim	
riciu 200:		rence, as <i>YYYYMM</i>	ממו		
I anath:	8 Type:	Alphanumeric	DD. Data Sourc	e: Claim	
Length: Field 201:	OCCUR DA		Data Sourc	c. Claiiii	
riciu 201:		-	naa Dota mini	us Admission/Start o	of Cara Data
Longth	4 Type:	Alphanumeric	Data Sourc		
Length: Field 202:	OCCUR CO		Data Sourc	e. Calculate	u
rieiu 202:		ng a significant ev	ant valating to	the eleim	
Coding Scheme:		UR CODE 1.	ent relating to	me ciami.	
Length:	2 Type:	Alphanumeric	Data Sourc	e: Claim	
Field 203:	OCCUR DA		Data Sourc	c. Claim	
rieia 203:	_	rence, as <i>YYYYMM</i>	ממו		
Length:	8 Type:	Alphanumeric	Data Sourc	e: Claim	
Field 204:	OCCUR DA		Data Sourc	c. Claiiii	
riciu 204:	_	_	naa Data mini	us Admission/Start of	of Cara Data
Length:	4 Type:	Alphanumeric	Data Sourc		
Field 205:	OCCUR CO	*	Data Sourc	c. Calculate	u
rieiu 205.	_	ng a significant ev	ant relating to	the claim	
Coding Scheme:		UR CODE 1.	ent relating to	the Claim.	
Length:	2 Type:	Alphanumeric	Data Sourc	e: Claim	
Field 206:	OCCUR DA	•	Data Sourc	c. Claim	
riciu 200.	_	rence, as <i>YYYYMM</i>	ממו		
Length:	8 Type:	Alphanumeric	Data Sourc	e: Claim	
Field 207:	OCCUR DA	-	Data Sourc	· Clum	
ricia 207.	_	_	nce Date mini	us Admission/Start o	of Care Date
Length:	4 Type:	Alphanumeric	Data Sourc		
Field 208:	OCCUR CO		Butu Sourc	Carourate	<u> </u>
11014 2001		ng a significant ev	ent relating to	the claim	
Coding Scheme:		CUR CODE 1.	• • • • • • • • • • • • • • • • • • •		
Length:	2 Type:	Alphanumeric	Data Sourc	e: Claim	
Field 209:	OCCUR DA				
2004		rence, as YYYYMM	IDD.		
Length:	8 Type:	Alphanumeric	Data Sourc	e: Claim	
Field 210:	OCCUR DA				
	_	_	nce Date mini	us Admission/Start o	of Care Date.
Length:	4 Type:	Alphanumeric	Data Sourc		
Field 211:	OCCUR_CC				
- 1010 - 11V		ng a significant ev	ent relating to	the claim.	
Coding Scheme:		CUR_CODE_1.	S		
Length:	2 Type:	Alphanumeric	Data Sourc	e: Claim	
Field 212:	OCCUR DA				
		rence, as YYYYMM	IDD.		
000		,			
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Length:	8 Type: Alpl	nanumeric Data So	urce:	Claim				
Field 213:	OCCUR DAY 8		-					
		Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.						
Length:	• •	nanumeric Data So		Calculated				
Field 214:	OCCUR CODE 9							
		ignificant event relatin	g to the c	laim.				
Coding Scheme:	Same as OCCUR (_	C					
Length:	_	nanumeric Data So	urce:	Claim				
Field 215:	OCCUR DATE 9							
	Date of occurrence,							
Length:		nanumeric Data So	urce:	Claim				
Field 216:	OCCUR DAY 9							
		uals Occurrence Date i	ninus Adı	mission/Start of Care Date.				
Length:	4 Type: Alpl	nanumeric Data So	urce:	Calculated				
Field 217:	OCCUR CODE 1	.0						
		ignificant event relatin	g to the c	laim.				
Coding Scheme:	Same as OCCUR (_	C					
Length:	2 Type: Alpl	nanumeric Data So	urce:	Claim				
Field 218:	OCCUR DATE 1							
	Date of occurrence,							
Length:	8 Type: Alpl	nanumeric Data So	urce:	Claim				
Field 219:	OCCUR DAY 10							
		uals Occurrence Date i	ninus Adı	mission/Start of Care Date.				
Length:		nanumeric Data So		Calculated				
Field 220:	OCCUR CODE 1							
		ignificant event relatin	g to the c	laim.				
Coding Scheme:	Same as OCCUR (_	C					
Length:		nanumeric Data So	urce:	Claim				
Field 221:	OCCUR_DATE_1	1						
	Date of occurrence,	as YYYYMMDD.						
Length:	8 Type: Alpl	nanumeric Data So	urce:	Claim				
Field 222:	OCCUR_DAY_11							
	Occurrence Day eq	uals Occurrence Date i	ninus Adı	mission/Start of Care Date.				
Length:	4 Type: Alpl	nanumeric Data So	urce:	Calculated				
Field 223:	OCCUR_CODE_1	2						
	Code describing a s	ignificant event relatin	g to the c	laim.				
Coding Scheme:	Same as OCCUR_0	CODE_1.						
Length:	2 Type: Alpl	nanumeric Data So	urce:	Claim				
Field 224:	OCCUR_DATE_1							
	Date of occurrence,	as YYYYMMDD.						
Length:	8 Type: Alpl	nanumeric Data So	urce:	Claim				
Field 225:	OCCUR_DAY_12							
	Occurrence Day eq	uals Occurrence Date i	ninus Adı	mission/Start of Care Date.				
Length:	4 Type: Alpl	nanumeric Data So	urce:	Calculated				
Field 226:	OCCUR_SPAN_C	ODE_1						
	Code describing a s	ignificant event relatin	g to the c	laim that may affect payer processing.				
Coding Scheme:		ates (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 Visit73 Benefit eligibility	neriod	81 M0	Antepartum Days at Reduced Level of Care QIO/UR approved stay dates				
	0 ,	of care/Leave of absence	М0 М1	Provider liability - no utilization				
	75 SNF level of care		M2	Inpatient respite dates				
2024		n _{o mo}						
	c gov/TUCIC	Page	Loct	Updated: March, 2025				
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	76 Patient Liability Period	М3	ICF level of care						
	77 Provider Liability - Utilization Cha		Residential level of care						
Length:	2 Type: Alphanumeric	Data Source:	Claim						
Field 227:	OCCUR SPAN FROM 1								
	Occurrence Span From is the Beg	inning Date of O	Occurrence Event.						
Length:		Data Source:	Claim						
Field 228:	OCCUR SPAN THRU 1								
		Occurrence Span Thru is the Ending Date of Occurrence Event.							
Length:	8 Type: Alphanumeric Data Source: Claim								
Field 229:	OCCUR_SPAN_CODE_2								
		nt relating to the	claim that may affect payer processing.						
Coding Scheme:	Same as OCCUR SPAN CODE		, 1, 1						
Length:			Claim						
Field 230:	OCCUR SPAN FROM 2								
	Occurrence Span From is the Beg	inning Date of (Occurrence Event.						
Length:		Data Source:	Claim						
Field 231:	OCCUR SPAN THRU 2								
	Occurrence Span Thru is the End	ing Date of Occ	arrence Event.						
Length:	-	Data Source:	Claim						
Field 232:	OCCUR SPAN CODE 3								
11014 2021		nt relating to the	claim that may affect payer processing.						
Coding Scheme:	Same as OCCUR_SPAN_CODE		and the state of t						
Length:		Data Source:	Claim						
Field 233:	OCCUR SPAN FROM 3	2 2011 001							
1 iciu 255.	Occurrence Span From is the Beg	inning Date of (Occurrence Event						
Length:		Data Source:	Claim						
Field 234:	OCCUR SPAN THRU 3	Dutu Source.	Civilii						
1 1014 20 11	Occurrence Span Thru is the End	ing Date of Occ	irrence Event						
Length:	-	Data Source:	Claim						
Field 235:	OCCUR SPAN CODE 4								
11014 2001		nt relating to the	claim that may affect payer processing.						
Coding Scheme:	Same as OCCUR SPAN CODE		commented may arrest payer processing.						
Length:		Data Source:	Claim						
Field 236:	OCCUR SPAN FROM 4	2 2011 001							
1 1clu 200.	Occurrence Span From is the Beg	inning Date of (Occurrence Event						
Length:	8 Type: Alphanumeric	-							
Field 237:	OCCUR SPAN THRU 4	Dutu Source.	Civilii						
1 1clu 207.	Occurrence Span Thru is the End	ing Date of Occ	irrence Event						
Length:	_	Data Source:	Claim						
Field 238:	CONDITION CODE 1								
	Code describing a condition relati	ing to the claim.							
Coding Scheme:	01 Military service related	83	C-section/Inductions 39 weeks or greater						
couning continue	02 Condition is employment related	84	Dialysis for Acute Kidney Injury (AKI)						
	Patient covered by insurance not	85	Delayed Recertification of Hospice Terminal Illness						
	reflected here	05	•						
	04 Information only bill.	86	Additional Hemodialysis Treatment with Medical Justification						
	05 Lien has been filed	A0	TRICARE external partnership program						
		•							
	ESRD patient in first 18 months of	A1	EPSDT/CHAP						
	66 ESRD patient in first 18 months of entitlement covered by EGHP Treatment of non-terminal condition	A1							
	ESRD patient in first 18 months of	AI	EPSDT/CHAP Physically handicapped children's program						
	06 ESRD patient in first 18 months of entitlement covered by EGHP 07 Treatment of non-terminal condition hospice patient Beneficiary would not provide	on for A2	Physically handicapped children's program						
	06 ESRD patient in first 18 months of entitlement covered by EGHP 07 Treatment of non-terminal condition hospice patient Beneficiary would not provide 08 information concerning other insur	on for A2							
2024	06 ESRD patient in first 18 months of entitlement covered by EGHP 07 Treatment of non-terminal condition hospice patient Beneficiary would not provide	on for A2 ance A3	Physically handicapped children's program						
2024 www.dshs.texa	DESTRIP patient in first 18 months of entitlement covered by EGHP Treatment of non-terminal condition hospice patient Beneficiary would not provide information concerning other insurcoverage	on for A2 ance A3 Page	Physically handicapped children's program						

