

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS HOSPITAL INPATIENT DISCHARGE PUBLIC USE DATA FILE (PUDF)

USER MANUAL

2023

BACKGROUND	. 2
PUBLIC USE DATA FILE (PUDF)	. 2
DATA PROCESSING AND QUALITY	. 5
PATIENT/PHYSICIAN CONFIDENTIALITY	. 6
RESTRICTIONS ON DATA USE	. 8
DATA LIMITATIONS	. 9
HOSPITAL COMMENTS	11
CITATION	12
DATA DICTIONARY BASE DATA #1 FILE BASE DATA #2 FILE CHARGES DATA FILE FACILITY TYPE INDICATOR FILE. GROUPER FILE	13 33 46 55
DATA FIELDS	61 66 69 69

BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009). THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004, and the DSHS Center for Health Statistics is now responsible for the collection and release of hospital discharge data.

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

PUBLIC USE DATA FILE (PUDF)

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

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

The Facility Type Indicator File is also included. This contains 12 variables including the THCIC ID and facility name and variables indicating whether the

facility is a teaching facility or pediatric hospital or other specialty facility. The file also includes POA provider indicator and certification status.

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

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

The 2023 PUDF is available in five fixed length format text files, Base Data #1, Base Data #2, Charges Data, Groupers Data, and Facility Type Data files. The files are also available in tab-delimited format. The size of the files is as follows:

First (quarter,	696	hospitals:
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Base Data #1	790.234 records	157 variables	Fixed field format	586 MB	Tab-delimited	293 MB
Base Data #2	790,234 records		Fixed field format	490 MB	Tab-delimited	204 MB
	,			., 0 1.12		
Charges	15,178,739 records	13 variables	Fixed field format	1,187 MB	Tab-delimited	727 MB
Grouper Data	790,234 records	21 variables	Fixed field format	50 MB	Tab-delimited	65 MB
Facility Type Data	696 records	13 variables	Fixed field format	52 KB	Tab-delimited	41 KB

Second quarter, 700 hospitals:

Base Data #1	792,581 records	157 variables	Fixed field format	588 MB	Tab-delimited	293 MB
Base Data #2	792,581 records	99 variables	Fixed field format	491 MB	Tab-delimited	204 MB
Charges	15,084,388 records	13 variables	Fixed field format	1,180 MB	Tab-delimited	718 MB
Grouper Data	792,581 records	21 variables	Fixed field format	50 MB	Tab-delimited	65 MB
Facility Type Data	700 records	13 variables	Fixed field format	53 KB	Tab-delimited	41 KB

Third quarter, 698 hospitals:

Base Data #1	816,349 records	157 variables	Fixed field format	606 MB	Tab-delimited	301 MB
Base Data #2	816,349 records	99 variables	Fixed field format	506 MB	Tab-delimited	210 MB
Charges	15,425,046 records	13 variables	Fixed field format	1,206 MB	Tab-delimited	733 MB
Grouper Data	816,349 records	21 variables	Fixed field format	51 MB	Tab-delimited	67 MB
Facility Type Data	698 records	13 variables	Fixed field format	52 KB	Tab-delimited	41 KB

Fourth quarter, 708 hospitals:

Base Data #1	821,310 records	157 variables	Fixed field format	609 MB	Tab-delimited	303 MB
Base Data #2	821,310 records	99 variables	Fixed field format	509 MB	Tab-delimited	212 MB
Charges	15,684,157 records	13 variables	Fixed field format	1,227 MB	Tab-delimited	745 MB
Grouper Data	821,310 records	21 variables	Fixed field format	52 MB	Tab-delimited	67 MB
Facility Type Data	708 records	13 variables	Fixed field format	53 KB	Tab-delimited	42 KB

* Final number of reporting hospitals, calculated as the result of the original number of reporting hospitals minus the number of hospital(s) with ALL claims submitted wrong due to wrong type of bill.

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

The PUDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals using the THCIC 837 format. The following data elements, other than the grouper file, are available in the PUDF beginning with data for 2004 or are not comparable to data collected in years prior to 2004; the grouper file becomes available for 2022 data and beyond:

BASE DATA #1 FILE (Separated Base File 2	2011)
FAC LONG TERM AC IND	Added 2004. Moved to Facility Type Indicator File in 2011
PAT_COUNTRY	Added 2004
FIRST PAYMENT SRC	Replaces PAYMENT SOURCE 1 and SOURCE PAYMENT CODE 1
SECOND PAYMENT SRC	Replaces PAYMENT_SOURCE_2 and SOURCE_PAYMENT_CODE_2
REVENUE CODE 23	No longer available
TOTAL CHARGES	Replaces TOTAL CHARGES 23
TOTAL CHARGES ACCOMM	Replaces CLAIM CHARGES ACCOMM
TOTAL_ON_COV_CHARGES_ACCOMM	Replaces CLAIM_CHARGES_ACCOMM Replaces CLAIM_NON_COV_CHARGES_ACCOMM
TOTAL CHARGES ANCIL	Replaces CLAIM_HON_COV_CHARGES_ACCOMM
TOTAL_CHARGES_ANCIL	Replaces CLAIM_CHARGES_ANCIL
EXTERNAL CAUSE OF INJURY 1	Replaces EXTNAL CAUSE OF INJURY
EXTERNAL_CAUSE_OF_INJURY_1 EXTERNAL_CAUSE_OF_INJURY_2 to	Added 2004
EXTERNAL_CAUSE_OF_INJURY_10	Audeu 2004
OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25	Added 2004
OTH_SURG_PROC_CODE_6 to	Added 2004
OTH_SURG_PROC_CODE_25	
OTH_SURG_PROC_DAY_6 to	Added 2004
OTH_SURG_PROC_DAY_25	1000
OTH_ICD9_CODE_6 to OTH_ICD9_CODE_25	Added 2004
MS_MDC name changed from CMS_MDC	Added 2004; no longer available in Base Data #1—renamed as
(2011)	FROZEN_MS_MDC and moved to Grouper File in 2022
INBOUND_INDICATOR	Available 2004 only
POA_PRINC_DIAG _CODE	Added 2011
POA_OTH_DIAG_CODE_1 to	
POA_OTH_DIAG_CODE_24	Added 2011
POA_E_CODE_1 to POA_ E_CODE_10	Added 2011
	Added 2011; no longer available in Base Data #1—renamed as
	FROZEN_MS_GRP_ERROR_CODE and moved to Grouper File in
MS_GROUPER_ ERROR _CODE	2022
	Added 2011; no longer available in Base Data #1—renamed as
	FROZEN_APR_GRP_ERROR_CODE and moved to Grouper File in
APR_GROUPER_ERROR_CODE	2022
PRINC_ICD9_CODE	No longer available
OTH_ICD9_CODE_1- OTH_ICD9_CODE_24	No longer available
EMERGENCY_DEPT_FLAG	Added 2017
BASE DATA #2 FILE (added 2011) Moved a this file	calculated charge amounts and situational data elements to
CONDITION CODE 1 to CONDITION CODE 8	Added 2004
OCCUR CODE 1 to OCCUR CODE 12	Added 2004
OCCUR_DAY_1 to OCCUR_DAY_12	Added 2004
OCCUR SPAN CODE 1 to	Added 2004
OCCUR SPAN CODE 4	
OCCUR SPAN FROM 1 to	Added 2004
OCCUR SPAN FROM 4	
OCCUR SPAN THRU 1 to	Added 2004
OCCUR_SPAN_THRU_4	
VALUE CODE 1 to VALUE CODE 12	Added 2004
VALUE AMOUNT 1 to VALUE AMOUNT 12	Added 2004 Added 2004
MEGE_AROUNT_I to VALUE_AROUNT_IZ	

CHARGES FILE	
REVENUE CODE	Added 2004
HCPCS_QUALIFIER	Added 2004
HCPCS PROCEDURE CODE	Added 2004
MODIFIER 1 TO MODIFIER 4	Added 2004
UNIT MEASUREMENT CODE	Added 2004
UNITS OF SERVICE	Added 2004
UNIT RATE	Added 2004
CHRGS LINE ITEM	Added 2004
CHRGS NON COV	Added 2004
	ed 2011) Moved facility information data elements to this file
POA PROVIDER INDICATOR	Moved from Base Data #1 file to Facility Type Indicator File in 2015
CERT STATUS	Moved from Base Data #1 file to Facility Type Indicator File in 2015
GROUPER FILE (added 2022)	
FROZEN_MS_DRG	Replaces MS_DRG; moved from Base Data #1 file to Grouper File in 2022
FROZEN MS MDC	Replaces MS_MDC; moved from Base Data #1 file to Grouper File in 2022
TROZEN_M3_MDC	Replaces MS GROUPER VERSION NBR; moved from Base Data #1
FROZEN MS GRP VER	file to Grouper File in 2022
TROZEN_M3_GRF_VER	Replaces MS GROUPER ERROR CODE; moved from Base Data #1
FROZEN MS GRP ERROR CODE	file to Grouper File in 2022
	Replaces APR DRG; moved from Base Data #1 file to Grouper File
FROZEN APR DRG	in 2022
	Replaces RISK_MORTALITY; moved from Base Data #1 file to
FROZEN_RISK_MORTALITY	Grouper File in 2022
FROZEN_ILLNESS_SEVERITY	Replaces ILLNESS_SEVERITY; moved from Base Data #1 file to Grouper File in 2022
FROZEN_APR_MDC	Replaces APR_MDC; moved from Base Data #1 file to Grouper File in 2022
FROZEN APR GRP VER	Replaces APR_GROUPER_VERSION_NBR; moved from Base Data #1 file to Grouper File in 2022
FROZEN_APR_GRP_ERROR_CODE	Replaces APR_GROUPER_ERROR_CODE; moved from Base Data #1 file to Grouper File in 2022
MS _DRG	Dynamic; added 2022
MS_MDC	Dynamic; added 2022
MS _GRP_VER	Dynamic; added 2022
MS _GRP_ERROR_CODE	Dynamic; added 2022
APR_DRG	Dynamic; added 2022
RISK_MORTALITY	Dynamic; added 2022
ILLNESS_SEVERITY	Dynamic; added 2022
APR_MDC	Dynamic; added 2022
APR_GRP_VER	Dynamic; added 2022
APR_GRP_ERROR_CODE	Dynamic; added 2022

DATA PROCESSING AND QUALITY

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

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

PATIENT/PHYSICIAN CONFIDENTIALITY

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

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

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

- The entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter and the provider ID is changed to '999999'.
- The country code is suppressed if the country field has fewer than five discharges for that quarter.
- The county code is suppressed if a county has fewer than five discharges for that quarter.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for the HIV and alcohol and drug use patient populations.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital has fewer than ten discharges of a race.

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

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

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

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

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

To protect physician identities, the THSC requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

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

RESTRICTIONS ON DATA USE

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

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying information supplied in the DSHS Hospital Discharge Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;

- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:
- *Texas Hospital Inpatient Discharge Public Use Data File,* [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee's agreement to comply with the above-stated requirements with the knowledge that under Sections 108.014 and 108.0141 of the Texas Health and Safety Code to knowingly or negligently release data in violation of this agreement is punishable by a fine of up to \$10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the PUDF user has been informed that the potential for both civil and criminal penalties exists.

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

DATA LIMITATIONS

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

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 electronic format and THCIC 837 format. Because these are billing forms, the data collected are administrative data and not clinical data. Beginning with 2005 all data are collected from the THCIC 837 format.
- Records with Major Diagnositic Category (MDC) codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid

when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.

- Hospital charges data are available after third (3rd) quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available after third (3rd) quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug or alcohol use or an HIV diagnosis.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the zip code. All of the ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug or alcohol use or an HIV diagnosis or if a hospital has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If ZIP is '88888' the state abbreviation is changed to 'ZZ'. ZIP code is suppressed if a hospital has fewer than five patients of a particular gender, including 'unknown'.
- Admission Source as reported by hospitals is suppressed, as recommended by the Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Uniform identification numbers for physicians are available after first (1st) quarter 2000 except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.
- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are required by law and rule to submit for each patient, generally not collected by hospitals and may be subjectively captured.

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

HOSPITAL COMMENTS

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

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

CITATION

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

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

REVISION

Field 2: DISCHARGE: Additional information regarding the breakdown of months into quarters added



Texas Hospital Inpatient Discharge Public Use Data File

DATA DICTIONARY

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

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

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

BASE DATA #1 FILE

Field 1:	RECORD_ID	
Description:	Record Identification Number. Unique numb	er assigned to identify the record. First available
-	1 st quarter 2002. Does NOT match the RECO	ORD ID in THCIC Research Data Files (RDF's).
Beginning Position:	1 Data Source:	Assigned
Length:	12 Type:	Alphanumeric
Field 2:	DISCHARGE	
Description:	Discharge Quarter. Year and quarter of discharge	arge. yyyyQn.
_	1st Quarter (YYYYQ1): 1st January-31st	March of that corresponding year
	2nd Quarter (YYYYQ2): 1st April - 30th J	June of that corresponding year
	3rd Quarter (YYYYQ3): 1st July- 30th Se	ptember of that corresponding year
	4th Quarter (YYYYQ4); 1st October-31st	December of that corresponding year
	* Late submissions by facilities of the previou	us quarter can appear.
DSHS/THCIC		DSHS Document # E25-14163

Beginning Position:	13	Data Source:	Assigned	
Length:	6	Type:	Alphanumeric	
Field 3:	THCIC_ID	1 ypc.	Alphanumene	
Description:	Provider ID. Unique identif	fier assigned to the	provider by DSHS	
Suppression:	Hospitals with fewer than 5			Provider ID '000000' If
Suppression.	a hospital has fewer than 5			
	is '999998'.	discharges of a par	ticular gender, including	unknown, Provider ID
Desimulue Desitions		Data Common	Assisted	
Beginning Position:	19	Data Source:	Assigned	
Length: Field 4:	6 TVDE OF ADMISSION	Туре:	Alphanumeric	
Description:	TYPE_OF_ADMISSION Code indicating the type of	admission		
Coding Scheme:	1 Emergency	adimssion		
Couning Scheme:	2 Urgent			
	3 Elective			
	4 Newborn			
	5 Trauma 9 Information not availab	ble		
	internation not availat	bie		
Beginning Position:	25	Data Source:	Claim	
Length:	1	Type:	Alphanumeric	
Field 5:	SOURCE_OF_ADMISSI	ON	•	
Description:	Code indicating source of the			
Coding Scheme:	1 Non-Healthcare Facilit		nning July 1, 2010)	
8	2 Clinic or Physician's O			
	4 Transfer from a hospita			
	5 Transfer from a skilled 6 Transfer from another l		nediate care facility or assisted liv	ving facility
	8 Court/Law Enforcemen	•		
	9 Information not availab			
			al to another Distinct Unit of the	Same Hospital Resulting in a
	Separate Claim to the F			
	E Transfer from Ambulat F Transfer from a Hospic			
	Invalid	te Facility		
	If Type of Admission=4 (Newborr	n)		
	5 Born inside this hospita			
	6 Born outside this hospi			
Beginning Position:	26	Data Source:	Claim	
Length:	1	Туре:	Alphanumeric	
Field 6:	SPEC_UNIT_1			
Description:	Specialty Units in which me	ost days during sta	y occurred based on numb	er of days by Type of
	Bill or Revenue Code.			
Coding Scheme:		Coronary Care Unit	P	Pediatric Unit
		Detoxification Unit ntensive Care Unit	Y	Psychiatric Unit
		Hospice Unit	R U	Rehabilitation Unit Sub-acute Care Unit
		Jursery	S	Skilled Nursing Unit
	ВС	Obstetric Unit	Blank	Acute Care
		Oncology Unit		
Beginning Position:	27	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 7:	SPEC_UNIT_2			
Description:	Specialty Units in which 2 ⁿ	^{id} most days during	stay occurred based on nu	umber of days by Type
	of Bill or Revenue Code.			
Coding Scheme:	Same as field SPEC_UNIT	_1		
Beginning Position:	28	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 8:	SPEC_UNIT_3			
Description:	Specialty Units in which 3rd	^d most days during	stay occurred based on nu	mber of days by Type
-	of Bill or Revenue Code.			

Coding Schomor	Same as field SDEC, UNI	rr 1		
Coding Scheme:	Same as field SPEC_UN			
Beginning Position:	29	Data Source:	Calculated	
Length: Field 9:	1 SPEC UNIT 4	Туре:	Alphanumeric	
Description:		1 th most days during	a stay occurred based o	n number of days by Type
Description:	of Bill or Revenue Code.	4 most days during	g stay occurred based o	in number of days by Type
Coding Scheme:	Same as field SPEC_UN	IT 1		
Beginning Position:	30	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 10:	SPEC_UNIT_5	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
Description:		5 th most days during	stay occurred based of	n number of days by Type
I	of Bill or Revenue Code.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, ,	
Coding Scheme:	Same as field SPEC_UN	IT_1		
Beginning Position:	31	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 11:	PAT_STATE			
Description:	State of the patient's mail	ling address in Texa	s and contiguous states	. Standard 2-character
	Postal Service abbreviation	on.		
Coding Scheme:	AR Arkansas			
	LA Louisiana NM New Mexico			
	OK Oklahoma			
	TX Texas			
	ZZ All other states and Ame FC Foreign country	fican Territories		
	XX Foreign country			
Beginning Position:	32	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 12:	PAT_ZIP			
Description:	Patient's five-digit ZIP co			
Suppression:	Last two digits are blank	if a ZIP code has fe	wer than 30 discharges.	If state equals 'ZZ', ZIP
	1 1 00000 10			
	code equals '88888'. If st	tate equals 'FC' (for		is blank. If ICD-10-CM
	indicates alcohol or drug	tate equals 'FC' (for use or an HIV diagi	nosis, the ZIP code is b	is blank. If ICD-10-CM lank. If ICD-10-CM
	indicates alcohol or drug indicates alcohol or drug	tate equals 'FC' (for use or an HIV diagi use or an HIV diagi	nosis, the ZIP code is binosis (patients covered	is blank. If ICD-10-CM lank. If ICD-10-CM by 42 USC §290dd-2 and
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	019	Bandera	147	Fannin	275	Knox	403	Sabine		
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine		
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto		
	025	Bee	153	Floyd	279	Lamb	409	San Patricio		
	027	Bell	155	Foard	281	Lampasas	411	San Saba		
	029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher		
	031	Blanco	159	Franklin	287	Lee	415	Scurry		
	033	Borden	161	Freestone	289	Leon	417	Shackelford		
	035 037	Bosque Bowie	163	Frio Gaines	291 293	Liberty Limestone	419 421	Shelby Sherman		
	037	Brazoria	165 167	Galveston	293 295	Lipscomb	421	Smith		
	039	Brazos	169	Garza	293	Live Oak	425	Somervell		
	043	Brewster	171	Gillespie	299	Llano	427	Starr		
	045	Briscoe	173	Glasscock	301	Loving	429	Stephens		
	047	Brooks	175	Goliad	303	Lubbock	431	Sterling		
	049	Brown	177	Gonzales	305	Lynn	433	Stonewall		
	051	Burleson	179	Gray	307	McCulloch	435	Sutton		
	053	Burnet	181	Grayson	309	McLennan	437	Swisher		
	055	Caldwell	183	Gregg	311	McMullen	439	Tarrant		
	057	Calhoun	185	Grimes	313	Madison	441	Taylor		
	059	Callahan	187	Guadalupe	315	Marion	443	Terrell		
	061	Cameron	189	Hale	317	Martin	445	Terry		
	063	Camp	191	Hall	319	Mason	447	Throckmorton		
	065	Carson	193	Hamilton	321	Matagorda	449	Titus		
	067	Cass	195	Hansford	323	Maverick	451	Tom Green		
	069	Castro	197	Hardeman	325	Medina	453	Travis		
	071	Chambers	199	Hardin	327	Menard	455	Trinity		
	073	Cherokee	201	Harris	329	Midland	457	Tyler		
	075	Childress	203	Harrison	331	Milam	459	Upshur		
	077 079	Clay Cochran	205 207	Hartley	333	Mills Mitchell	461 463	Upton Uvalde		
	079 081	Coke	207	Haskell Hays	335 337	Mitchell Montague	465	Val Verde		
	081	Coleman	209	Hemphill	339	Montgomery	463	Van Zandt		
	085	Collin	211	Henderson	339	Montgomery	469	Victoria		
	085	Collingsworth	215	Hidalgo	343	Morris	40)	Walker		
	089	Colorado	213	Hill	345	Motley	473	Waller		
	091	Comal	219	Hockley	347	Nacogdoches	475	Ward		
	093	Comanche	21)	Hood	349	Navarro	477	Washington		
	095	Concho	223	Hopkins	351	Newton	479	Webb		
	097	Cooke	225	Houston	353	Nolan	481	Wharton		
	099	Coryell	227	Howard	355	Nueces	483	Wheeler		
	101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita		
	103	Crane	231	Hunt	359	Oldham	487	Wilbarger		
	105	Crockett	233	Hutchinson	361	Orange	489	Willacy		
	107	Crosby	235	Irion	363	Palo Pinto	491	Williamson		
	109	Culberson	237	Jack	365	Panola	493	Wilson		
	111	Dallam	239	Jackson	367	Parker	495	Winkler		
	113	Dallas	241	Jasper	369	Parmer	497	Wise		
	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood		
	117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum		
	119	Delta	247	Jim Hogg	375	Potter	503	Young		
	121	Denton	249	Jim Wells	377	Presidio	505	Zapata		
	123	Dewitt	251	Johnson	379	Rains	507	Zavala		
	125	Dickens	253	Jones	381	Randall		*		
	127	Dimmit	255	Karnes	383	Reagan		Invalid		
Beginning Position:	41			Data Source:	Assigne	ed; based on pa	tient ZIP	code		
ength:	3			Туре:	Alphan	umeric				
ield 15:	PUB	LIC_HEALTH_	REGIC)N						
Description:		c Health Region of								
-	1 4011	Armstrong, Bailey,			drass Coak	ron Collingeworth	Crochy I	Jollom Doof Smith		
Coding Scheme:	1	Dickens, Donley, Fl								
		Lamb, Lipscomb, L								
						, Olulialii, Falillei,	rouel, Kai	idan, Roberts,		
	2	Sherman, Swisher, 7				Could Footland	Eichen Ec			
	2	Archer, Baylor, Bro								
		Haskell, Jack, Jones					, Snacklefo	ru, Stephens,		
	_	Stonewall, Taylor, 7								
	3					, Hood, Hunt, Johr	nson, Kaufr	nan, Navarro, Palo		
	5	3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties								
					- <u>.</u>	TT ' TT		1 · T		
	4	Anderson, Bowie, C	4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar,							
		Anderson, Bowie, Ca Marion, Morris, Pan	amp, Cas ola, Rains	s, Red River, Rusk, S	Smith, Titu	s, Upshur, Van Zar	ndt, Wood o	counties		
		Anderson, Bowie, Ca Marion, Morris, Pan Angelina, Hardin, H	amp, Cas ola, Rains Iouston, J	s, Red River, Rusk, S asper, Jefferson, Na	Smith, Titu	s, Upshur, Van Zar	ndt, Wood o	counties		
	4	Anderson, Bowie, Ca Marion, Morris, Pan	amp, Cas ola, Rains Iouston, J	s, Red River, Rusk, S asper, Jefferson, Na	Smith, Titu	s, Upshur, Van Zar	ndt, Wood o	counties		
	4	Anderson, Bowie, Ca Marion, Morris, Pan Angelina, Hardin, H	amp, Cas ola, Rains Iouston, J	s, Red River, Rusk, S asper, Jefferson, Na	Smith, Titu	s, Upshur, Van Zar	ndt, Wood o	counties		
OSHS/THCIC	4	Anderson, Bowie, Ca Marion, Morris, Pan Angelina, Hardin, H	amp, Cas ola, Rains Iouston, J	s, Red River, Rusk, S asper, Jefferson, Na	Smith, Titu	s, Upshur, Van Zar Newton, Orange, I	ndt, Wood o Polk, Sabin	counties		