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	В0	Medicare coordinated care demonstration claim
33	study program) Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (run time - hight) 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
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	55	SNF bed not available		G0	Distinct Medical Visit
	56 57	Medical appropriateness SNF readmission		H0 H2	Delayed Filing, Statement of Intent Submitted Discharge by a Hospice Provider for Cause
	58	Terminated Medicare+Choice		H3	Reoccurrence of GI Bleed Comorbid Category
	59	organization enrollee 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 outlie payment	er	P7	Direct Inpatient Admission from Emergency Room
	67	Beneficiary elects not to use life t reserve (LTR) days	time	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
	68	Beneficiary elects to use life time (LTR) days	ereserve	R2	Request for reopening Reason Code -Inaccurate Data Entry
	69	IME/DGME/N&AH Payment On	•	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
	70	Self-administered anemia manage drug	ement	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
		Provider accepts or is obligated/re			
	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 b	у НМО	W3	Level I Appeal
	79	CORF services provided offsite		W4	Level II Appeal
	80	Home dialysis - nursing facility C-section/Inductions <39 Weeks-	_	W5	Level III Appeal
	81	Medical Necessity C-section/Inductions <39 Weeks-			
Landha	82	Elective			CI.:
Length:	2	Type: Alphanumeric	Data Sour	ce:	Claim
Field 239: Coding Scheme:	Cod	NDITION_CODE_2 le describing a condition rela ne as CONDITION CODE	_	laim.	
Length:	2	Type: Alphanumeric	Data Sour	ce:	Claim
Field 240:	CO	NDITION CODE 3			
	Cod	le describing a condition rela	ting to the c	laim.	
Coding Scheme:	Sam	ne as CONDITION CODE	1.		
Length:	2	Type: Alphanumeric	Data Sour	ce:	Claim
Field 241:	CO	NDITION CODE 4			
	Cod	le describing a condition rela	ting to the c	laim.	
Coding Scheme:	Sam	ne as CONDITION CODE	1.		
Length:	2	Type: Alphanumeric	Data Sour	ce:	Claim
Field 242:	CO	NDITION CODE 5			
		le describing a condition rela	ting to the c	laim.	
Coding Scheme:		ne as CONDITION CODE	_		
Length:	2	Type: Alphanumeric	Data Sour	ce:	Claim
Field 243:	CO	NDITION CODE 6			
		le describing a condition rela	ting to the c	laim.	
Coding Scheme:		ne as CONDITION CODE	-		
2024			Page		
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	3	-		•	•