	6	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties				
	7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson				
	8	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				
	9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton,				
	10	Terrell, Tom Green, Upton, Ward, Winkler counties Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties				
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties				
Beginning Position:	44	Invalid Data Source: Assigned				
Length:	2	Type: Alphanumeric				
Field 16:	PAT_	STATUS				
Description:	Code	indicating patient status as of the ending date of service for the period of care reported				
Coding Scheme:	01	Discharged to home or self-care (routine discharge)				
	02	Discharged/transferred to a short-term general hospital for inpatient care				
	03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled				
	04	care Discharged/transferred to a facility that provides custodial or supportive care				
	05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)				
	06	Discharged/transferred to home under care of an organized home health service organization in anticipation o covered skilled care				
	07	Left against medical advice				
	09	Admitted as inpatient to this hospital				
	20	Expired				
	21	Discharged/transferred to Court/Law Enforcement				
	30	Still patient				
	40	Expired at home				
	41	Expired in a medical facility				
	42	Expired, place unknown				
	43 50	Discharged/transferred to federal government operated health facility				
	51	Hospice-home Hospice-medical facility (Certified) providing hospice level of care				
	61	Discharged/transferred within this institution to Medicare-approved swing bed				
	62	Discharged/transferred to inpatient rehabilitation facility				
	63	Discharged/transferred to Medicare-certified long term care hospital				
	64	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare				
	65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital				
	66	Discharged/transferred to Critical Access Hospital (CAH)				
	69	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)				
	70 81	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)				
	82	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)				
	83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)				
	84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)				
	85	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)				
	86	Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)				
	87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmissio (effective 10-1-2013)				
	88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient				
	89	Readmission (effective 10-1-2013) Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care				
	90	Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part				
		Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)				

	a Planned 93 Discharge Acute Car 94 Discharge Readmiss 95 Discharge with a Pla	ed/Transferred to a Nursing Faci Acute Care Hospital Inpatient I ed/Transferred to a Psychiatric F re Hospital Inpatient Readmissio ed/Transferred to a Critical Acce ion (effective 10-1-2013) ed/Transferred to Another Type unned Acute Care Hospital Inpat	Readmission (effective Iospital or Psychiatric on (effective 10-1-201 ess Hospital (CAH) wi of Health Care Institut	 10-1-2013) Distinct Part Uni 3) th a Planned Acu ion not Defined I 	t of a Hospital with a Planned te Care Hospital Inpatient Elsewhere in this Code List
Beginning Position:	Invalid	Data Sour			
Length:	2	Туре:	Alphanume	eric	
Field 17: Description: Suppression: Coding Scheme:	Code is suppre ICD-10-CM in §290dd-2 and a hospital has f '999998' and F M Male	patient as recorded at data essed if an ICD-10-CM condicates alcohol or drug u 42 CFR Part 2 rules), the fewer than 5 patients of a Hospital Name and Patien	ode indicates drug se or an HIV diag Gender of the pat particular gender,	or alcohol use nosis (patients ient is reporte including unl	s covered by 42 USC d as "U" (Unknown). If known, Provider ID is
	F Female U Unknown				
Beginning Position:	` Invalid 48	Data Sour	ce: Claim		
Length:	1	Type:	Alphanun	neric	
Field 18:	RACE	· · · · · · · · · · · · · · · · · · ·	•		
Description:	Code indicatin	g the patient's race.			
Suppression:	If a hospital ha	is fewer than ten patients	of one race that ra	ce is changed	to 'Other' (code equals 5).
Coding Scheme:	1 American	Indian/Eskimo/Aleut		e	
	2 Asian or F 3 Black 4 White 5 Other Invalid	Pacific Islander			
Beginning Position:	49	Data Sour	rce: Claim		
Length:	1	Туре:	Alphanume	eric	
Field 19:	ETHNICITY				
Description:		g the Hispanic origin of t			
Suppression:	-	as fewer than ten patients	of one race the eth	nnicity of patie	ents of that race is
	an managed (de is blank). Origin			
Coding Scheme:	1 Hispanic	spanic Origin			
••	1 Hispanic 2 Not of His	spanic Origin	ce: Claim		
Coding Scheme: Beginning Position:	1 Hispanic (2 Not of His Invalid 50 1	spanic Origin Data Sour Type:	r ce: Claim Alphanume	eric	
Coding Scheme: Beginning Position: Length: Field 20:	1 Hispanic 0 2 Not of His Invalid 50 1 ADMIT_WEI	spanic Origin Data Sour Type: EKDA Y	Alphanume	eric	
Coding Scheme: Beginning Position: Length: Field 20: Description:	1 Hispanic (2 Not of His Invalid 50 1 ADMIT_WEI Code indicatin	spanic Origin Data Sour Type:	Alphanume		
Coding Scheme: Beginning Position: Length:	1 Hispanic (2 Not of His invalid 50 1 ADMIT_WEI Code indicatin 1 Monday	spanic Origin Data Sour Type: EKDA Y	Alphanume admitted 5 Frida	у	
Coding Scheme: Beginning Position: Length: Field 20: Description:	1 Hispanic (2 Not of His 1 Invalid 50 1 ADMIT_WEI Code indicatin 1 Monday 2 Tuesday	spanic Origin Data Sour Type: EKDAY g day of week patient is a	Alphanume admitted 5 Frida 6 Satur	y day	
Coding Scheme: Beginning Position: Length: Field 20: Description:	1 Hispanic (2 Not of His invalid 50 1 ADMIT_WEI Code indicatin 1 Monday	spanic Origin Data Sour Type: EKDAY g day of week patient is a ay	Alphanume admitted 5 Frida	y day ay	
Coding Scheme: Beginning Position: Length: Field 20: Description:	1 Hispanic 0 2 Not of His Invalid 50 1 Monday Code indicatin 1 1 Monday 2 Tuesday 3 Wednesda	spanic Origin Data Sour Type: EKDAY g day of week patient is a ay	Alphanume Idmitted 5 Frida 6 Satur 7 Sund Nural:	y day ay	
Coding Scheme: Beginning Position: <u>Length:</u> Field 20: Description: Coding Scheme:	1 Hispanic 0 2 Not of His Invalid 50 1 Monday Code indicatin 1 1 Monday 2 Tuesday 3 Wednesday 4 Thursday	spanic Origin Data Sour Type: EKDAY g day of week patient is a ay	Alphanume udmitted 5 Frida 6 Satur 7 Sunda Nural:	y day ay d	
Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position:	1 Hispanic 0 2 Not of His Invalid 50 1 Monday Code indicatin 1 1 Monday 2 Tuesday 3 Wednesday 4 Thursday	spanic Origin Data Sour Type: EKDAY g day of week patient is a ay Data Sour Type:	Alphanume admitted 5 Frida 6 Satur 7 Sunda Note: Assigned	y day ay d	
Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length:	1 Hispanic 0 2 Not of His 1 Invalid 50 1 ADMIT_WEI Code indicatin 1 Monday 2 Tuesday 3 Wednesda 4 Thursday 51 1 LENGTH_OI Length of stay	spanic Origin Data Sour Type: EKDAY g day of week patient is a ay Data Sour Type: F_STAY in days <i>equals</i> Statement	Alphanume idmitted 5 Frida 6 Satur 7 Sund: inval: rce: Assigned Alphanume	y day ay id eric ough date <i>min</i>	
Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description:	1 Hispanic 0 2 Not of His Invalid 50 1 Invalid 50 1 ADMIT_WEI Code indicatin 1 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF Length of stay care date. The The	spanic Origin Data Sour Type: EKDAY g day of week patient is a ay Data Sour Type: F_STAY in days <i>equals</i> Statement minimum length of stay i	Alphanume dmitted 5 Frida 6 Satur 7 Sund: 1nval: 5 rce: Assigned Alphanume 5 covers period thr s 1 day. The maxi	y day ay id eric ough date <i>min</i>	
Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position:	1 Hispanic 0 2 Not of His 1 Invalid 50 1 ADMIT_WEI Code indicatin 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF Length of stay care date. The 52	spanic Origin Data Sour Type: EKDAY ag day of week patient is a ay Data Sour Type: F_STAY in days equals Statement minimum length of stay i Data Sour	Alphanume dmitted 5 Frida 6 Satur 7 Sund: Inval: rce: Assigned Alphanume covers period thr s 1 day. The maxi rce: Calculated	y day ay dd eric ough date <i>mir</i> mum is 9999	
Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length:	1 Hispanic 0 2 Not of His 1 Invalid 50 1 ADMIT_WEI Code indicatin 1 Monday 2 Tuesday 3 Wednesda 4 Thursday 51 1 1 Length of stay care date. The 52 4 4	spanic Origin Data Sour Type: EKDAY g day of week patient is a ay Data Sour Type: F_STAY in days <i>equals</i> Statement minimum length of stay i	Alphanume dmitted 5 Frida 6 Satur 7 Sund: 1nval: 5 rce: Assigned Alphanume 5 covers period thr s 1 day. The maxi	y day ay dd eric ough date <i>mir</i> mum is 9999	
Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22:	1 Hispanic 0 2 Not of His Invalid 50 1 Invalid ADMIT_WEI Code indicatin 1 1 Monday 2 Tuesday 3 Wednesda 4 Thursday 51 1 1 Length of stay care date. The 52 4 PAT_AGE	spanic Origin Data Sour Type: EKDAY g day of week patient is a ay Data Sour Type: F_STAY in days equals Statement minimum length of stay i Data Sour Type:	Alphanume 5 Frida 6 Satur 7 Sund inval: cce: Assigned Alphanume covers period thr s 1 day. The maxi cce: Calculated Alphanume	y day dd eric ough date <i>min</i> mum is 9999 eric	
Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length:	1 Hispanic 0 2 Not of His Invalid 50 1 Invalid 50 1 ADMIT_WEI Code indicatin 1 Monday 2 Tuesday 3 Wednesda 4 Thursday 51 1 1 Length of stay care date. The 52 4 PAT_AGE Code indicatin 00 00 1-28 days	spanic Origin Data Sour Type: EKDAY g day of week patient is a ay Data Sour Type: F_STAY in days equals Statement minimum length of stay i Data Sour Type: g age of patient in days o 10	Alphanume idmitted 5 Frida 6 Satur 7 Sund invality ree: Assigned Alphanume covers period thr is 1 day. The maxi ree: Calculated Alphanume r years on date of 35-39	y day ay id eric ough date <i>min</i> mum is 9999 eric discharge. 20	85-89
Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	1 Hispanic 0 2 Not of His Invalid 50 1 ADMIT_WEI Code indicatin 1 1 Monday 2 Tuesday 3 Wednesda 4 Thursday 51 1 1 Length of stay care date. The 52 4 PAT_AGE Code indicatin 1	spanic Origin Data Sour Type: EKDAY g day of week patient is a ay Data Sour Type: F_STAY in days equals Statement minimum length of stay i Data Sour Type: g age of patient in days o 10	Alphanume idmitted 5 Frida 6 Satur 7 Sund Tree: Assigned Alphanume covers period thr s 1 day. The maxi ree: Calculated Alphanume r years on date of	y day dd eric ough date <i>min</i> mum is 9999 eric discharge. 20 21	days.