Length:	2	Type:	Alphanumeric	Data So	ource:	Claim
Field 244:			N CODE 7			
			ng a condition rela	ating to the	e claim.	
Coding Scheme:			DITION CODE	_		
Length:	2	Type:	Alphanumeric	Data So	nirce:	Claim
Field 245:			N CODE 8	Data St	our cc.	Cium
Field 245.			ng a condition rela	ating to th	e claim	
Coding Scheme:			IDITION CODE	_	c ciaiii.	
Length:	2			_1. Data So	NII POO!	Claim
		Type:	Alphanumeric DE 1	Data St	ource.	Ciaiiii
Field 246:		LUE_CO	_	_4 cc	· _4	
C. P C. b			ng information tha	at may am		
Coding Scheme:	01		mon semi-private rate		58	Arterial blood gas
	02	-	as no semi-private roo professional componen		59	Oxygen saturation
	04	charges w	hich are combined bill	ed	60	HHA branch MSA
	05		nal component included and also billed separately		61	Place of Residence where service is furnished (HHA and hospice)
	06	Blood ded	luctible		66	Medicaid spend down amount
	08	Life time i calendar y	reserve amount in the frear	first	67	Peritoneal dialysis
	09	Coinsuran year	ce amount in the first of	calendar	68	EPO-drug
	10	Lifetime re calendar y	eserve amount in the serve	econd	69	State charity care percentage
	11	Coinsuran calendar y	ce amount in the secon	nd	80	Covered Days
	12	employer	aged beneficiary/spous group health plan		81	Non-covered Days
	13		neficiary in a Medicare on period with an emp		82	Co-insurance Days
	14		ncluding auto/other		83	Lifetime Reserve Days
	15		compensation		84	Shorter Duration Hemodialysis
	16	Public hea federal age	alth service (PHS) or of ency	ther	A0	Special zip code reporting
	21	Catastroph	nic		A1	Deductible payer A
	22	Surplus			A2	Coinsurance payer A
	23	_	monthly income		A3	Estimated responsibility payer A
	2425	Offset to t	Rate Code he patient - payment a	mount -	A4 A5	Covered self-administrable drugs - emergency Covered self-administrable drugs - administrable in form and situation furnished to patient
	26		he patient - payment and d ear services	mount -	A6	Covered self-administrable drugs - diagnostic study and other
	27	Offset to t	he patient - payment and leye services	mount -	A7	Co-payment payer A
	28		he patient - payment a	mount -	A8	Patient weight
	29	Offset to t	he patient - payment ar ic services	mount -	A9	Patient height
	30	•	ion testing		AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
	31	Patient Lia	ability Amount		AB	Other assessments or allowances (e.g., medical education) - payer A
	32	Multiple p	atient ambulance trans	sport	B1	Deductible payer B
	33	Offset to the podiatric s	he patient - payment as services	mount -	B2	Coinsurance payer B
	34	other med	he patient - payment as ical services		В3	Estimated responsibility payer B
	35		he patient - payment as arance premiums	mount -	В7	Co-payment payer B
	37	Units of b	lood furnished		BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
2024				_ Page		
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	38 Blood de	eductible units	BB	Other assessments or allowances (e.g., medical	
				education) - payer B	
		blood replaced	C1	Deductible payer C	
		verage not implemented by		Coinsurance payer C	
	41 Black lu	ng	C3	Estimated responsibility payer C	
	42 VA	11 6: 1 65	C7	Co-payment payer C	
	43 LGHP	l beneficiary under age 65	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C	
	44 primary	provider agreed to accept payer when this amount is rges but higher than payme	s less CB	Other assessments or allowances (e.g., medical education) - payer C	
	45 Acciden		D3	Patient estimated responsibility	
		of grace days	D3	Clinical Trial Number Assigned by NLM/NIH	
		oility insurance	D5	Last Kt/V Reading	
		obin reading	FC	Patient Paid Amount	
	49 Hematoo	crit reading	FD	Credit Received from the Manufacturer for a Medi Device	cal
	50 Physical	Therapy visits	G8	Facility where Inpatient Hospice Service is Deliver	red
	51 Occupat	ional Therapy visits	Y1	Part A Demonstration Payment	
	52 Speech	Therapy visits	Y2	Part B Demonstration Payment	
		rehab visits	Y3	Part B Coinsurance	
		n birth weight in grams	Y4	Conventional Provider Payment	
	-	ty threshold for charity car	re Y5	Part B Deductible	
		nurse - home visit hours			
T41		ealth aide - home visit hou		CI.:	
Length:	2 Type:		Data Source:	Claim	
Field 247:	VALUE_A	_			
		cents, no decimal poi			
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 248:	VALUE_C	ODE_2			
	Code describ	bing information that	may affect payer	processing.	
Coding Scheme:		LUE CODE 1.	, , ,		
Length:	2 Type:		Data Source:	Claim	
	**	-	Data Source.	Cidini	
Field 249:	VALUE_A	MOUNT_2			
Field 249:	VALUE_All Amount (in	MOUNT_2 cents, no decimal poi	int included) that	may be affected.	
Field 249: Length:	VALUE_AN Amount (in 9 7 Type:	MOUNT_2 cents, no decimal poi Numeric			
Field 249:	VALUE_ANAMOUNT (in 9 Type: VALUE_CO	MOUNT_2 cents, no decimal poi Numeric ODE_3	int included) that Data Source:	may be affected. Claim	
Field 249: Length:	VALUE_ANAmount (in 9 Type: VALUE_CO	MOUNT_2 cents, no decimal poi Numeric ODE_3 bing information that	int included) that Data Source:	may be affected. Claim	
Field 249: Length:	VALUE_ANAmount (in 9 Type: VALUE_CO	MOUNT_2 cents, no decimal poi Numeric ODE_3	int included) that Data Source:	may be affected. Claim	
Field 249: Length: Field 250:	VALUE_ANAmount (in 9 Type: VALUE_CO	MOUNT_2 cents, no decimal poi Numeric ODE_3 bing information that LUE_CODE_1.	int included) that Data Source:	may be affected. Claim	
Field 249: Length: Field 250: Coding Scheme: Length:	Amount (in 9 Type: VALUE_CO Code descrit Same as VA 2 Type:	MOUNT_2 cents, no decimal poi Numeric ODE_3 bing information that LUE_CODE_1. Alphanumeric	int included) that Data Source: may affect payer	may be affected. Claim processing.	
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Field 249: Length: Field 250: Coding Scheme: Length: Field 251:	VALUE_AND AMOUNT (in 9 Type: VALUE_CO Code describe Same as VA 2 Type: VALUE_AND AMOUNT (in 10 to 10	MOUNT_2 cents, no decimal poi Numeric ODE_3 bing information that LUE_CODE_1. Alphanumeric MOUNT_3 cents) that may be affi	int included) that Data Source: may affect payer Data Source: fected.	may be affected. Claim processing. Claim	
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Length:	9 Type: Numeric	Data Source:	Claim
Field 256:	VALUE CODE 6		
	Code describing information th	at may affect payer pr	ocessing.
Coding Scheme:		, F, F-	- - -
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 257:	VALUE AMOUNT 6		
1 Icia 237.	Amount (in cents, no decimal p	oint included) that ma	y he affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 258:	VALUE CODE 7	Dutu Source.	Ciami
1 Iciu 230.	Code describing information th	at may affect naver nr	ocessing
Coding Scheme:	Same as VALUE CODE 1.	at may affect payer pr	occising.
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 259:	VALUE AMOUNT 7	Duta Source.	Ciami
riciu 237.	Amount (in cents, no decimal p	oint included) that ma	v he affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 260:	VALUE CODE 8	Data Source.	Ciaini
riciu 200.	Code describing information th	at may affect naver nr	ocessing
Coding Scheme:	•	at may affect payer pr	occssing.
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 261:	VALUE AMOUNT 8	Data Source.	Cidilii
riciu 201.	Amount (in cents, no decimal p	oint included) that ma	y he affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 262:	VALUE CODE 9	Data Source.	Claim
riciu 202.	Code describing information th	at may affect naver nr	ocessing
Coding Scheme:		at may affect payer pr	occssing.
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 263:	VALUE AMOUNT 9	Data Source.	Cidilii
ricia 205.	Amount (in cents, no decimal p	oint included) that ma	v he affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 264:	VALUE CODE 10	Dutu Source.	Ciami
1 iciu 204.	Code describing information th	at may affect naver nr	ocessing
Coding Scheme:		at may affect payer pr	occising.
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 265:	VALUE AMOUNT 10	2 uu suuree	O.W.III
1 1014 200.	Amount (in cents, no decimal p	oint included) that ma	v be affected.
Length:	9 Type: Numeric	Data Source:	Claim
Field 266:	VALUE CODE 11		
	Code describing information th	at may affect payer pr	ocessing.
Coding Scheme:	Same as VALUE CODE 1.	7 1 7 1	5
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 267:	VALUE AMOUNT 11		
	Amount (in cents, no decimal p	oint included) that ma	y be affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 268:	VALUE CODE 12		
	Code describing information th	at may affect payer pr	ocessing.
Coding Scheme:	Same as VALUE CODE 1.	7 1 7 1	5
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 269:	VALUE AMOUNT 12		
	Amount (in cents, no decimal p	oint included) that ma	y be affected
Length:	9 Type: Numeric	Data Source:	Claim
Field 270:	PRIVATE AMOUNT		
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				t. Calculated using MEDPAR algorithm.
Longth	, ,	-		s 0100-0219, revenue center 011X, 014X
Length: Field 271:	, , , , , , , , , , , , , , , , , , ,		Oata Source:	Calculated
rieid 2/1:	SEMI_PRIVATE	-	vate Room Charge A	mount. Calculated using MEDPAR
				venue codes 0100-0219, revenue center
	010X, 012X, 013X	,		
Length:			oata Source:	Calculated
Field 272:	WARD_AMOUN	NT		
				lated using MEDPAR algorithm. Sum (in
T 41	, ,			219, revenue center 015X.
Length:	**	meric D	Oata Source:	Calculated
Field 273:	ICU_AMOUNT	Thoras Intonsiyo	Cara Unit Charge A	mount Calculated using MEDDAD
				mount. Calculated using MEDPAR venue codes 0100-0219, revenue center
	020X.	recitis) or charge	os associated with re	venue codes 0100 0219, revenue center
Length:		meric D	ata Source:	Calculated
Field 274:	CCU_AMOUNT			
				mount. Calculated using MEDPAR
		n cents) of charge	es associated with re-	venue codes 0100-0219, revenue center
T 41	021X.		G	
Length:			Oata Source:	Calculated
Field 275:	OTHER_AMOU		harga Amaunt Cala	ulated using MEDPAR algorithm. Sum (in
				nan 0100-0219, revenue center 0002-0099,
				6X-078X, 090X-095X, 099X.
Length:			oata Source:	Calculated
Field 276:	PHARM_AMOU	INT		
				Calculated using MEDPAR algorithm. Sum
	, ,	es associated with	h revenue codes othe	er than 0100-0219, revenue center 025X,
Longth	026X, 063X.	meric D	Pata Source:	Calculated
Length: Field 277:	12 Type: Nu MEDSURG AM		ata Source.	Calculated
riciu 277.	-		Surgical Supply Ch	arge Amount. Calculated using MEDPAR
				venue codes other than 0100-0219, revenue
	center 027X, 062X	,		
Length:	12 Type: Nu	meric D	oata Source:	Calculated
Field 278:	DME_AMOUNT	1		
				Charge Amount. Calculated using MEDPAR
			es associated with re	venue codes other than 0100-0219, revenue
Longth	centers 0290-0292 12 Type: Nu		Oata Source:	Calculated
Length: Field 279:	USED DME AN		vata Source.	Calculated
riciu 279.			ırable Medical Fauir	oment Charge Amount. Calculated using
				ted with revenue codes other than 0100-
	0219, revenue cen	,	, 5	
Length:	12 Type: Nu	meric D	ata Source:	Calculated
Field 280:	PT_AMOUNT			
				nount. Calculated using MEDPAR algorithm.
		charges associate	d with revenue code	s other than 0100-0219, revenue center
Length:	042X. 12 Type: Nu	meric D	Pata Source:	Calculated
Field 281:	OT AMOUNT	ппене В	ata Sudice.	Calculated
2024	O1_Amount	1	Ροπο	
www.dshs.tex	as.gov/THCIC		Page 39 Last Upo	dated: March, 2025
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	algorithm. Su	ım (in cents) of	1 10	arge Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue
Length:	center 043X. 12 Type:	Numeric	Data Source:	Calculated
Field 282:	12 Type: SPEECH A		Data Source:	Calculated
riciu 202.	_		eech Pathology Charge	Amount. Calculated using MEDPAR
				revenue codes other than 0100-0219, revenue
	center 044X,		_	
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 283:	IT_AMOUN		1 1 d' TI CI	A A C 11 A 1 ' MEDDAD
				ge Amount. Calculated using MEDPAR a revenue codes other than 0100-0219, revenue
	center 041X,	` /	charges associated with	revenue codes other than 0100 0219, revenue
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 284:	BLOOD_AN	MOUNT		
				e patient's stay. Calculated using MEDPAR
	algorithm. Su	` /	charges associated with	revenue codes other than 0100-0219, revenue
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 285:		OM AMOUNT		Carculated
11010 2001	_	_		sing related to the patient's stay. Calculated using
	MEDPAR alg	gorithm. Sum (i		ociated with revenue codes other than 0100-
	•	e center 039X.		
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 286:	OR_AMOU		t' D Cl	A - A C 1 - 1 A 1 - 1 MEDDAD 1 21
				Amount. Calculated using MEDPAR algorithm. odes other than 0100-0219, revenue center
	036X, 071X-		sociated with revenue of	odes other than 0100-0219, revenue center
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 287:	LITH_AMO	UNT		
				int. Calculated using MEDPAR algorithm. Sum
	` '	-		other than 0100-0219, revenue center 079X.
Length:	12 Type:	Numeric	Data Source:	
E. 11400		OTINIO	Data Source.	Calculated
Field 288:	CARD_AMO			
Field 288:	CARD_AMO Ancillary Ser	vice Charge, Ca	ardiology Charge Amou	unt. Calculated using MEDPAR algorithm. Sum
Field 288:	CARD_AMO Ancillary Ser	vice Charge, Ca	ardiology Charge Amou	
	CARD_AMO Ancillary Ser (in cents) of o	vice Charge, Ca	ardiology Charge Amou	unt. Calculated using MEDPAR algorithm. Sum
Length:	CARD_AMC Ancillary Ser (in cents) of c 073X. 12 Type: ANES_AMC	rvice Charge, Ca charges associat Numeric DUNT	ardiology Charge Amou ed with revenue codes of Data Source:	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated
Length:	CARD_AMC Ancillary Ser (in cents) of c 073X. 12 Type: ANES_AMC Ancillary Ser	Numeric OUNT rvice Charge, Ca	ardiology Charge Amou ed with revenue codes of Data Source: nesthesia Charge Amou	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum
Length: Field 289:	CARD_AMC Ancillary Ser (in cents) of c 073X. 12 Type: ANES_AMC Ancillary Ser (in cents) of c	Numeric OUNT rvice Charge, Ca	Data Source: nesthesia Charge Amou	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X.
Length: Field 289: Length:	CARD_AMC Ancillary Ser (in cents) of c 073X. 12 Type: ANES_AMC Ancillary Ser (in cents) of c 12 Type:	Numeric OUNT rvice Charge, Archarges associate Numeric OUNT rvice Charge, Archarges associate Numeric	ardiology Charge Amou ed with revenue codes of Data Source: nesthesia Charge Amou	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum
Length: Field 289: Length:	CARD_AMO Ancillary Ser (in cents) of control 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of control 12 Type: LAB_AMOI	Numeric DUNT rvice Charge, Ar charges associat Numeric Numeric Numeric Numeric	Data Source: Data Source: mesthesia Charge Amou ed with revenue codes of the code of the	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated
Length: Field 289: Length:	CARD_AMO Ancillary Ser (in cents) of co 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of co 12 Type: LAB_AMOU Ancillary Ser	Numeric DUNT rvice Charge, Ar charges associat Numeric Numeric UNT rvice Charge, Ar charges associat Numeric UNT rvice Charge, La	Data Source: nesthesia Charge Amoued with revenue codes of the codes	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated unt. Calculated using MEDPAR algorithm. Sum
Length: Field 289: Length:	CARD_AMC Ancillary Ser (in cents) of c 073X. 12 Type: ANES_AMC Ancillary Ser (in cents) of c 12 Type: LAB_AMOU Ancillary Ser (in cents) of c	Numeric OUNT rvice Charge, Archarges associate Numeric OUNT rvice Charge, Archarges associate Numeric UNT rvice Charge, Lacharges associate charges associate	Data Source: nesthesia Charge Amoued with revenue codes of the codes	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated
Length: Field 289: Length: Field 290:	CARD_AMO Ancillary Ser (in cents) of co 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of co 12 Type: LAB_AMOU Ancillary Ser	Numeric OUNT rvice Charge, Archarges associate Numeric OUNT rvice Charge, Archarges associate Numeric UNT rvice Charge, Lacharges associate charges associate	Data Source: nesthesia Charge Amoued with revenue codes of the codes	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated unt. Calculated using MEDPAR algorithm. Sum
Length: Field 289: Length: Field 290: Length:	CARD_AMC Ancillary Ser (in cents) of c 073X. 12 Type: ANES_AMC Ancillary Ser (in cents) of c 12 Type: LAB_AMOU Ancillary Ser (in cents) of c 031X, 074X-	Numeric Numeric OUNT rvice Charge, Archarges associat Numeric UNT rvice Charge, Lacharges associat charges associat O75X. Numeric	Data Source: nesthesia Charge Amou ed with revenue codes of the state	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-
Length: Field 289: Length: Field 290: Length: Field 291:	CARD_AMO Ancillary Ser (in cents) of co 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of co 12 Type: LAB_AMO Ancillary Ser (in cents) of co 031X, 074X- 12 Type: RAD_AMO Ancillary Ser	Numeric DUNT rvice Charge, Archarges associate Numeric UNT rvice Charge, Archarges associate Numeric UNT rvice Charge, Lacharges associate 075X. Numeric UNT rvice Charge, Ra	Data Source: Boratory Charge Amound with revenue codes of the property of the	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated
Length: Field 289: Length: Field 290: Length:	CARD_AMO Ancillary Ser (in cents) of co 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of co 12 Type: LAB_AMOU Ancillary Ser (in cents) of co 031X, 074X- 12 Type: RAD_AMOU Ancillary Ser (in cents) of co	Numeric DUNT rvice Charge, Archarges associate Numeric DUNT rvice Charge, Archarges associate Numeric UNT rvice Charge, Lacharges associate 075X. Numeric UNT rvice Charge, Racharges associate associated	Data Source: Boratory Charge Amound with revenue codes of the property of the	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Calculated
Length: Field 289: Length: Field 290: Length: Field 291:	CARD_AMO Ancillary Ser (in cents) of co 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of co 12 Type: LAB_AMOI Ancillary Ser (in cents) of co 031X, 074X- 12 Type: RAD_AMOI Ancillary Ser (in cents) of co 032X-035X,	Numeric DUNT rvice Charge, Archarges associate Numeric DUNT rvice Charge, Archarges associate Numeric UNT rvice Charge, Lacharges associate 075X. Numeric UNT rvice Charge, Racharges associate 040X.	Data Source:	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,
Length: Field 289: Length: Field 290: Length: Field 291:	CARD_AMO Ancillary Ser (in cents) of co 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of co 12 Type: LAB_AMOU Ancillary Ser (in cents) of co 031X, 074X- 12 Type: RAD_AMOU Ancillary Ser (in cents) of co 032X-035X, 12 Type:	Numeric Numeric OUNT Twice Charge, Archarges associate Numeric UNT Twice Charge, Lacharges associate 075X. Numeric UNT Twice Charge, Racharges associate 040X. Numeric	Data Source: Boratory Charge Amound with revenue codes of the property of the	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated
Length: Field 289: Length: Field 290: Length: Field 291:	CARD_AMO Ancillary Ser (in cents) of co 073X. 12 Type: ANES_AMO Ancillary Ser (in cents) of co 12 Type: LAB_AMOI Ancillary Ser (in cents) of co 031X, 074X- 12 Type: RAD_AMOI Ancillary Ser (in cents) of co 032X-035X,	Numeric Numeric OUNT Twice Charge, Archarges associate Numeric UNT Twice Charge, Lacharges associate 075X. Numeric UNT Twice Charge, Racharges associate 040X. Numeric	Data Source:	unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,