	_							
	02	1-4 years	12	45-49				and drug/alcohol use patient
	03	5-9	13	50-54			22	0-17
	04	10-14	14	55-59			23	18-44
	05	15-17	15	60-64			24	45-64
	06	18-19	16	65-69			25	65-74
	07	20-24	17	70-74			26	75+
	08	25-29	18	75-79				Invalid
Daainnin a Daaitiana	09 5 (30-34	19 Data Sa	80-84	A	ı		
Beginning Position:	56 2		Data So	Jurce:	Assigned			
Length:	2		Type:		Alphanu	meric		
Field 23:		T_PAYMENT_SRC			<u>,</u>			
Description:		indicating the expected						
Coding Scheme:	09	Self Pay (Removed from 50 beginning 2Q2012 data)	10 format,	use "ZZ"	HM	Health Ma	untenan	ce Organization
		Central Certification			LI	Liability		
	11	Other Non-federal Program	IS		LM	Liability N	Medical	
		Preferred Provider Organiza)	MA	Medicare		
	13	Point of Service (POS)			MB	Medicare	Part B	
		Exclusive Provider Organiz	ation (EPC))	MC	Medicaid		
		Indemnity Insurance	insting (TR		TV	Title V	amo1 P	
	16	Health Maintenance Organi Medicare Risk	zation (HN	4O)	OF	Other Fed	eral Prog	grain
	AM	Automobile Medical			VA	Veteran A	dminist	ation Plan
	BL	Blue Cross/Blue Shield			WC			ation Health Claim
	CH	CHAMPUS			ZZ			or Unknown
	CI	Commercial Insurance			~~	Codes 09	and ZZ,	combined for 2004 & 2005
	DS	Disability Insurance			`	Invalid		
Beginning Position:	58		Data So	ource:	Claim			
Length:	2		Type:		Alphanu	meric		
Field 24:		NDARY_PAYMENT			1 0			
Description:		indicating the expected		rv sour	e of navr	nent		
Coding Scheme:		as field FIRST_PAYM			c or payin	ient.		
	60	as now ring r_r A I M			Claim			
Beginning Position:	60 2		Data So	Jui ce:	Claim	morio		
Length:			Type:		Alphanu	mente		
Field 25:		E_OF_BILL	1. 11					
Description:		tes the specific type of					and th	
Coding Scheme:		-Type of Facility		git–Type o	•		0	it–Sequence of claim
	1 He	lospital	1	Part A	including M	ledicare	0 1	Non-payment/Zero claim
	2 Sk	killed nursing	2		Medicare Pa	art B only	1 4	Admit through discharge cla
		lome health		Outpatien				interim–first claim
				-		licare		interim-continuing claim
	3 He	eligious non-medical health	4	Outpution	t Other, Med		3 1	
	3 He 4 Re	eligious non-medical health are–Hospital	4	Part B on			3 1	6
	3 He 4 Re ca 5 Re	are–Hospital eligious non-medical health	5	Part B on				nterim–last claim
	3 Ho 4 Ro ca 5 Ro ca	are–Hospital eligious non-medical health are–Extended care	5	Part B onl Intermedi	ly ate Care–Le	vel I	4]	nterim-last claim
	3 Ho 4 Ro ca 5 Ro ca 6 In	are–Hospital eligious non-medical health are–Extended care atermediate care	5 6	Part B onl Intermedi	ly ate Care–Le [,] ate Care–Le [,]	vel I vel II	4 1 5 1	Interim–last claim
	3 Ho 4 Ro ca 5 Ro ca 6 In	are–Hospital eligious non-medical health are–Extended care	5 6	Part B onl Intermedi	ly ate Care–Le	vel I vel II	4] 5] 6 2	nterim–last claim Late charge(s) only claim Adjustment of prior claim (N
	 3 He 4 Re ca 5 Re ca 6 In 7 CI 	are-Hospital eligious non-medical health are-Extended care atermediate care linic	5 6 7	Part B onl Intermedi Intermedi Sub-acute	ly ate Care–Le ate Care–Le e inpatient – 1	vel I vel II	4] 5] 6 4	nterim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare)
	 3 He 4 Re ca 5 Re ca 6 In 7 CI 	are–Hospital eligious non-medical health are–Extended care atermediate care	5 6 7	Part B onl Intermedi	ly ate Care–Le ate Care–Le e inpatient – 1	vel I vel II	4] 5] 6 4 7]	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim
Reginning Position:	 3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 	are-Hospital eligious non-medical health are-Extended care atermediate care linic	5 6 7 8	Part B onl Intermedi Intermedi Sub-acute Swing bea	ly ate Care–Le ate Care–Le e inpatient –∃ d	vel I vel II	4] 5] 6 4 7]	nterim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare)
Beginning Position:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62	are-Hospital eligious non-medical health are-Extended care atermediate care linic	5 6 7 8 Data So	Part B onl Intermedi Intermedi Sub-acute Swing bea	ly ate Care–Le ate Care–Le inpatient – } d Claim	vel I vel II Level III	4] 5] 6 4 7]	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim
Length:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3	are-Hospital eligious non-medical health are-Extended care atermediate care linic pecial facility	5 6 7 8	Part B onl Intermedi Intermedi Sub-acute Swing bea	ly ate Care–Le ate Care–Le e inpatient –∃ d	vel I vel II Level III	4] 5] 6 4 7]	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim
Length: Field 26:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA	are-Hospital eligious non-medical health are-Extended care ttermediate care linic pecial facility	5 6 7 8 Data Sc Type:	Part B onl Intermedi Sub-acute Swing bee	ly ate Care-Le : inpatient -] d Claim <u>Alphanu</u>	vel I vel II Level III meric	4] 5] 6 4 7] 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum o	are-Hospital eligious non-medical health are-Extended care linic pecial facility AL_CHARGES of accommodation char	5 6 7 8 Data So Type: rges, non	Part B onl Intermedi Sub-acute Swing bed Durce: -covered	ly ate Care-Le : inpatient -] d Claim <u>Alphanun</u> I accommo	vel I vel II Level III meric odation ci	4] 5] 6 4 7] 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum o covere	are-Hospital eligious non-medical health are-Extended care ttermediate care linic pecial facility	5 6 7 8 Data So Type: rges, non eplaces 7	Part B onl Intermedi Sub-acute Swing bed Durce: -covered TOTAL_	ly ate Care-Le inpatient - 1 d Claim Alphanui l accomme _CHARGE	vel I vel II Level III meric odation ci	4] 5] 6 4 7] 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum o covere 65	are-Hospital eligious non-medical health are-Extended care linic pecial facility AL_CHARGES of accommodation char	5 6 7 8 Data So Type: rges, non	Part B onl Intermedi Sub-acute Swing bed Durce: -covered TOTAL_	ly ate Care-Le : inpatient -] d Claim <u>Alphanun</u> I accommo	vel I vel II Level III meric odation ci	4] 5] 6 4 7] 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum o covere	are-Hospital eligious non-medical health are-Extended care linic pecial facility AL_CHARGES of accommodation char	5 6 7 8 Data So Type: rges, non eplaces 7	Part B onl Intermedi Sub-acute Swing bed Durce: -covered TOTAL_	ly ate Care-Le inpatient - 1 d Claim Alphanui l accomme _CHARGE	vel I vel II Level III meric odation cl 2S_23.	4] 5] 6 4 7] 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum o covere 65 12	are-Hospital eligious non-medical health are-Extended care linic pecial facility AL_CHARGES of accommodation char	5 6 7 8 Data So Type: ges, non eplaces 7 Data So Type:	Part B onl Intermedi Sub-acute Swing bed Durce: -covered TOTAL_	ly ate Care-Le inpatient – 1 d Claim <u>Alphanun</u> l accomme _CHARGH Claim	vel I vel II Level III meric odation cl 2S_23.	4] 5] 6 4 7] 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position: Length: Field 27:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum 0 covere 65 12 TOTA	are-Hospital eligious non-medical health are-Extended care linic pecial facility AL_CHARGES of accommodation char ed ancillary charges. Re AL_NON_COV_CHA	5 6 7 8 Data So Type: ges, non eplaces 7 Data So Type: AGES	Part B onl Intermedi Sub-acute Swing bed Durce: -covered FOTAL_ Durce:	ly ate Care-Le inpatient - 1 d Claim Alphanun l accomme CHARGH Claim Numeric	vel I vel II Level III meric odation cl ES_23.	4 1 5 1 6 2 7 1 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position: Length: Field 27: Description:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum o covere 65 12 TOTA Sum o	are-Hospital eligious non-medical health are-Extended care termediate care linic pecial facility AL_CHARGES of accommodation char ed ancillary charges. Re	5 6 7 8 Data So Type: ges, non eplaces 7 Data So Type: AGES nodation	Part B onl Intermedi Sub-acute Swing bed Durce: -covered FOTAL_ Durce: charges.	ly ate Care-Le ate Care-Le inpatient - 1 d Claim Alphanun I accommo CHARGH Claim Numeric , non-cove	vel I vel II Level III meric odation cl ES_23.	4 1 5 1 6 2 7 1 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum o covere 65 12 TOTA Sum o 77	are-Hospital eligious non-medical health are-Extended care linic pecial facility AL_CHARGES of accommodation char ed ancillary charges. Re AL_NON_COV_CHA	5 6 7 8 Data So Type: ges, non eplaces 7 Data So Type: NGES nodation Data So	Part B onl Intermedi Sub-acute Swing bed Durce: -covered FOTAL_ Durce: charges.	ly ate Care-Le inpatient - 1 d Claim Alphanun d accommo CHARGH Claim Numeric , non-cove Claim	vel I vel II Level III odation ci ES_23.	4 1 5 1 6 2 7 1 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum o covere 65 12 TOTA Sum o 77 12	are-Hospital eligious non-medical health are-Extended care linic pecial facility AL_CHARGES of accommodation char ed ancillary charges. Re AL_NON_COV_CHA	5 6 7 8 Data So Type: ges, non eplaces 7 Data So Type: NGES nodation Data So Type:	Part B onl Intermedi Sub-acute Swing bed Durce: -covered FOTAL_ Durce: charges.	ly ate Care-Le ate Care-Le inpatient - 1 d Claim Alphanun I accommo CHARGH Claim Numeric , non-cove	vel I vel II Level III odation ci ES_23.	4 1 5 1 6 2 7 1 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum o covere 65 12 TOTA Sum o 77 12	are-Hospital eligious non-medical health are-Extended care linic pecial facility AL_CHARGES of accommodation char ed ancillary charges. Re AL_NON_COV_CHA	5 6 7 8 Data So Type: ges, non eplaces 7 Data So Type: NGES nodation Data So Type:	Part B onl Intermedi Sub-acute Swing bed Durce: -covered FOTAL_ Durce: charges.	ly ate Care-Le inpatient - 1 d Claim Alphanun d accommo CHARGH Claim Numeric , non-cove Claim	vel I vel II Level III odation ci ES_23.	4 1 5 1 6 2 7 1 8 7	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length:	3 Ho 4 Ro ca 5 Ro ca 6 In 7 Cl 8 Sp 62 3 TOTA Sum o covere 65 12 TOTA Sum o 77 12	are-Hospital eligious non-medical health are-Extended care linic pecial facility AL_CHARGES of accommodation char ed ancillary charges. Re AL_NON_COV_CHA	5 6 7 8 Data So Type: ges, non eplaces 7 Data So Type: NGES nodation Data So Type:	Part B onl Intermedi Sub-acute Swing bed Ource: -covered TOTAL_ Ource: charges.	ly ate Care-Le inpatient - 1 d Claim Alphanun d accommo CHARGH Claim Numeric , non-cove Claim	vel I vel II Level III odation ci ES_23.	4 1 5 1 6 2 7 1 8 7 harges.	Interim–last claim Late charge(s) only claim Adjustment of prior claim (N Ised by Medicare) Replacement of prior claim Void/cancel of prior claim

Description:	Sum of covered and non-c		
Beginning Position:	89	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 29:	TOTAL_NON_COV_C		
Description:	Sum of non-covered accord	0	
Beginning Position:	101	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 30:	TOTAL_CHARGES_A	NCIL	
Description:	Sum of covered and non-o	covered ancillary cl	harges.
Beginning Position:	113	Data Source:	Claim
Length:	12	Type:	Numeric
Field 31:	TOTAL_NON_COV_C	HARGES_ANCIL	_
Description:	Sum of non-covered ancil	llary charges.	
Beginning Position:	125	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 32:	ADMITTING_DIAGNO		
Description:			h, 5th, 6th and 7th digits if applicable. Decimal is
1	implied following the thir		
Beginning Position:	137	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 33:	PRINC_DIAG_CODE	J L	
Description:		de for the principal	diagnosis, including the 4th, 5th, 6th and 7th digi
2 courprisin	if applicable. Decimal is i		
Beginning Position:	144	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 34:	POA_PRINC_DIAG_CO	~ ~	Tipituluilelle
Description:			is code was present at the time the patient was
Description.	admitted to the hospital	Timeipai Diagnosi	is code was present at the time the patient was
Coding Scheme:	Y Yes		
Couning Scheme.	N No		
	U Unknown		
	W Clinically Undetermined		
	1 Space $(1^{st} \& 2^{nd} Qtr. 20)$		
Reginning Position.	1 Space (1 st & 2 nd Qtr. 20) Invalid	12 only)	Claim
	1 Space $(1^{st} \& 2^{nd} Qtr. 20)$	12 only) Data Source:	Claim
Length:	1 Space (1 st & 2 nd Qtr. 20) 151 1	12 only)	Claim Alphanumeric
Length: Field 35:	1 Space (1 st & 2 nd Qtr. 20) Invalid 151 0TH_DIAG_CODE_1	12 only) Data Source: Type:	Alphanumeric
Length: Field 35:	1 Space (1 st & 2 nd Qtr. 20). Nurvalid 151 1 0TH_DIAG_CODE_1 ICD-10-CM diagnosis coordination	12 only) Data Source: Type: de, including the 4t	Alphanumeric
Length: Field 35: Description:	1 Space (1 st & 2 nd Qtr. 20) Number Invalid 151 I 0TH_DIAG_CODE_1 ICD-10-CM diagnosis cool implied following the thir	12 only) Data Source: Type: de, including the 4t d character.	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is
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Length: Field 35: Description: Beginning Position: Length: Field 36: Description:	1 Space (1 st & 2 nd Qtr. 20). Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis cool implied following the thir 152 7 POA_OTH_DIAG_COIL Code identifying whether admitted to the hospital	12 only) Data Source: Type: de, including the 4t d character. Data Source: Type: DE_1 Oth_Diag_Code_1	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
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Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length:	1 Space (1 st & 2 nd Qtr. 20). Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis code Inplied following the thirt 152 7 POA_OTH_DIAG_COID Code identifying whether admitted to the hospital Same as Field POA_PRIN 159 1 1	12 only) Data Source: Type: de, including the 4t d character. Data Source: Type: DE_1 Oth_Diag_Code_1 NC_DIAG_CODE	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was
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Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position:	1 Space (1 st & 2 nd Qtr. 20). Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis codimplied following the thire 152 7 POA_OTH_DIAG_COID Code identifying whether admitted to the hospital Same as Field POA_PRIN 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis code	12 only) Data Source: Type: de, including the 4t d character. Data Source: Type: DE_1 Oth_Diag_Code_1 NC_DIAG_CODE Data Source: Type: de, including the 4t	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length:	1 Space (1 st & 2 nd Qtr. 20). Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis coolimplied following the thir 152 7 POA_OTH_DIAG_COI Code identifying whether admitted to the hospital Same as Field POA_PRIN 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis coolimplied following the thir 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis coolimplied following the thir 160 7	12 only) Data Source: Type: de, including the 4t d character. Data Source: Type: DE_1 Oth_Diag_Code_1 NC_DIAG_CODE Data Source: Type: de, including the 4t d character. Data Source: Type:	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is
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Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length: Field 38:	1 Space (1 st & 2 nd Qtr. 20). Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis coolimplied following the thir 152 7 POA_OTH_DIAG_COI Code identifying whether admitted to the hospital Same as Field POA_PRIN 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis coolimplied following the thir 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis coolimplied following the thir 160 7 POA_OTH_DIAG_COI	12 only) Data Source: Type: de, including the 4t d character. Data Source: Type: DE_1 Oth_Diag_Code_1 NC_DIAG_CODE Data Source: Type: de, including the 4t d character. Data Source: Type: DE_2	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
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Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length: Field 38: Description:	1 Space (1 st & 2 nd Qtr. 20). Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis codimplied following the thirt 152 7 POA_OTH_DIAG_COI Code identifying whether admitted to the hospital Same as Field POA_PRIN 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis codimplied following the thirt 160 7 POA_OTH_DIAG_COIE Codimplied following the thirt	12 only) Data Source: Type: de, including the 4t d character. Data Source: Type: DE_1 Oth_Diag_Code_1 NC_DIAG_CODE Data Source: Type: de, including the 4t d character. Data Source: Type: DE_2 Oth_Diag_Code_2	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length: Field 38: Description: Coding Scheme:	1 Space (1 st & 2 nd Qtr. 20) Invalid 151 1 0TH_DIAG_CODE_1 ICD-10-CM diagnosis cod implied following the thir 152 7 POA_OTH_DIAG_COI Code identifying whether admitted to the hospital Same as Field POA_PRIN 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis cod implied following the thir 160 7 POA_OTH_DIAG_COI Code identifying whether admitted to the hospital	12 only) Data Source: Type: de, including the 4t d character. Data Source: Type: DE_1 Oth_Diag_Code_1 NC_DIAG_CODE Data Source: Type: de, including the 4t d character. Data Source: Type: DE_2 Oth_Diag_Code_2	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length: Field 38:	1 Space (1 st & 2 nd Qtr. 20). Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis codimplied following the thire 152 7 POA_OTH_DIAG_COI Code identifying whether admitted to the hospital Same as Field POA_PRIN 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis codimplied following the thire 160 7 POA_OTH_DIAG_COIE Code identifying whether admitted to the hospital Same as Field POA_PRIN 160 7 POA_OTH_DIAG_COIE Code identifying whether admitted to the hospital Same as Field POA_PRIN	12 only) Data Source: Type: de, including the 4t d character. Data Source: Type: DE_1 Oth_Diag_Code_1 NC_DIAG_CODE Data Source: Type: de, including the 4t d character. Data Source: Type: DE_2 Oth_Diag_Code_2 NC_DIAG_CODE	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric code was present at the time the patient was Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric 2 code was present at the time the patient was

Length:	1	Туре:	Alphanumeric
Field 39:	OTH_DIAG_CODE_3		
Description:	ICD-10-CM diagnosis code implied following the third		th, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	168	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 40:	POA_OTH_DIAG_CODE	E_3	
Description:			3 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	C_DIAG_CODE	
Beginning Position:	175	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 41:	OTH_DIAG_CODE_4		•
Description:	ICD-10-CM diagnosis code implied following the third		th, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	176	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 42:	POA_OTH_DIAG_CODE	E 4	
Description:			code was present at the time the patient was
-	admitted to the hospital	- 2	* *
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	183	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 43:	OTH_DIAG_CODE_5		
Description:			h, 5th, 6th and 7th digits if applicable. Decimal is
Paginning Desition	184	Data Source:	Claim
Beginning Position:	7		Alphanumeric
Length: Field 44:	POA_OTH_DIAG_CODE	Type:	Alphanumenc
Description:			5 code was present at the time the patient was
-	admitted to the hospital	-	code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	191	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 45:	OTH_DIAG_CODE_6		
Description:	ICD-10-CM diagnosis code implied following the third		th, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	192	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 46:	POA_OTH_DIAG_CODE		
Description:	Code identifying whether C admitted to the hospital	0th_Diag_Code_6	5 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	199	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 47:	OTH_DIAG_CODE_7	-, - , -	
Description:		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
Description	implied following the third		a, oui, oui and oui aigits if appreasie. Deenna is
Beginning Position:	200	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 48:	POA_OTH_DIAG_CODE		прилинене
Description:			7 code was present at the time the patient was
Description.	admitted to the hospital		eode was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	207	Data Source:	Claim
Deginning Fosition:	207	Data Source:	Ciaiiii
DSHS/THCIC			DSHS Document # E25-14163
	COW/TUCIC	— Page 21 —	L ast Undeted: July 2025

Length:	1	Туре:	Alphanumeric
Field 49:	OTH_DIAG_CODE_8		
Description:	implied following the third of		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	208	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 50:	POA_OTH_DIAG_CODE	_8	
Description:	Code identifying whether O admitted to the hospital	th_Diag_Code_8	3 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	215	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 51:	OTH_DIAG_CODE_9		
Description:	ICD-10-CM diagnosis code, implied following the third of		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	216	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 52:	POA OTH DIAG CODE		·
Description:			code was present at the time the patient was
L	admitted to the hospital		1 I I I I I I I I I I I I I I I I I I I
Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	223	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 53:	OTH DIAG CODE 10	-,	
Description:		including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
-	implied following the third of	character.	
Beginning Position:	224	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 54:	POA_OTH_DIAG_CODE		
Description:	admitted to the hospital	-	0 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	231	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 55:	OTH_DIAG_CODE_11		
Description:	ICD-10-CM diagnosis code, implied following the third of		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	232	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 56:	POA_OTH_DIAG_CODE	_11	
Description:	Code identifying whether O	th_Diag_Code_1	1 code was present at the time the patient was
	admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	239	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 57:	OTH_DIAG_CODE_12		
Description:		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
•	implied following the third of		
Beginning Position:	240	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 58:	POA_OTH_DIAG_CODE		
Description:	Code identifying whether O		2 code was present at the time the patient was
	admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	247	Data Source:	Claim
DSHS/THCIC		n	DSHS Document # E25-14163
	COV/THCIC	— Page 22 —	L ast Undeted: July 2025

Length:	1	Туре:	Alphanumeric
Field 59:	OTH_DIAG_CODE_13		
Description:	ICD-10-CM diagnosis code implied following the third of		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	248	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 60:	POA_OTH_DIAG_CODE	_13	
Description:			3 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	255	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 61:	OTH_DIAG_CODE_14	•	•
Description:			h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	256	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 62:	POA OTH DIAG CODE		1
Description:			4 code was present at the time the patient was
Description.	admitted to the hospital		the code was present at the time the patient was
Coding Schomo	Same as Field POA_PRINC	DIAG CODE	
Coding Scheme:	263	Data Source:	Claim
Beginning Position:			
Length:	1	Туре:	Alphanumeric
Field 63:	OTH_DIAG_CODE_15		
Description:	implied following the third of		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	264	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 64:	POA_OTH_DIAG_CODE		
Description:	Code identifying whether O admitted to the hospital	th_Diag_Code_1	5 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	271	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 65:	OTH_DIAG_CODE_16	*	·
Description:			h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	272	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 66:	POA OTH DIAG CODE		1 · · · ·
Description:			6 code was present at the time the patient was
Coding Scheme:	Same as Field POA PRINC	DIAG CODE	
Beginning Position:	279	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 67:	OTH_DIAG_CODE_17	rype.	
		:	h 5th (th and 7th divite if anylight). Desired is
Description:	implied following the third of		h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	280	Data Source:	Claim
5 5	7		
Length: Field 68:	•	Type:	Alphanumeric
	POA_OTH_DIAG_CODE		
Description:	admitted to the hospital	-	7 code was present at the time the patient was
Coding Scheme: Beginning Position:	Same as Field POA_PRINC 287	DIAG_CODE Data Source:	Claim
DSHS/THCIC		D 63	DSHS Document # E25-14163
WWW DSUS TEXAS	COV/THCIC	— Page 23 —	Last Undeted: July 2025

Length:	1	Туре:	Alphanumeric
Field 69:	OTH_DIAG_CODE_18	J I	
Description:			h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	288	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 70:	POA_OTH_DIAG_CODE		i infilminerite
Description:			8 code was present at the time the patient was
Coding Scheme:	Same as Field POA PRINC	DIAG CODE	
Beginning Position:	295	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 71:	OTH_DIAG_CODE_19	V 1	<u>1</u>
Description:		, including the 4t character.	h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	296	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 72:	POA_OTH_DIAG_CODE	19	1
Description:			9 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	_DIAG_CODE	
Beginning Position:	303	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 73:	OTH_DIAG_CODE_20	Type	
Description:			h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	304	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 74:	POA_OTH_DIAG_CODE		7 Aphanamerie
Description:			20 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	311	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 75:	OTH DIAG CODE 21	-,	
Description:			h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	312	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 76:	POA OTH DIAG CODE		
Description:			21 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	319	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 77:	OTH_DIAG_CODE_22	Type:	7 in phantemetric
		including the 1+	h, 5th, 6th and 7th digits if applicable. Decimal is
Description:	implied following the third of		n, 5m, 6m and 7m digns it applicable. Decilial is
Beginning Position:	320	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 78:	POA_OTH_DIAG_CODE		
Description:			22 code was present at the time the patient was
Coding Scheme: Beginning Position:	Same as Field POA_PRINC 327	DIAG_CODE Data Source:	Claim
DSHS/THCIC		— Dogo 24	DSHS Document # E25-14163
WWW DEUS TEVAS	COV/THCIC	— Page 24 —	Last Undeted: July 2025