			Calculated using MEDPAR algorithm. Sum (in
Longth		sociated with revenue codes of the codes of	other than 0100-0219, revenue center 061X. Calculated
Length: Field 293:	OP AMOUNT	Data Source:	Calculated
rieu 273.	Ancillary Service C		harge Amount. Calculated using MEDPAR with revenue codes other than 0100-0219, revenue
Length:	12 Type: Nun	neric Data Source:	Calculated
Field 294:	ER_AMOUNT		
		cents) of charges associated v	arge Amount. Calculated using MEDPAR with revenue codes other than 0100-0219, revenue
Length:	12 Type: Nun	neric Data Source:	Calculated
Field 295:	AMBULANCE_A		
			mount. Calculated using MEDPAR algorithm. Sum
	, ,		es other than 0100-0219, revenue center 054X.
Length:	12 Type: Nun		Calculated
Field 296:		harge, Professional Fee Charg	ge Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue center
Length:	12 Type: Nun	neric Data Source:	Calculated
Field 297:	ORGAN_AMOUN	T	·
T (1	algorithm. Sum (in center 081X, 089X.	cents) of charges associated v	arge Amount. Calculated using MEDPAR with revenue codes other than 0100-0219, revenue
Length: Field 298:	12 Type: Nun ESRD AMOUNT	neric Data Source:	Calculated
	Ancillary Service C algorithm. Sum (in center 080X, 082X-	cents) of charges associated v 085X, 088X.	vsis Charge Amount. Calculated using MEDPAR with revenue codes other than 0100-0219, revenue
Length:	12 Type: Nun		Calculated
Field 299:	(in cents) of charges	Charge, Clinic Visit Charge Ar s associated with revenue cod	mount. Calculated using MEDPAR algorithm. Sum les other than 0100-0219, revenue center 051X.
Length:	12 Type: Nun	neric Data Source:	
			Calculated
Field 300:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla	ES ecommodation charges, non-c ry charges. Replaces TOTAL	overed accommodation charges, ancillary charges,CHARGES_23.
Length:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Nun	ES commodation charges, non-cary charges. Replaces TOTAL neric Data Source:	overed accommodation charges, ancillary charges,
	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Num TOTAL_NON_CO	ES commodation charges, non-cary charges. Replaces TOTAL neric Data Source: DV_CHARGES	overed accommodation charges, ancillary charges,CHARGES_23. Claim
Length: Field 301:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Num TOTAL_NON_CC Sum (in cents) of no	ES ccommodation charges, non-cary charges. Replaces TOTAL neric Data Source: DV_CHARGES con-covered accommodation clarity	overed accommodation charges, ancillary charges,CHARGES_23
Length: Field 301: Length:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Nun TOTAL_NON_CO Sum (in cents) of no 12 Type: Nun	ES commodation charges, non-cary charges. Replaces TOTAL neric Data Source: OV_CHARGES on-covered accommodation clareric Data Source:	overed accommodation charges, ancillary charges,CHARGES_23. Claim
Length: Field 301:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Num TOTAL_NON_CO Sum (in cents) of no 12 Type: Num TOTAL_CHARGE	ES ccommodation charges, non-cary charges. Replaces TOTAL neric Data Source: DV_CHARGES con-covered accommodation clareric Data Source: ES_ACCOMM	overed accommodation charges, ancillary charges,CHARGES_23
Length: Field 301: Length: Field 302:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Nun TOTAL_NON_CO Sum (in cents) of no 12 Type: Nun TOTAL_CHARGE Sum (in cents) of co	ES ccommodation charges, non-cary charges. Replaces TOTAL neric Data Source: DV_CHARGES con-covered accommodation clareric Data Source: ES_ACCOMM covered and non-covered according to the covered according to the covered and non-covered according to the covered accordin	overed accommodation charges, ancillary charges, CHARGES_23. Claim harges, non-covered ancillary charges. Claim mmodation charges.
Length: Field 301: Length: Field 302: Length:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Nun TOTAL_NON_CC Sum (in cents) of no 12 Type: Nun TOTAL_CHARGE Sum (in cents) of co 12 Type: Nun	ES commodation charges, non-cary charges. Replaces TOTAL neric Data Source: DV_CHARGES con-covered accommodation clareric Data Source: ES_ACCOMM covered and non-covered accommeric Data Source:	covered accommodation charges, ancillary charges, 2. CHARGES_23. Claim harges, non-covered ancillary charges. Claim mmodation charges. Claim
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Length: Field 301: Length: Field 302: Length: Field 303:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Num TOTAL_NON_CO Sum (in cents) of no 12 Type: Num TOTAL_CHARGE Sum (in cents) of co 12 Type: Num TOTAL_NON_CO Sum (in cents) of no	commodation charges, non-cary charges. Replaces TOTAL meric Data Source: DV_CHARGES On-covered accommodation claric Data Source: ES_ACCOMM Overed and non-covered accommeric Data Source: DV_CHARGES_ACCOMM On-covered accommodations of the covered accommodation acc	covered accommodation charges, ancillary charges, 2. CHARGES_23. Claim charges, non-covered ancillary charges. Claim mmodation charges. Claim
Length: Field 301: Length: Field 302: Length: Field 303: Length:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Num TOTAL_NON_CO Sum (in cents) of no 12 Type: Num TOTAL_CHARGE Sum (in cents) of co 12 Type: Num TOTAL_NON_CO Sum (in cents) of no 12 Type: Num TOTAL_NON_CO Sum (in cents) of no 12 Type: Num	ES ccommodation charges, non-cary charges. Replaces TOTAL neric Data Source: OV_CHARGES con-covered accommodation of the content Data Source: ES_ACCOMM overed and non-covered according to the covered accommodations of the covered accommodation accommodation accommodation accommodation accommodation acco	overed accommodation charges, ancillary charges, CHARGES_23. Claim harges, non-covered ancillary charges. Claim mmodation charges. Claim charges.
Length: Field 301: Length: Field 302: Length: Field 303:	TOTAL_CHARGE Sum (in cents) of aconon-covered ancilla 12 Type: Num TOTAL_NON_CO Sum (in cents) of not 12 Type: Num TOTAL_CHARGE Sum (in cents) of cot 12 Type: Num TOTAL_NON_CO Sum (in cents) of not 12 Type: Num TOTAL_NON_CO Sum (in cents) of not 12 Type: Num TOTAL_CHARGE	ES ccommodation charges, non-cary charges. Replaces TOTAL neric Data Source: OV_CHARGES con-covered accommodation of the content Data Source: ES_ACCOMM overed and non-covered according to the covered accommodations of the covered accommodation accommodation accommodation accommodation accommodation acco	covered accommodation charges, ancillary charges, 2. CHARGES_23. Claim charges, non-covered ancillary charges. Claim mmodation charges. Claim charges. Claim Charges. Claim
Length: Field 301: Length: Field 302: Length: Field 303: Length:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Num TOTAL_NON_CO Sum (in cents) of no 12 Type: Num TOTAL_CHARGE Sum (in cents) of co 12 Type: Num TOTAL_NON_CO Sum (in cents) of no 12 Type: Num TOTAL_NON_CO Sum (in cents) of no 12 Type: Num TOTAL_CHARGE Sum (in cents) of no	ES ccommodation charges, non-cary charges. Replaces TOTAL meric Data Source: DV_CHARGES con-covered accommodation of meric Data Source: ES_ACCOMM covered and non-covered accommeric Data Source: DV_CHARGES_ACCOMM con-covered accommodations of meric Data Source: DV_CHARGES_ACCOMM con-covered accommodations of meric Data Source: ES_ANCIL	covered accommodation charges, ancillary charges, 2. CHARGES_23. Claim charges, non-covered ancillary charges. Claim mmodation charges. Claim charges. Claim Charges. Claim
Length: Field 301: Length: Field 302: Length: Field 303: Length: Field 304:	TOTAL_CHARGE Sum (in cents) of ac non-covered ancilla 12 Type: Num TOTAL_NON_CO Sum (in cents) of no 12 Type: Num TOTAL_CHARGE Sum (in cents) of co 12 Type: Num TOTAL_NON_CO Sum (in cents) of no 12 Type: Num TOTAL_CHARGE Sum (in cents) of no 12 Type: Num TOTAL_CHARGE Sum (in cents) of no 12 Type: Num TOTAL_CHARGE Sum (in cents) of co 12 Type: Num	ES ccommodation charges, non-cary charges. Replaces TOTAL meric Data Source: DV_CHARGES con-covered accommodation clareric Data Source: ES_ACCOMM covered and non-covered accommeric Data Source: DV_CHARGES_ACCOMM con-covered accommodations of the covered accommodations of the covered accommodations of the covered and non-covered ancillateric Data Source: Page Page	covered accommodation charges, ancillary charges, 2.CHARGES_23. Claim charges, non-covered ancillary charges. Claim mmodation charges. Claim charges. Claim lary charges. Claim