		-	
Length:		Туре:	Alphanumeric
Field 79:	OTH_DIAG_CODE_23	including the 4	h 5th 6th and 7th digits if any light - Designation
Description:	implied following the third of	character.	h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	328	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 80:	POA_OTH_DIAG_CODE		
Description:	Code identifying whether O admitted to the hospital	th_Diag_Code_2	3 code was present at the time the patient was
Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	335	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 81:	OTH_DIAG_CODE_24	Type.	A liphuniunione
Description:		including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
Description.	implied following the third of		ii, 5tii, 6tii alde 7tii digits ii applicable. Deelillai is
Beginning Position:	336	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 82:	POA OTH DIAG CODE		mphanument
Description:			4 code was present at the time the patient was
Description.	admitted to the hospital	un_Diag_Coue_2	-r coue was present at the time the patient was
Coding Sahama	Same as Field POA_PRINC	DIAG CODE	
Coding Scheme: Beginning Position:	343	Data Source:	Claim
-			
Length: Field 83:	1 E CODE 1	Туре:	Alphanumeric
	E_CODE_1	in also diversity 44	h 54h 64h and 74h dinita if and i at the fifth
Description:			h, 5th, 6th and 7th digits if applicable, of the
Destautus D. 14			nal is implied following the third character.
Beginning Position:	344	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 84:	POA_E_CODE_1	<u> </u>	
Field 84: Description:	Code identifying whether E	_Code_1 code wa	as present at the time the patient was admitted to
Description:	Code identifying whether E the hospital		as present at the time the patient was admitted to
Description: Coding Scheme:	Code identifying whether E the hospital Same as Field POA_PRINC	_DIAG_CODE	
Description: Coding Scheme: Beginning Position:	Code identifying whether E the hospital	DIAG_CODE Data Source:	Claim
Description: Coding Scheme: Beginning Position: Length:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1	_DIAG_CODE	
Description: Coding Scheme: Beginning Position: Length: Field 85:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2	DIAG_CODE Data Source: Type:	Claim Alphanumeric
Description: Coding Scheme:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code.	DIAG_CODE Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an
Description: Coding Scheme: Beginning Position: Length: Field 85: Description:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of	DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character.
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of 352	DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of 352 7	DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character.
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position:	Code identifying whether E, the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code. additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E	DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E the hospital	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code wa	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme:	Code identifying whether E, the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code. additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code wa	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E the hospital	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code wa	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme: Beginning Position:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E the hospital Same as Field POA_PRINC	DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was _DIAG_CODE	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme: Beginning Position: Length:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E the hospital Same as Field POA_PRINC 359	DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was _DIAG_CODE Data Source:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme: Beginning Position: Length: Field 87:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E the hospital Same as Field POA_PRINC 359 1 E_CODE_3	DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was _DIAG_CODE Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme: Beginning Position: Length: Field 87:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E the hospital Same as Field POA_PRINC 359 1 E_CODE_3 ICD-10-CM diagnosis code.	E_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was _DIAG_CODE Data Source: Type: , including the 4t	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E the hospital Same as Field POA_PRINC 359 1 E_CODE_3 ICD-10-CM diagnosis code.	E_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was _DIAG_CODE Data Source: Type: , including the 4t	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme: Beginning Position: Length: Field 87: Description: Beginning Position:	Code identifying whether E, the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code. additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E the hospital Same as Field POA_PRINC 359 1 E_CODE_3 ICD-10-CM diagnosis code. additional external cause of	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme: Beginning Position: Length: Field 87: Description: Beginning Position: Length:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code. additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E the hospital Same as Field POA_PRINC 359 1 E_CODE_3 ICD-10-CM diagnosis code. additional external cause of 360 7	E_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was _DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character.
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme: Beginning Position: Length: Field 87: Description: Beginning Position:	Code identifying whether E, the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code, additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E, the hospital Same as Field POA_PRINC 359 1 E_CODE_3 ICD-10-CM diagnosis code, additional external cause of 360 7 POA_E_CODE_3 Code identifying whether E,	E_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was E_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type:	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme: Beginning Position: Length: Field 87: Description: Beginning Position: Length: Field 88: Description:	Code identifying whether E, the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code, additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E, the hospital Same as Field POA_PRINC 359 1 E_CODE_3 ICD-10-CM diagnosis code, additional external cause of 360 7 POA_E_CODE_3 Code identifying whether E, the hospital	E_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was E_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_3 code was	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme: Beginning Position: Length: Field 87: Description: Beginning Position: Length: Field 88: Description: Coding Scheme:	Code identifying whether E the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E the hospital Same as Field POA_PRINC 359 1 E_CODE_3 ICD-10-CM diagnosis code additional external cause of 360 7 POA_E_CODE_3 Code identifying whether E the hospital Same as Field POA_PRINC	E_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was _DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_3 code was _DIAG_CODE	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to
Description: Coding Scheme: Beginning Position: Length: Field 85: Description: Beginning Position: Length: Field 86: Description: Coding Scheme: Beginning Position: Length: Field 87: Description: Beginning Position: Length: Field 88: Description:	Code identifying whether E, the hospital Same as Field POA_PRINC 351 1 E_CODE_2 ICD-10-CM diagnosis code, additional external cause of 352 7 POA_E_CODE_2 Code identifying whether E, the hospital Same as Field POA_PRINC 359 1 E_CODE_3 ICD-10-CM diagnosis code, additional external cause of 360 7 POA_E_CODE_3 Code identifying whether E, the hospital	E_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_2 code was E_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decir Data Source: Type: _Code_3 code was	Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric h, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric

Length:	1	Туре:	Alphanumeric
Field 89:	E_CODE_4		
Description:			th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character.
Beginning Position:	368	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 90:	POA_E_CODE_4	· ·	•
Description:		Code 4 code w	as present at the time the patient was admitted to
1	the hospital		1 1
Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	375	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 91:	E CODE 5	- J F	
Description:		including the 4t	h, 5th, 6th and 7th digits if applicable, of an
Description			nal is implied following the third character.
Beginning Position:	376	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 92:	POA_E_CODE_5	- , pc.	1 upnanumerte
Description:		Code 5 code w	as present at the time the patient was admitted to
Description.	the hospital	_Code_5 code w	as present at the time the patient was admitted to
Coding Sohomor	Same as Field POA_PRINC		
Coding Scheme: Boginning Position:	Same as Field POA_PRINC 383	DIAG_CODE Data Source:	Claim
Beginning Position:			
Length:		Туре:	Alphanumeric
Field 93:	E_CODE_6		
Description:			th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	384	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 04.	DOA E CODE 6		
Field 94:	POA_E_CODE_6		
Description:	Code identifying whether E	_Code_6 code w	as present at the time the patient was admitted to
Description:	Code identifying whether E the hospital		as present at the time the patient was admitted to
Description: Coding Scheme:	Code identifying whether E the hospital Same as Field POA_PRINC	_DIAG_CODE	
Description: Coding Scheme: Beginning Position:	Code identifying whether E the hospital Same as Field POA_PRINC 391	DIAG_CODE Data Source:	Claim
Description: Coding Scheme: Beginning Position: Length:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1	_DIAG_CODE	
Description: Coding Scheme: Beginning Position: Length: Field 95:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7	C_DIAG_CODE Data Source: Type:	Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code	2_DIAG_CODE Data Source: Type: , including the 4t	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an
Description: Coding Scheme: Beginning Position: Length: Field 95:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of	2_DIAG_CODE Data Source: Type: , including the 4t	Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code	2_DIAG_CODE Data Source: Type: , including the 4t	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an
Description: Coding Scheme: Beginning Position: Length: Field 95: Description:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of	C_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character.
Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source:	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim
Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7	C_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type:	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim
Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7 Code identifying whether E	C_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type:	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96: Description:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type: _Code_7 code w	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96: Description: Coding Scheme:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7 Code identifying whether E the hospital Same as Field POA_PRINC	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type: _Code_7 code w 2_DIAG_CODE	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to
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Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96: Description: Coding Scheme: Beginning Position: Length:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7 Code identifying whether E the hospital Same as Field POA_PRINC 399 1	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type: _Code_7 code w 2_DIAG_CODE	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to
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Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96: Description: Coding Scheme: Beginning Position: Length:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7 Code identifying whether E the hospital Same as Field POA_PRINC 399 1 E_CODE_8 ICD-10-CM diagnosis code.	C_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type: _Code_7 code w C_DIAG_CODE Data Source: Type: , including the 4t	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an
Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96: Description: Coding Scheme: Beginning Position: Length: Field 97: Description:	Code identifying whether E, the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7 Code identifying whether E, the hospital Same as Field POA_PRINC 399 1 E_CODE_8 ICD-10-CM diagnosis code additional external cause of	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type: _Code_7 code w 2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character.
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Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96: Description: Coding Scheme: Beginning Position: Length: Field 97: Description: Beginning Position: Length:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7 Code identifying whether E the hospital Same as Field POA_PRINC 399 1 E_CODE_8 ICD-10-CM diagnosis code additional external cause of 400 7	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type: _Code_7 code w 2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character.
Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96: Description: Coding Scheme: Beginning Position: Length: Field 97: Description: Beginning Position: Length: Field 98:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7 Code identifying whether E the hospital Same as Field POA_PRINC 399 1 E_CODE_8 ICD-10-CM diagnosis code additional external cause of 400 7 POA_E_CODE_8	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type: _Code_7 code w 2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type:	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an nal is implied following the third character. Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96: Description: Coding Scheme: Beginning Position: Length: Field 97: Description: Beginning Position: Length:	Code identifying whether E, the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code, additional external cause of 392 7 POA_E_CODE_7 Code identifying whether E, the hospital Same as Field POA_PRINC 399 1 E_CODE_8 ICD-10-CM diagnosis code, additional external cause of 400 7 POA_E_CODE_8 Code identifying whether E,	2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type: _Code_7 code w 2_DIAG_CODE Data Source: Type: , including the 4t morbidity. Decin Data Source: Type:	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim
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Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96: Description: Coding Scheme: Beginning Position: Length: Field 97: Description: Beginning Position: Length: Field 98: Description: Coding Scheme:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7 Code identifying whether E the hospital Same as Field POA_PRINC 399 1 E_CODE_8 ICD-10-CM diagnosis code additional external cause of 400 7 POA_E_CODE_8 Code identifying whether E the hospital Same as Field POA_PRINC	Code_8 code w Code_8 code w Code_8 code w	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to
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Description: Coding Scheme: Beginning Position: Length: Field 95: Description: Beginning Position: Length: Field 96: Description: Coding Scheme: Beginning Position: Length: Field 97: Description: Beginning Position: Length: Field 98: Description: Coding Scheme:	Code identifying whether E the hospital Same as Field POA_PRINC 391 1 E_CODE_7 ICD-10-CM diagnosis code additional external cause of 392 7 POA_E_CODE_7 Code identifying whether E the hospital Same as Field POA_PRINC 399 1 E_CODE_8 ICD-10-CM diagnosis code additional external cause of 400 7 POA_E_CODE_8 Code identifying whether E the hospital Same as Field POA_PRINC	Code_8 code w Code_8 code w Code_8 code w	Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to Claim Alphanumeric th, 5th, 6th and 7th digits if applicable, of an mal is implied following the third character. Claim Alphanumeric as present at the time the patient was admitted to