Field 305:	TO	TAL NO	N COV CHARG	GES ANCIL	
		_) of non-covered a	-	
Length:	12	Type:	Numeric	Data Source:	Claim
Field 306:	INE	BOUND_I	NDICATOR		
	Indi	cates the	format of data as s	ubmitted.	
Coding Scheme:	8	837 forma	t		
Ü	D	Data entry			
	U	UB-04 format			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 307:	$\mathbf{E}\mathbf{M}$	ERGENO	CY_DEPT_FLAC	j	
	Indi	cator of e	mergency departm	ent visit	
Coding Scheme:	Y	visit was e	mergency related		
	N	Visit was	not emergency related		
Length:	1	Type:	Alphanumeric	Data Source:	Assigned
Field 308:	DIS	CHARG	E		
	Disc	charge Qu	arter. Year and qu	arter of discharge.	yyyyQn.
	1st	Quarter (Y	YYYQ1): 1st Jan	uary-31st March o	of that corresponding year
	2nd	Quarter (YYYYQ2): 1st Ap	oril – 30th June of	that corresponding year
	3rd	Quarter (YYYYQ3): 1st Jul	y- 30th September	of that corresponding year
	4th	Quarter (Y	YYYYQ4); 1st Oc	tober-31st Decemb	per of that corresponding year
Length:	6	Type:	Alphanumeric	Data Source:	Assigned

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CHARGES DATA FILE

Field 1:	RECORD ID				
rieia 1:		_		uua numbar ta	identify the record within the research date
					identify the record within the research data Does match with RECORD_ID in other
		ent RDF		r Record ID.	Does mater with RECORD_ID in other
Length:	11pati	Type:	Alphanumeric	Data Source	e: Assigned
Field 2:		ENUE C	<u> </u>		- C
		Code corresponding to each specific accommodation,			tion, ancillary service or billing calculation
			ervices being billed.		•
Coding Scheme:	0100		sive room charges plus and	cillary 0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
	0101	All-inclu	sive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room ch	arges for private rooms - g	eneral 0529	Freestanding Clinic - other
	0111	Room ch	arges for private rooms - surgical/GYN	0530	Osteopathic service - general
	0112		arges for private rooms -	0531	Osteopathic service - therapy
	0113		arges for private rooms -	0539	Osteopathic service - other
	0114		arges for private rooms -	0540	Ambulance service - general
	0115	Room ch hospice	arges for private rooms -	0541	Ambulance service - supplies
	0116	Room ch detoxific	arges for private rooms - ation	0542	Ambulance service - medical transport
	0117	Room ch oncology	arges for private rooms -	0543	Ambulance service - heart mobile
	0118	rehabilita		0544	Ambulance service - oxygen
	0119 0120		arges for private rooms - o arges for semi-private roor		Ambulance service - air ambulance Ambulance service - neonatal
	0121	general	anaaa fan aansi muiyata naas		Ambulance comice mhompson
		medical/s	arges for semi-private roor surgical/GYN		Ambulance service - pharmacy
	0122	obstetric			Ambulance service - telephone transmission EKG
	0123	pediatric	arges for semi-private roor		Ambulance service - other
	0124	psychiatr			Skilled nursing - general
	0125	hospice	arges for semi-private roor		Skilled nursing - visit charge
	0126	detoxific			Skilled nursing - hourly charge
	0127	oncology			Skilled nursing - other
	0128	rehabilita			Medical social services - general
	0129	other	arges for semi-private roor		Medical social services - visit charge
	0130	- rooms -			Medical social services - hourly charge
	0131	- rooms -	arges for semi-private - 3/4 medical/surgical/GYN		Medical social services - other
	0132	- rooms -	arges for semi-private - 3/4 obstetrics		Home health aide - general
	0133		arges for semi-private - 3/4 pediatric	4 beds 0571	Home health aide - visit charge

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

0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience-charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA - nursing home	0647	Home IV therapy services - training,
0189	(for hospitalization) Room charges for LOA - other	0648	patient/caregiver, peripheral Home IV therapy services - training, disabled patient, peripheral
0190 0191	Room charges for subacute care - general Room charges for subacute care - Level I	0649 0650	Home IV therapy services - other Hospice services - general
0192	(skilled care) Room charges for subacute care - Level	0651	Hospice services - routine home care
0193	II (comprehensive care) Room charges for subacute care - Level	0652	Hospice services - continuous home care
0194	III (complex care) Room charges for subacute care - Level	0655	Hospice services - inpatient respite care
	IV (intensive 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 -	0662	Respite care - hourly
0207	intermediate intensive care unit (ICU) Room charges for intensive care - burn care	0663	charge/aide/homemaker/companion 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 0224	Special charges - UR service charge Special charges - late discharge,	0691 0692	Pre-hospice/Palliative Care Services – visit charge Pre-hospice/Palliative Care Services – hourly charge
0000	medically necessary	0.602	
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 0232	Incremental nursing care - nursery Incremental nursing care - OB	0695 0696	Pre-hospice/Palliative Care Services – inpatient care Pre-hospice/Palliative Care Services – physician
0233	Incremental nursing care - ICU (includes transitional care)	0699	services 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
	Page		

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 0252	Pharmacy - generic drugs Pharmacy – non-generic drugs	0731 0732	EKG/ECG services - Holter monitor EKG/ECG services - telemetry
0252	Pharmacy - take-home drugs	0732	EKG/ECG services - telemetry EKG/ECG services - other
0253	Pharmacy - drugs incident to other	0740	EEG services - general
0231	diagnostic services	0710	EDG 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 0270	IV Therapy - other Medical surgical supplies and devices -	0801 0802	Inpatient renal dialysis services - hemodialysis Inpatient renal dialysis services - peritoneal (non-
0270	general Medical surgical supplies and devices -	0802	CAPD)
02/1	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 - hemotology	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
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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%
0314		0845	
	Laboratory pathological - other		CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic -	0850	CCPD - outpatient or home - general
	angiocardiography		
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or	0855	CCPD - outpatient or home - support services
0220	chemotherapy administration - general	0000	cerb companion of nome support services
0331	Radiology - therapeutic and/or	0859	CCPD - outpatient or home - other
0331	chemotherapy administration -	0037	CCI D' outputient of nome other
	chemotherapy - injected		
0222		0060	Manustrania Indiana Indiana (MEG) Garana
0332	Radiology - therapeutic and/or	0860	Magnetoencephalography (MEG) - General
	chemotherapy administration -		
	chemotherapy - oral		
0333	Radiology - therapeutic and/or	0861	Magnetoencephalography (MEG) - MEG
	chemotherapy administration - radiation		
	therapy		
0335	Radiology - therapeutic and/or	0880	Miscellaneous dialysis - general
	chemotherapy administration -		
	chemotherapy - IV		
0339	Radiology - therapeutic and/or	0881	Miscellaneous dialysis - ultrafiltration
	chemotherapy administration - other		,,
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0341		0900	-
0342	Nuclear medicine - therapeutic	0900	Behavior health treatments/services - general
02.42	procedures	0001	D1 : 1 14: / 1 . 1 . 1
0343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services - electroshock
	radiopharmaceuticals		
0344	Nuclear medicine - therapeutic	0902	Behavior health treatments/services - milieu therapy
	radiopharmaceuticals		
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity
	•		therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive
			outpatient services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive
0332	or sean oody	0700	outpatient services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community
0339	C1 Scall - Other	0307	,
0260	0	0011	behavioral health program Behavior health treatment/services - rehabilitation
0360	Operating room services - general	0911	
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial
			hospitalization - less intensive
0362	Operating room services - organ	0913	Behavior health treatment/services - partial
	transplant other than kidney		hospitalization - intensive
0367	Operating room services - kidney	0914	Behavior health treatment/services - individual
	transplant		therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback
0372	Anesthesia - incident to other diagnostic	0918	Behavior health treatment/services - testing
0072	services	0,10	Benavior neutra deathern services testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
	Anestnesia - otner Blood - general		
0380	0	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
	Blood - plasma	0924	Other diagnostic services - allergy test
0383			Other diagnostic services - pregnancy test
0384	Blood - platelets	0925	
	Blood - platelets Blood - leukocytes	0925 0929	Other diagnostic services - other
0384 0385 0386	Blood - platelets		
0384 0385	Blood - platelets Blood - leukocytes	0929	Other diagnostic services - other
0384 0385 0386	Blood - platelets Blood - leukocytes Blood - other components	0929 0931	Other diagnostic services - other Medical rehabilitation day program - half day
0384 0385 0386	Blood - platelets Blood - leukocytes Blood - other components Blood - other derivatives	0929 0931	Other diagnostic services - other Medical rehabilitation day program - half day