Length:	1	Туре:	Alphanumeric
Field 99:	E_CODE_9		
Description:	ICD-10-CM diagnosis code	, including the 4t	h, 5th, 6th and 7th digits if applicable, of an
_	additional external cause of	morbidity. Decir	nal is implied following the third character.
Beginning Position:	408	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 100:	POA_E_CODE_9		
Description:		_Code_9 code wa	as present at the time the patient was admitted to
	the hospital		
Coding Scheme:	Same as Field POA_PRINC		~
Beginning Position:	415	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 101:	E_CODE_10		
Description:			h, 5th, 6th and 7th digits if applicable, of an
DIID			nal is implied following the third character.
Beginning Position:	416	Data Source:	Claim
Length:	7 POA E CODE 10	Туре:	Alphanumeric
Field 102:	POA_E_CODE_10	Code 10 code -	was present at the time the nations was admitted to
Description:	the hospital	_Code_10 code v	was present at the time the patient was admitted to
Coding Scheme:	Same as Field POA_PRINC	DIAG CODE	
Beginning Position:	423	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 103:	PRINC_SURG_PROC_C		·
Description:			edure performed during the period covered by the
_	bill. ICD-10-PCS code.	_	
Beginning Position:	424	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 104:	PRINC_SURG_PROC_D		
Description:			equals Principal Surgical Procedure Date minus
	Admission/Start of Care Da		
Beginning Position:	431	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 105:	OTH_SURG_PROC_COI		
Description:	period covered by the bill. I		an the principal procedure performed during the
Beginning Position:	435	Data Source:	claim
Length:	7	Type:	Alphanumeric
Field 106:	OTH_SURG_PROC_DAY		Alphanumene
Description:			als Other Surgical Procedure Date minus
2 cocription.	Admission/Start of Care Da		and Sulfi Sulficult 1 locatule Dute minus
Beginning Position:	442	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 107:	OTH_SURG_PROC_COI		•
Description:			an the principal procedure performed during the
-	period covered by the bill. I		
Beginning Position:	446	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 108:	OTH_SURG_PROC_DAY		
Description:		• •	als Other Surgical Procedure Date minus
	Admission/Start of Care Da		
	453	Data Source:	Calculated
Beginning Position:			
Beginning Position: Length: Field 109:	4 OTH_SURG_PROC_COI	Type:	Alphanumeric

			an the principal procedure performed during the		
	period covered by the bill. IC				
Beginning Position:		Data Source:	Claim		
Length:	7	Туре:	Alphanumeric		
Field 110:	OTH_SURG_PROC_DAY_3				
Description:	Day of other surgical or other	r procedure <i>equa</i>	als Other Surgical Procedure Date minus		
	Admission/Start of Care Date		C		
Beginning Position:		Data Source:	Calculated		
Length:		Type:	Alphanumeric		
Field 111:	OTH SURG PROC COD				
Description:	Code for surgical or other procedure other than the principal procedure performed during the				
Description.	period covered by the bill. IC				
Beginning Position:	1 5	Data Source:	Claim		
Length:	_	Type:	Alphanumeric		
Field 112:		V I	Alphanumenc		
	OTH_SURG_PROC_DAY		to Other Sumical Proceeding Data winne		
Description:			als Other Surgical Procedure Date minus		
D	Admission/Start of Care Date				
Beginning Position:		Data Source:	Calculated		
Length:		Туре:	Alphanumeric		
Field 113:	OTH_SURG_PROC_COD				
Description:	Code for surgical or other pro	ocedure other the	an the principal procedure performed during the		
	period covered by the bill. IC				
Beginning Position:		Data Source:	Claim		
Length:		Туре:	Alphanumeric		
Field 114:	OTH_SURG_PROC_DAY				
Description:	Day of other surgical or other	r procedure equa	als Other Surgical Procedure Date minus		
	Admission/Start of Care Date				
Beginning Position:	486	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 115:	OTH_SURG_PROC_COD		•		
Description:			an the principal procedure performed during the		
I I I	period covered by the bill. IC				
Beginning Position:		Data Source:	Claim		
Length:		Type:	Alphanumeric		
Field 116:	OTH_SURG_PROC_DAY		Tipiulululiono		
Description:			als Other Surgical Procedure Date minus		
Description.	Admission/Start of Care Date				
Boginning Docition			-		
Beginning Position:	497	Data Source:	Calculated		
Length:	497 4	Data Source: Type:	-		
Length: Field 117:	497 4 OTH_SURG_PROC_COD	Data Source: <u>Type:</u> E_7	Calculated Alphanumeric		
Length:	497 4 OTH_SURG_PROC_COD Code for surgical or other pro	Data Source: Type: E_7 Decedure other the	Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 117: Description:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC	Data Source: Type: E_7 ccedure other the CD-10-PCS code	Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 117: Description: Beginning Position:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501	Data Source:Type:E_7ocedure other theD-10-PCS codeData Source:	Calculated Alphanumeric an the principal procedure performed during the c. Claim		
Length: Field 117: Description: Beginning Position: Length:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7	Data Source:Type:E_7ocedure other theD-10-PCS codeData Source:Type:	Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 117: Description: Beginning Position: Length: Field 118:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7 OTH_SURG_PROC_DAY	Data Source:Type:E_7ocedure other thatD-10-PCS codeData Source:Type:_7	Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric		
Length: Field 117: Description: Beginning Position: Length:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7 OTH_SURG_PROC_DAY Day of other surgical or other	Data Source: Type: E_7 bocedure other that DD-10-PCS code Data Source: Type: _7 r procedure equation	Calculated Alphanumeric an the principal procedure performed during the c. Claim		
Length: Field 117: Description: Beginning Position: Length: Field 118: Description:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date	Data Source: Type: E_7 becedure other the CD-10-PCS code Data Source: Type: _7 r procedure equa	Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i>		
Length: Field 117: Description: Beginning Position: Length: Field 118: Description: Beginning Position:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date 508	Data Source:Type:E_7becedure other theCD-10-PCS codeData Source:Type:_7r procedure equateData Source:Data Source:	Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 117: Description: Beginning Position: Length: Field 118: Description:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date 508 4	Data Source: Type: E_7 ccedure other the CD-10-PCS code Data Source: Type: _7 r procedure equa e Data Source: Type: _7	Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i>		
Length: Field 117: Description: Beginning Position: Length: Field 118: Description: Beginning Position:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date 508	Data Source: Type: E_7 ccedure other the CD-10-PCS code Data Source: Type: _7 r procedure equa e Data Source: Type: _7	Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 117: Description: Beginning Position: Length: Field 118: Description: Beginning Position: Length:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date 508 4 OTH_SURG_PROC_COD	Data Source:Type:E_7ocedure other theD-10-PCS codeData Source:Type:_7r procedure equateData Source:Type:_2Data Source:Type:_2E_8	Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 117: Description: Beginning Position: Length: Field 118: Description: Beginning Position: Length: Field 119:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date 508 4 OTH_SURG_PROC_COD Code for surgical or other pro-	Data Source:Type:E_7ocedure other theD-10-PCS codeData Source:Type:_7r procedure equateData Source:Type:E_8ocedure other the	Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 117: Description: Beginning Position: Length: Field 118: Description: Beginning Position: Length: Field 119: Description:	497 4 OTH_SURG_PROC_COD Code for surgical or other pro- period covered by the bill. IC 501 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date 508 4 OTH_SURG_PROC_COD Code for surgical or other pro- period covered by the bill. IC	Data Source:Type:E_7ocedure other theD-10-PCS codeData Source:Type:_7r procedure equateData Source:Type:E_8ocedure other the	Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 117: Description: Beginning Position: Length: Field 118: Description: Beginning Position: Length: Field 119: Description: Beginning Position:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date 508 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 512	Data Source:Type:E_7bocedure other theCD-10-PCS codeData Source:Type:_7r procedure equateData Source:Type:E_8bocedure other theCD-10-PCS codeData Source:Type:E_8bocedure other theCD-10-PCS codeData Source:Data Source:	Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the Claim		
Length: Field 117: Description: Beginning Position: Length: Field 118: Description: Beginning Position: Length: Field 119: Description:	497 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 501 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date 508 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 512	Data Source:Type:E_7ocedure other theD-10-PCS codeData Source:Type:_7r procedure equaleData Source:Type:E_8ocedure other theD-10-PCS codeData Source:Type:E_8ocedure other theData Source:Data Source:Type:Data Source:Type:	Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the		

DSHS/THCIC

Description:		• •	als Other Surgical Procedure Date minus
Desimulus Desition.	Admission/Start of Care Da		Calaviated
Beginning Position:	519 4	Data Source:	Calculated
Length: Field 121:	OTH_SURG_PROC_CO	Type:	Alphanumeric
			on the minainal measurement during the
Description:	period covered by the bill. I		an the principal procedure performed during the
Beginning Position:	523	Data Source:	claim
Length:	525 7	Type:	Alphanumeric
Field 122:	OTH_SURG_PROC_DAY		Alphanumenc
Description:			als Other Surgical Procedure Date minus
Description.	Admission/Start of Care Da		uis Other Surgical Procedure Date minus
Beginning Position:	530	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 123:		V 1	Aphanumene
Description:			an the principal procedure performed during the
Description.	period covered by the bill. I		
Beginning Position:	534	Data Source:	claim
Length:	7	Type:	Alphanumeric
Field 124:	OTH_SURG_PROC_DAY		Alphandmene
Description:			als Other Surgical Procedure Date minus
Description.	Admission/Start of Care Da		uis Other Surgical Procedure Date minus
Beginning Position:	541	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 125:			Aphanumene
Description:			an the principal procedure performed during the
Description.	period covered by the bill. I		
Beginning Position:	545	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 126:	OTH_SURG_PROC_DAY		Alphandmene
Description:			als Other Surgical Procedure Date minus
Description.	Admission/Start of Care Da		uis Other Surgical Procedure Date minus
Beginning Position:	552	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 127:	OTH SURG PROC CO		7 ilpituluitelle
Description:			an the principal procedure performed during the
Description.	period covered by the bill. I		
Beginning Position:	556	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 128:	OTH_SURG_PROC_DAY		The function of the second s
Description:			als Other Surgical Procedure Date minus
- ···· ·	Admission/Start of Care Da		
Beginning Position:	563	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 129:	OTH_SURG_PROC_CO		
Description:			an the principal procedure performed during the
L. L. L.	period covered by the bill. I		
Beginning Position:	567	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 130:	OTH_SURG_PROC_DAY		
Description:			als Other Surgical Procedure Date minus
r	Admission/Start of Care Da		
Beginning Position:	574	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 131:	OTH_SURG_PROC_CO		r