0390	Blood and blood component	0941	Other therapeutic services - recreational therapy
	administration, storage and processing -		
0201	general	0042	044
0391	Blood and blood component administration, storage and processing -	0942	Other therapeutic services - education/training
	administration, storage and processing -		
0392	Blood and blood component	0943	Other therapeutic services - cardiac rehabilitation
0372	administration, storage and processing –	0743	other incrapeutic services cardiac remainmation
	processing and storage		
0399	Blood and blood component	0944	Other therapeutic services - drug rehabilitation
	administration, storage and processing -		1 &
	other		
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic	0946	Other therapeutic services - complex medical
	mammography		equipment - routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical
0.402	04	0040	equipment - ancillary
0403	Other imaging services - screening	0948	Other therapeutic services – pulmonary
0404	mammography Other imaging services - PET	0949	rehabilitation Other therapeutic services - other
0404	Other imaging services - rE1 Other imaging services - other	0949	Other therapeutic services – other Other therapeutic services – athletic training
0410	Respiratory services - general	0951	Other therapeutic services – attrictic training Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency
0.12	respiratory services innatation	0,00	(drug and alcohol)
0413	Respiratory services - hyperbaric oxygen	0960	Professional fees - general
	therapy		5
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or	0971	Professional fees - laboratory
0429	reevaluation Physical therapy - other	0972	Professional fees - radiology - diagnostic
0429	Occupational therapy - general	0972	Professional fees - radiology - diagnostic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0431	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or	0977	Professional fees - physical therapy
	reevaluation		
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly	0982	Professional fees - outpatient services
0443	charge Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - group rate Speech-language pathology - evaluation	0983	Professional fees - medical social services
0777	or reevaluation	0704	Troressional rees - 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	0987	Professional fees - hospital visit
	medical screening services		•
0452	Emergency room - beyond EMTALA	0988	Professional fees - consultation
	screening		
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 0470	Pulmonary function - other Audiology - general	0992 0993	Patient convenience items - private linen service Patient convenience items - telephone/telegraph
0470	Audiology - diagnostic	0993	Patient convenience items - TV/radio
0471	Audiology - diagnostic Audiology - treatment	0994	Patient convenience items - 1 v/radio 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
0.400	A solved state on a source is all	1002	treatment - psychiatric
0490	Ambulatory surgical care - general	1002	Behavior health accommodations - residential
	_		treatment - chemical dependency
	D		

	0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
	0500		1004	Behavior health accommodations - halfway house
	0509	Outpatient services - other	1005	Behavior health accommodations - group home
	0510	ϵ	2100	Alternative therapy services - general
	0511	1	2101	Alternative therapy services - acupuncture
	0512		2102	Alternative therapy services - acupressure
	0513 0514		2103	Alternative therapy services - massage
	0514		2104 2105	Alternative therapy services - reflexology Alternative therapy services - biofeedback
	0515		2105	Alternative therapy services - bioleedback Alternative therapy services - hypnosis
	0517		2100	Alternative therapy services - hypnosis Alternative therapy services - other
	0519		3101	Adult day care, medical and social - hourly
	0520		3102	Adult day care, social - hourly
	0521	Freestanding Clinic - Clinic Visit by	3103	Adult day care, medical and social - daily
	0522	Member to RHC/FQHC Freestanding Clinic - Home Visit by	3104	Adult day care, social - daily
	0523	RHC/FQHC Practitioner	3104	Adult foster care - daily
	0523		3109	Adult foster care - other
	0324	RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF	7107	Addit tostel 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 S	ource	: Claim
Field 3:	REV	'ENUE_CODE_SEQUENCE_NUMF	BER	
	Assig	gnment of numbers to indicate the orde	r of su	bmission of the revenue codes
Length:	3	Type: Alphanumeric Data S	ource	: Assigned
Field 4:	НСР	CS_QUALIFIER		
11014 11		A Common Procedure Coding System	(НСРО	CS) Codes Indicator
Langth			•	
Length:	2	Type: Alphanumeric Data S	ource	: Claim
Field 5:	HCPCS_PROCEDURE_CODE			
	HCF	A Common Procedure Coding System	(HCPC	CS) code applicable to ancillary services or
	accor	1 4.		
C 11 C 1		mmodations.		
Coding Scheme:			eCode!	Sets/ANHCPCS/list.asp for complete list.
~		attp://www.cms.hhs.gov/HCPCSRelease		
Length:	See I	nttp://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S		
•	See / 5 MOI	attp://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1	ource	: Claim
Length: Field 6:	See / 5 MOI Ident	http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 ifies special circumstances related to the	ource:	: Claim formance of the service
Length:	See / 5 MOI	attp://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1	ource	cormance of the service A patient with severe systemic disease that is a
Length: Field 6:	See / 5 MOI Ident	http://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 ifies special circumstances related to the	ource:	cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive
Length: Field 6:	See / 5 MOI Ident 22	attp://www.cms.hhs.gov/HCPCSRelease Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services	ource: ne perfe P4	cormance of the service A patient with severe systemic disease that is a constant threat to life
Length: Field 6:	See A 5 MOI Ident 22 23	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other	ne perfe P4 P5	commance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation
Length: Field 6:	See A 5 MOI Ident 22 23	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a	ne perfe P4 P5	commance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are
Length: Field 6:	See / 5 MOI Ident 22 23 24	Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	ne perfe P4 P5 P6	cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Length: Field 6:	See A 5 MOI Ident 22 23	Type: Alphanumeric Data S DIFIER_1 cifies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation	ne perfe P4 P5	commance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are
Length: Field 6:	See / 5 MOI Ident 22 23 24	Type: Alphanumeric Data S DIFIER_1 cifies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same	ne perfe P4 P5 P6	cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Length: Field 6:	See / 5 MOI Ident 22 23 24	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 cifies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the	ne perfe P4 P5 P6	cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Length: Field 6:	See / 5 MOI Ident 22 23 24 25	Type: Alphanumeric Data S DIFIER_1 cifies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service	ne perfe P4 P5 P6	commance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid
Length: Field 6:	See / 5 MOI Ident 22 23 24	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 cifies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the	ne perfe P4 P5 P6	cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes
Length: Field 6:	See / 5 MOI Ident 22 23 24 25	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters	ne perfe P4 P5 P6 E1	commance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid
Length: Field 6:	See / 5 MOI Ident 22 23 24 25	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date	ne perfo P4 P5 P6 E1	commance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Upper right eyelid
Length: Field 6:	See / 5 MOI Ident 22 23 24 25 26 27 32 33 47	Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon	P5 P6 E1 E2 E3 E4 F1 F2	cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, third digit
Length: Field 6:	See / 5 MOI Ident 22 23 24 25 26 27 32 33 47 50	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure	Description of the performance o	cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Upper right eyelid Lower right eyelid Left hand, second digit Left hand, third digit Left hand, fourth digit
Length: Field 6:	See / 5 MOI Ident 22 23 24 25 26 27 32 33 47 50 51	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures	P5 P6 E1 E2 E3 E4 F1 F2 F3 F4	cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fourth digit Left hand, fifth digit
Length: Field 6:	See / 5 MOI Ident 22 23 24 25 26 27 32 33 47 50 51 52	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services	P5 P6 E1 E2 E3 E4 F1 F2 F3 F4 F5	cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit Right hand, thumb
Length: Field 6:	See / 5 MOI Ident 22 23 24 25 26 27 32 33 47 50 51 52 53	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Qualified Health Care Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure	e perfe P4 P5 P6 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6	cormance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit Right hand, thumb Right hand, second digit
Length: Field 6:	See / 5 MOI Ident 22 23 24 25 26 27 32 33 47 50 51 52 53 54	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only	e perference perferenc	commance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Left hand, second digit Left hand, third digit Left hand, fifth digit Right hand, thumb Right hand, second digit Right hand, second digit Right hand, third digit
Length: Field 6:	See / 5 MOI Ident 22 23 24 25 26 27 32 33 47 50 51 52 53 54 55	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 Infies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only	e perference perferenc	commance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit Right hand, thumb Right hand, third digit Right hand, third digit Right hand, third digit Right hand, thourb digit Right hand, thourb digit Right hand, fourth digit
Length: Field 6: Coding Scheme:	See / 5 MOI Ident 22 23 24 25 26 27 32 33 47 50 51 52 53 54	Type: Alphanumeric Data S Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only Preoperative Management Only	e perference perferenc	commance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit Right hand, thumb Right hand, second digit Right hand, second digit Right hand, third digit
Length: Field 6:	See / 5 MOI Ident 22 23 24 25 26 27 32 33 47 50 51 52 53 54 55 56	Type: Alphanumeric Data S DIFIER_1 iffies special circumstances related to the Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component Multiple Outpatient Hospital E/M Encounters on the Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Preoperative Management Only Preoperative Management Only	e perference perferenc	commance of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit Right hand, thumb Right hand, third digit Right hand, third digit Right hand, third digit Right hand, thourb digit Right hand, thourb digit Right hand, fourth digit

	57 Decision for Surgery FA Left hand, thumb 58 Staged or Related Procedure or Service by the GG Performance and payment of a screening
	Same Physician or Other Qualified Health Care Professional During the Postoperative Period 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 LT Left side of the body procedure Surgery Center (ASC) Procedure prior to the Administration of Anesthesia
	74 Discontinued Outpatient Hospital/Ambulatory Q Ambulance service provided under arrangement b Surgery Center (ASC) Procedure after M a provider of services Administration of Anesthesia
	76 Repeat Procedure by Same Physician or Other QN Ambulance service furnished directly by a provide Of Services
	77 Repeat Procedure by Another Physician or RC Right coronary artery Other Qualified Health Care Professional
	78 Unplanned Return to the Operating/Procedure RI Ramus intermedius coronary artery Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure
	During the Postoperative Period 79 Unrelated Procedure or Service by the Same RT Right side of the body procedure Physician or Other Qualified Health Care
	Professional During the Postoperative Period
	80 Assistant Surgeon T1 Left foot, second digit 81 Minimum Assistant Surgeon T2 Left foot, third digit
	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 T7 Right foot, third digit Via a Real-Time Interactive Audio and Video Telecommunications System
	99 Multiple Modifiers T8 Right foot, fourth digit
	1P Performance Measure Exclusion Modifier due T9 Right foot, fifth digit to Medical Reasons
	2P Performance Measure Exclusion Modifier due TA Left foot, great toe to Patient Reasons
	3P Performance Measure Exclusion Modifier due XE Separate Encounter to System Reasons
	8P Performance Measure Reporting Modifier- XS Separate Structure Action not performed, reason not otherwise specified
	P1 A normal healthy patient XP Separate Practitioner P2 A patient with mild systemic disease XU Unusual Non-Overlapping Service
Longth	P3 A patient with severe systemic disease 2 Type: Alphanumeric Data Source: Claim
Length: Field 7:	
rieid /:	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.
Cadina Cabama	· · · · · · · · · · · · · · · · · · ·
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
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www.dshs.texas.	
www.usiisiteadsi	ov/THCIC 50 Last Updated: March, 2025

	Code	specifyin	ig the units in which	ch a value is being o	expressed.
Coding Scheme:	DA	Days			
	F2	Internation	onal unit		
	UN	Unit			
Length:	2	Type:	Alphanumeric	Data Source:	Claim
Field 11:	UNI	rs_of_s	ERVICE		
	Num	eric value	of quantity		
Length:	7	Type:	Numeric	Data Source:	Claim
Field 12:	UNI	T_RATE			
	Rate	per unit			
Length:	12	Type:	Numeric	Data Source:	Claim
Field 13:	CHR	GS_LIN	E_ITEM		
	Total	amount o	of the charge		
Length:	14	Type:	Numeric	Data Source:	Assigned
Field 14:	CHR	GS_NON	N_COV		
	Total	non-cove	ered amount of the	charge	
Length:	14	Type:	Alphanumeric	Data Source:	Assigned

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FACILITY TYPE INDICATOR FILE

Field 1:	THCIC_ID				
	Provider ID. Unique identifier assigned to the provider by THCIC.				
Length:	6 Type: Alphanumeric Data Source: Assigned				
Field 2:	PROVIDER_NAME				
	Hospital name provided by the hospital.				
Length:	55 Type: Alphanumeric Data Source: Provider				
Field 3:	PROVIDER ADDR				
	Hospital address provided by the hospital.				
Length:	50 Type: Alphanumeric Data Source: Provider				
Field 4:	PROVIDER CITY				
	Hospital city provided by the hospital.				
Length:	20 Type: Alphanumeric Data Source: Provider				
Field 5:	PROVIDER STATE				
	Hospital state provided by the hospital.				
Length:	2 Type: Alphanumeric Data Source: Provider				
Field 6:	PROVIDER ZIP				
	Hospital ZIP code provided by the hospital.				
Length:	9 Type: Alphanumeric Data Source: Provider				
Field 7:	FAC TEACHING IND				
	Teaching Facility Indicator.				
Coding Scheme:	A Member, Council of Teaching Hospitals				
· ·	X Other Teaching facility				
Length:	1 Type: Alphanumeric Data Source: Provider				
Field 8:	FAC PSYCH IND				
	Psychiatric Facility Indicator.				
Length:	1 Type: Alphanumeric Data Source: Provider				
Field 9:	FAC REHAB IND				
	Rehabilitation Facility Indicator.				
Length:	1 Type: Alphanumeric Data Source: Provider				
Field 10:	FAC_ACUTE_CARE_IND				
	Acute Care Facility Indicator.				
Length:	1 Type: Alphanumeric Data Source: Provider				
Field 11:	FAC_SNF_IND				
	Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.				
Length:	1 Type: Alphanumeric Data Source: Provider				
Field 12:	FAC_LONG_TERM_AC_IND				
	Long Term Acute Care Facility Indicator.				
Length:	1 Type: Alphanumeric Data Source: Provider				
Field 13:	FAC_OTHER_LTC_IND				
	Other Long Term Care Facility Indicator.				
Length:	1 Type: Alphanumeric Data Source: Provider				
Field 14:	FAC_PEDS_IND				
	Pediatric Facility Indicator.				
Coding Scheme:	C Member, Council of Teaching Hospitals				
	X Facility also treat children				
Length:	1 Type: Alphanumeric Data Source: Provider				
Field 15:	POA_PROVIDER_INDICATOR				
	Indicator identifying whether facility is required to submit Diagnosis Present on Admission				
	(POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt				
	from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation				
2024	n _{e==}				
2024	Page Lock Undeted: Movel 2025				
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Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long-Term Care Hospitals. Mixed (Facility has sections that would be exempted from reporting POA for those **Coding Scheme:** patients) Required X Exempt Invalid Length: Type: Alphanumeric Data Source: Assigned Field 16: PROVIDER_COUNTY Hospital County provided by the hospital. Length: Type: Alphanumeric Data Source: Provider

GROUPER FILE

ider by THCIC. ce: Assigned DRG) as assigned by software developed CMS) (formerly Health Care Financing ment for Medicare beneficiaries. The ce: Assigned ry MDC) is a three-digit numeric code that gories based on condition type and body Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ce: Assigned re (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
DRG) as assigned by software developed CMS) (formerly Health Care Financing nent for Medicare beneficiaries. The ce: Assigned Ty MDC) is a three-digit numeric code that gories based on condition type and body Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ce: Assigned Ty MDC (Formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
ee: Assigned Ty MDC) is a three-digit numeric code that gories based on condition type and body Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ee: Assigned er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
ee: Assigned Ty MDC) is a three-digit numeric code that gories based on condition type and body Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ee: Assigned er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
nent for Medicare beneficiaries. The ce: Assigned ry MDC) is a three-digit numeric code that gories based on condition type and body Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ce: Assigned er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
ry MDC) is a three-digit numeric code that gories based on condition type and body Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ee: Assigned er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
ry MDC) is a three-digit numeric code that gories based on condition type and body Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ce: Assigned er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
ry MDC) is a three-digit numeric code that gories based on condition type and body Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ce: Assigned er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
gories based on condition type and body Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ce: Assigned or (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
gories based on condition type and body Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ce: Assigned or (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
Centers for Medicare and Medicaid Administration (HCFA)) It facilitates available 2004. The calculation for this ee: Assigned er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
Administration (HCFA)) It facilitates available 2004. The calculation for this ee: Assigned er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
ee: Assigned er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
er (formerly CMS DRG Grouper and ON_NBR) version used to assign MS				
ON_NBR) version used to assign MS				
ON_NBR) version used to assign MS				
_ /				
C 11: 1 11				
s field is updated annually.				
e: Assigned				
ORG code assignment. The calculation for				
The code assignment. The carearation for				
ableHac = 0 and at least one HAC POA is invalid or exe				
ableHac is invalid and at least one HAC POA is N or U				
ableHac is invalid and at least one HAC POA is invalid				
ableHac = 0 and at least one HAC POA is exempt ableHac is invalid and at least one HAC POA is exempt				
ableHac = 0 and there are multiple HACs that have diffe				
Y, W, N, U ableHac is invalid and there are multiple HACs that have				
not Y or W				
ce: Assigned				
in (DDG) as assigned by 2M ADD DDG				
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.				
A: 1				
ce: Assigned				
M APR-DRG Grouper (3M All Patient				
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.				
of dying. The calculation for this field is				
te				
e				
pdated: March, 2025				

Length:	1	Type:	Alphanumeric		Data S	Source:	Assigned
Field 8:			LINESS_SEVE				
	Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis						
							r (3M All Patient Refined Diagnostic
	Rela	ted Group	ps inpatient group	per). A p	atient	is assigned	d to one of four severity levels
	depe	endent up	on the number an	id interac	ction of	f complica	ations and comorbidities for their
	spec	ific base	3M APR DRG. I	ndicates	the ext	ent of phy	vsiologic decompensation. The
	calcı	ulation fo	r this field is upd	lated ann	ually.		
Coding Scheme:	1				N	1inor	
· ·	2				N	Ioderate	
	3					1ajor	
	4					xtreme	:C - 1
Length:	0 1	Type	Alphanumeric			lo class spec Source:	Provider
		Type:	_		Data	ource.	Tiovidei
Field 9:			PR_MDC	. D.		G 4	(MDC): 41 1: 4 - 1 1
							(MDC) is a three-digit numeric code
							gories based on condition type and
							rsion 20. 3M All Patient Refined –
							dology that classifies hospital
						severity of	of illness and risk of mortality. It is a
			oduct of the com				0 1 10
							patients into groups for classification,
							nt Groupers (3M APR DRG
							tory Patient Groups – EAPGs) and
				Ilmical F	Risk Gi	oups), am	ong others. The calculation for this
	_		ed annually.			~	
Length:	2	Type:	Alphanumeric		Data S	Source:	Assigned
Field 10:			.PR_GROUPEF	₹_			
		RSION_N					
			per of the 3M AP	R-DRG	Group	er used. T	he calculation for this field is updated
T (1		ıally.	.1.1		D ()	7	
Length:	5	Type:	Alphanumeric		Data :	Source:	Assigned
Field 11:			PR_GROUPER	· -			
		ROR_CO		DD . D	D.C.C	TT1	1 1 2 6 4 6 11 1 1 1
			signed by the 3M	APK-D	KG Gr	ouper. In	e calculation for this field is updated
		ially.	1.4 . 1.0	1			
			al Acquired Conc	lition			
			on Admission				
			ostic Related Gro		10	C	1 /1: (1 : 14 G: ((ADD 1)
Coding Scheme:	00 01		s. DRG successfully is code cannot be use		12 19		al age/birth weight conflict (APR only) ac = 0 and at least one HAC POA is invalid or exe
	01	_	l diagnosis	u as	17	Disabicita	of and at least one TIAC FOA is invalid of each
	02		loes not meet criteria	for any	20	DisableHa	ac is invalid and at least one HAC POA is N or U
		DRG		-			
	03	Invalid A			21		ac is invalid and at least one HAC POA is invalid
	04 05	Invalid S	oex Discharge Status		22 23		ac = 0 and at least one HAC POA is exempt ac is invalid and at least one HAC POA is exempt
	06		oirthweight (AP & AI	PR only)	24		a = 0 and there are multiple HACs that have different
			8 (3,		not Y, W,	*
	09		lischarge age in days	(AP & AP	R 25		ic is invalid and there are multiple HACs that hav
		only)	Deimainal Diagnasia			are not Y	or W
	1.1	invalid F	Principal Diagnosis		Data	Courage	Assigned
Longth	11		A Inhaniim ama		Data :	Source:	Assigned
Length:	2	Type:	Alphanumeric				
Length: Field 12:	2 MS_	Type: _DRG	•	Related	Group	(MC DDA	(1) as assigned by software developed
	2 MS_ Med	Type: _DRG licare Sev	erity Diagnostic				G) as assigned by software developed
	MS_Med	Type: _DRG licare Sev Centers fo	rerity Diagnostic or Medicare and N	Medicaid	l Servio	es (CMS)	(formerly Health Care Financing
	MS_Med for C	Type: DRG licare Sev Centers for an inistration	rerity Diagnostic or Medicare and Mon (HCFA)) to fac	Medicaid cilitate h	l Servio ospital	es (CMS)	
Field 12:	MS_ Med for C Adm	Type: DRG licare Sev Centers for inistration dilation for	erity Diagnostic or Medicare and N on (HCFA)) to fac r this field is upd	Medicaid cilitate h	l Servio ospital orterly.	payment	(formerly Health Care Financing for Medicare beneficiaries. The
	MS_Med for C	Type: DRG licare Sev Centers for an inistration	rerity Diagnostic or Medicare and Mon (HCFA)) to fac	Medicaid cilitate h	l Servio ospital orterly.	es (CMS)	(formerly Health Care Financing

Field 13:	MS MDC					
	_	Diagnosti	c Category MI	OC) is a three-digit numeric code that		
	groups beneficiary diagnosis codes into broad categories based on condition type and body					
	region ¹³ as assigned by software					
	Services (CMS) (formerly Healt					
				able 2004. The calculation for this		
	field is updated quarterly.					
Length:	2 Type: Alphanumeric	D	ata Source:	Assigned		
Field 14:	MS GROUPER VERSION N	NBR				
	CMS Medicare Severity Diagno		ed Grouper (for	rmerly CMS DRG Grouper and		
				NBR) version used to assign MS		
	DRG and, MS MDC codes The					
Coding Scheme:	C Member, Council of Teaching					
Ü	X Facility also treat children					
Length:	5 Type: Alphanumeric	D	ata Source:	Assigned		
Field 15:	MS GROUPER ERROR CO					
			vith MS DRG	code assignment. The calculation for		
	this field is updated quarterly.			8		
Coding Scheme:	No errors. DRG successfully	19	DisableHee = 0	and at least one HAC POA is invalid or exempt		
8	assigned.		Disablenac – 0	and at least one HAC POA is invalid or exempt		
	Diagnosis code cannot be used a	s 20	DisableHac is in	nvalid and at least one HAC POA is N or U		
	principal diagnosis Record does not meet criteria for	r ansv				
	DRG	21	DisableHac is in	nvalid 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		nvalid and at least one HAC POA is exempt		
	05 Invalid Discharge Status	24		and there are multiple HACs that have different		
	Illogical Principal Diagnosis (CN	MS	W, N, U	nvalid and there are multiple HACs that have diff		
	only)	25	not Y or W	invalid and there are multiple TIACs that have diff		
	11 Invalid Principal Diagnosis	_				
Length:	2 Type: Alphanumeric	<u>D</u>	ata Source:	Assigned		
Field 16:	APR_DRG	· D 1	. 1.C (DI	0.C) : 11 0.6 A.D.D.D.C		
				RG) as assigned by 3M APR-DRG		
				oups inpatient grouper). Incorporates		
T 41	risk of mortality (ROM) and sev	•	` /			
Length:	4 Type: Alphanumeric	D	ata Source:	Assigned		
Field 17:	RISK_MORTALITY		1 015 17			
				R-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					
				high severity, but low mortality risk.		
	•	ates the I	ikeiinood of dy	ring. The calculation for this field is		
Cadina Cahama	updated quarterly.		Minan			
Coding Scheme:	2		Minor Moderate			
	3		Major			
	4		Extreme			
Length:	1 Type: Alphanumeric	D	ata Source:	Asigned		
Field 18:	ILLNESS_SEVERITY					
	Assignment of a severity of illne	ess score	from the All Pa	atient Refined (APR) Diagnosis		
	Related Group (DRG) from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic					
	Related Groups inpatient groupe					
	dependent upon the number and					
	specific base 3M APR DRG. Inc					
	calculation for this field is updat			- ^		
Coding Scheme:	1	-	Minor			
		Dogo				
2024		rage				
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	2 Moderate				
	3 Major				
	4 Extreme				
	0 No class specified				
Length:	1 Type: Alphanumeric Data Source: Assigned				
Field 19:	APR MDC				
	All Patient Refined (APR) Major Diagnostic Category (MDC) is a three-digit numeric code				
	that groups beneficiary diagnosis codes into broad categories based on condition type and				
	body region as assigned by 3M APR-DRG Grouper, version 20. 3M All Patient Refined –				
	Diagnostic Related Groups (3M APR-DRG) is a methodology that classifies hospital				
	inpatients according to reasons for admission, severity of illness and risk of mortality. It is a				
	proprietary product of the company 3M.				
	A grouper refers to software or methodology to classify patients into groups for classification,				
	payment and analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG				
	Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and				
	Population Health Groupers (Clinical Risk Groups), among others. The calculation for this				
	field is updated quarterly.				
Length:	2 Type: Alphanumeric Data Source: Assigned				
Field 20:	APR GROUPER VERSION NBR				
	Version number of the 3M APR-DRG Grouper used. The calculation for this field is updated				
	quarterly.				
Length:	5 Type: Alphanumeric Data Source: Assigned				
Field 21:	APR GROUPER ERROR CODE				
	Error code assigned by the 3M APR-DRG Grouper. The calculation for this field is updated				
	quarterly.				
	HAC: Hospital Acquired Condition				
	POA: Present on Admission				
	DRG: Diagnostic Related Group				
Coding Scheme:	00 No errors. DRG successfully assigned 12 Gestational age/birth weight conflict (APR only)				
County Scheme:	01 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or exe				
	principal diagnosis				
	02 Record does not meet criteria for any 20 DisableHac is invalid and at least one HAC POA is N or U				
	DRG				
	O3 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid of				
	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 25 DisableHac is invalid and there are multiple HACs that have				
	only) are not Y or W				
	11 Invalid Principal Diagnosis				
Length:	2 Type: Alphanumeric Data Source: Assigned				

DATA ELEMENT

BASE DATA FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID	12	
	in PUDF. Does match with RDF Charges Files)		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 WEEKENT	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	•
41	I I I LE OL BILL	3	Alphanumeric

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Data Dictionary #	RDF Field Name	Length	Field Type
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 19	7	Alphanumeric
84		1	•
85	POA OTH DIAG CODE 20	7	Alphanumeric
	OTH DIAG CODE 21	1	Alphanumeric
86	POA OTH DIAG CODE 21	-	Alphanumeric
87	OTH DIAG CODE 22	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
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

Data Dictionary #	RDF Field Name	Length	Field Type
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 CODE 20 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 CODE 21 OTH SURG PROC DATE 21	8	
178		4	Alphanumeric
178	OTH SURG PROC CODE 22	7	Alphanumeric
1/9	OTH SURG PROC CODE 22	/	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
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
443	OCCUR_DAT_12	+	Alphanumenc

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Data Dictionary #	RDF Field Name	Length	Field Type
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

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Data Dictionary #	RDF Field Name	Length	Field Type
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

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

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FACILITY TYPE INDICATOR FILE

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

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GROUPER FILE

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

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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.cms.gov/glossary?term=National+Payer&items_per_page=10

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