DSHS/THCIC WWW.DSHS.TEXAS.GOV/THCIC

Description:	Code for surgical or other p	rocedure other th	an the principal procedure performed during the		
	period covered by the bill. I	CD-10-PCS code	2.		
Beginning Position:	578	Data Source:	Claim		
Length:	7	Туре:	Alphanumeric		
Field 132:	OTH_SURG_PROC_DAY_14				
Description:			als Other Surgical Procedure Date minus		
L. L.	Admission/Start of Care Da				
Beginning Position:	585	Data Source:	Calculated		
Length:	4	Type:	Alphanumeric		
Field 133:	OTH SURG PROC CO		The phanemetre		
Description:	Code for surgical or other procedure other than the principal procedure performed during the				
Description.	period covered by the bill. I				
Paginning Desition.	589	Data Source:	Claim		
Beginning Position:					
Length:		Type:	Alphanumeric		
Field 134:	OTH_SURG_PROC_DAY				
Description:			als Other Surgical Procedure Date minus		
	Admission/Start of Care Da				
Beginning Position:	596	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 135:	OTH_SURG_PROC_COL				
Description:	Code for surgical or other p	rocedure other th	an the principal procedure performed during the		
	period covered by the bill. I				
Beginning Position:	600	Data Source:	Claim		
Length:	7	Туре:	Alphanumeric		
Field 136:	OTH_SURG_PROC_DAY	Y_16			
Description:	Day of other surgical or oth	er procedure equ	als Other Surgical Procedure Date minus		
-	Admission/Start of Care Da		C C		
Beginning Position:	607	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 137:	OTH_SURG_PROC_CO		1		
Description:			an the principal procedure performed during the		
F	period covered by the bill. I				
Beginning Position:			Claim		
Beginning Position:	611	Data Source:	Claim Alphanumeric		
Length:	611 7	Data Source: Type:	Claim Alphanumeric		
Length: Field 138:	611 7 OTH_SURG_PROC_DAY	Data Source: Type: Y_17	Alphanumeric		
Length:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth	Data Source: Type: Y_17 er procedure <i>equ</i>			
Length: Field 138: Description:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da	Data Source: Type: Y_17 er procedure <i>equ</i> tte.	Alphanumeric als Other Surgical Procedure Date minus		
Length: Field 138: Description: Beginning Position:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618	Data Source: Type: Y_17 er procedure <i>equ</i> ite. Data Source:	Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated		
Length: Field 138: Description: Beginning Position: Length:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4	Data Source: Type: Y_17 er procedure equa- tte. Data Source: Type:	Alphanumeric als Other Surgical Procedure Date minus		
Length: Field 138: Description: Beginning Position: Length: Field 139:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI	Data Source: Type: Y_17 er procedure equa- tte. Data Source: Type: DE_18	Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric		
Length: Field 138: Description: Beginning Position: Length:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p	Data Source: Type: Y_17 er procedure equate te. Data Source: Type: DE_18 rocedure other th	Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I	Data Source: Type: Y_17 er procedure <i>equa</i> tte. Data Source: Type: DE_18 rocedure other th CD-10-PCS code	Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the e.		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COP Code for surgical or other p period covered by the bill. I 622	Data Source: Type: Y_17 er procedure equates te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source:	Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the e. Claim		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I 622 7	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Type:	Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the e.		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length: Field 140:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY	Data Source: Type: Y_17 er procedure equa- tte. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Y_18	Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY Day of other surgical or oth	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Y_18 er procedure equa-	Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the e. Claim		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length: Field 140: Description:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other the CD-10-PCS code Data Source: Type: Y_18 er procedure equa- te.	Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i>		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length: Field 140: Description: Beginning Position:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY Day of other surgical or oth	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Y_18 er procedure equa- te. Data Source:	Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus Calculated		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length: Field 140: Description:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_CON Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 629 4	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Y_18 er procedure equa- te. Data Source: Type:	Alphanumeric als Other Surgical Procedure Date <i>minus</i> Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date <i>minus</i>		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length: Field 140: Description: Beginning Position:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_CON Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 629	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Y_18 er procedure equa- te. Data Source: Type:	Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus Calculated		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length: Field 140: Description: Beginning Position: Length:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 629 4 OTH_SURG_PROC_COI	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Y_18 er procedure equa- te. Data Source: Type: Data Source: Type: DE_19	Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric als Other Surgical Procedure Date minus Calculated		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length: Field 140: Description: Beginning Position: Length: Field 141:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_CON Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 629 4 OTH_SURG_PROC_CON Code for surgical or other p	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Y_18 er procedure equa- te. Data Source: Type: DE_19 rocedure other th	Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length: Field 140: Description: Beginning Position: Length: Field 141: Description:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 629 4 OTH_SURG_PROC_COI	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Y_18 er procedure equa- te. Data Source: Type: DE_19 rocedure other th	Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length: Field 140: Description: Beginning Position: Length: Field 141: Description: Beginning Position:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 629 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Y_18 er procedure equa- te. Data Source: Type: DE_19 rocedure other th CD-10-PCS code Data Source:	Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the e. Claim Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the e. Claim		
Length: Field 138: Description: Beginning Position: Length: Field 139: Description: Beginning Position: Length: Field 140: Description: Beginning Position: Length: Field 141: Description:	611 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 618 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I 622 7 OTH_SURG_PROC_DAY Day of other surgical or oth Admission/Start of Care Da 629 4 OTH_SURG_PROC_COI Code for surgical or other p period covered by the bill. I 633	Data Source: Type: Y_17 er procedure equa- te. Data Source: Type: DE_18 rocedure other th CD-10-PCS code Data Source: Type: Y_18 er procedure equa- te. Data Source: Type: DE_19 rocedure other th CD-10-PCS code Data Source: Type: DE_19	Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the c.		

DSHS/THCIC

Description:		• •	als Other Surgical Procedure Date minus
Designing Desition.	Admission/Start of Care Da		Calculated
Beginning Position:	640	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 143:	OTH_SURG_PROC_COL		
Description:			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	644	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 144:	OTH_SURG_PROC_DAY		
Description:			als Other Surgical Procedure Date minus
	Admission/Start of Care Da	ite.	
Beginning Position:	651	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 145:	OTH_SURG_PROC_COI	DE_21	
Description:			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	655	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 146:	OTH_SURG_PROC_DAY	Y_21	
Description:	Day of other surgical or oth	er procedure equ	als Other Surgical Procedure Date minus
	Admission/Start of Care Da	te.	
Beginning Position:	662	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 147:	OTH_SURG_PROC_COI	DE 22	*
Description:			an the principal procedure performed during the
	period covered by the bill. I		
Beginning Position:	666	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 148:	OTH_SURG_PROC_DAY		*
Description:			als Other Surgical Procedure Date minus
- ···· ·	Admission/Start of Care Da		
Beginning Position:	673	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 149:	OTH_SURG_PROC_COI		Thiphanametre
Description:			an the principal procedure performed during the
Description.	period covered by the bill. I		
Beginning Position:	677	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 150:	OTH_SURG_PROC_DAY		Alphanumene
Description:			als Other Surgical Procedure Date minus
Description.	Admission/Start of Care Da		uis Other Surgical Procedure Date minus
Beginning Position:	684	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 151:	OTH_SURG_PROC_COL		
Description:			an the principal procedure performed during the
Description	period covered by the bill. I		
Beginning Position:	688	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 152:	OTH_SURG_PROC_DAY		/ uphanumene
Description:			als Other Surgical Procedure Date minus
Description:	Admission/Start of Care Da		ans other surgical riocedure Date minus
Reginning Desition	695	Data Source:	Calculated
Beginning Position:			
Length:	4	Type:	Alphanumeric
Field 153:	ATTENDING_PHYSICIA	AN_UNIF_ID	

DSHS/THCIC

Description:	Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician				
	expected to certify medical necessity of services rendered, with primary responsibility for the				
	patient's medical ca	re and treatment. Physici	an is an individual licensed to practice medicine		
	under the Medical P	ractice Act. Can include	an individual other than a physician who admits		
	patients to hospitals	or who provides diagnos	tic or therapeutic procedures to inpatients,		
			sts, nurse practitioners, nurse midwives, and		
		d by the hospital to admi			
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less th				
~~ F F	minimum cell size of five.				
Coding Scheme:		ize less than 5			
coung seneme	99999999999 Temp	orary license or license number	r could not be matched		
Beginning Position:	699	Data Source:	Assigned		
Length:	10	Туре:	Alphanumeric		
Field 154:		YSICIAN_UNIF_ID	F the test of the test of the test of		
Description:			fier (if applicable). Unique identifier assigned to		
Description			an the attending physician. Physician is an		
			er the Medical Practice Act. Can include an		
			patients to hospitals or who provides diagnostic or		
			g psychologists, chiropractors, dentists, nurse		
		indwives, and podiatrists	s authorized by the hospital to admit or treat		
C	patients.		anneartad in a DBC for a beauital is loss than the		
Suppression:			epresented in a DRG for a hospital is less than the		
	minimum cell size o 9999999998 Cell s	ize less than 5			
Coding Scheme:			a could not be motobod		
D	1	orary license or license number			
Beginning Position:	709 10	Data Source:	Assigned		
Length:	- •	Туре:	Alphanumeric		
Field 155:	ENCOUNTER_IN		de la construction		
Description:		r of claims used to create			
Beginning Position:	719	Data Source:	Calculated		
Length:	2	Туре:	Alphanumeric		
Field 156:	PROVIDER_NAM				
Description:	Hospital name provi				
Suppression:			vider ID equals '999999') are assigned the name		
			ital has fewer than 5 discharges of a particular		
		nknown', Hospital Name			
Beginning Position:	721	Data Source:	Provider		
Length:	55	Туре:	Alphanumeric		
Field 157:	EMERGENCY_DI				
Description:		ncy department visit.			
Coding Scheme:	Y visit was emerge N Visit was not em				
Beginning Position:	N Visit was not em 776	Data Source:	Assigned		
Length:	1	Type:	Alphanumeric		
Luigui.	T	rype.	Aiphanumene		

BASE DATA #2 FILE

Field 1:	RECORD_ID		<u> </u>		
Description:	Record Identification Number. Unique number assigned to identify the record. First available				
Description.			DRD_ID in THCIC Research Data Files (RDF's).		
Beginning Position:	1 quarter 2002. Does NOT	Data Source:	Assigned		
Length:	12	Type:	Alphanumeric		
Field 2:	PRIVATE AMOUNT	турс.	Alphandmene		
Description:	Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR				
Description.	algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 011X,				
	014X		venue codes 0100-0219, revenue center 011A,		
Beginning Position:	13	Data Source:	Calculated		
Length:	13	Type:	Numeric		
Field 3:	SEMI_PRIVATE_AMOU	• •	Ivumene		
Description:			n Charge Amount. Calculated using MEDPAR		
Description.			evenue codes 0100-0219, revenue center 010X,		
	012X-014X, 016X-019X				
Beginning Position:	25	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 4:	WARD_AMOUNT	- j pot			
Description:		ard Charge Amo	unt. Calculated using MEDPAR algorithm. Sum of		
F	charges associated with revo				
Beginning Position:	37	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 5:	ICU_AMOUNT	<i></i>			
Description:		tensive Care Uni	t Charge Amount. Calculated using MEDPAR		
			evenue codes 0100-0219, revenue center 020X.		
Beginning Position:	49	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 6:	CCU_AMOUNT	*			
Description:	Accommodation Charge, Co	oronary Care Uni	t Charge Amount. Calculated using MEDPAR		
	algorithm. Sum of charges a	associated with re	evenue codes 0100-0219, revenue center 021X.		
Beginning Position:	61	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 7:	OTHER_AMOUNT				
Description:			ount. Calculated using MEDPAR algorithm. Sum		
	of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099,				
		55X-060X, 064X	X-070X, 076X-078X, 090X-095X, 099X.		
Beginning Position:	73	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 8:	PHARM_AMOUNT				
Description:			Amount. Calculated using MEDPAR algorithm.		
	Sum of charges associated with revenue codes other than 0100-0219, revenue center 025X,				
	026X, and 063X.	_ ~			
Beginning Position:	85	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 9:	MEDSURG_AMOUNT				
Description:			Supply Charge Amount. Calculated using		
			ated with revenue codes other than 0100-0219,		
DIII	revenue center 027X, 062X				
Beginning Position:	97	Data Source:	Calculated		
Length:	12 DMF AMOUNT	Туре:	Numeric		
Field 10:	DME_AMOUNT				

Description:	Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calcula MEDPAR algorithm. Sum of charges associated with revenue codes other than (
	revenue centers 0290-0292, 0294-0299.				
Beginning Position:	109	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 11:	USED_DME_AMOUNT	- J F ••			
Description:	Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293.				
Beginning Position:	121	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 12:	PT_AMOUNT				
Description:			Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center		
Beginning Position:	133	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 13:	OT_AMOUNT				
Description:	algorithm. Sum of charges a 043X.	ssociated with re	rapy Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center		
Beginning Position:	145	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 14:	SPEECH_AMOUNT				
Description:			Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center		
Beginning Position:	157	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 15:	IT_AMOUNT				
Description:	Ancillary Service Charge, In		y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center		
Beginning Position:	169	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 16:	BLOOD_AMOUNT				
Description:			during the patient's stay. Calculated using ated with revenue codes other than 0100-0219,		
Beginning Position:	181	Data Source:	Calculated		
		Data Source: Type:	Calculated Numeric		
Length:	181	Туре:			
Length: Field 17:	181 12 BLOOD_ADMIN_AMOU Ancillary Service Charge for	Type: NT r blood storage a algorithm. Sum			
Length: Field 17: Description:	181 12 BLOOD_ADMIN_AMOU Ancillary Service Charge for Calculated using MEDPAR	Type: NT r blood storage a algorithm. Sum	Numeric nd processing related to the patient's stay.		
Length: Field 17: Description: Beginning Position:	181 12 BLOOD_ADMIN_AMOU Ancillary Service Charge for Calculated using MEDPAR than 0100-0219, revenue cer	Type: NT r blood storage a algorithm. Sum nter 039X.	Numeric nd processing related to the patient's stay. of charges associated with revenue codes other		
Length: Field 17: Description: Beginning Position: Length:	181 12 BLOOD_ADMIN_AMOU Ancillary Service Charge for Calculated using MEDPAR than 0100-0219, revenue cer 193	Type: NT r blood storage a algorithm. Sum nter 039X. Data Source:	Numeric nd processing related to the patient's stay. of charges associated with revenue codes other Calculated		
Length: Field 17: Description: Beginning Position: Length: Field 18:	181 12 BLOOD_ADMIN_AMOU Ancillary Service Charge for Calculated using MEDPAR than 0100-0219, revenue cer 193 12 OR_AMOUNT Ancillary Service Charge, O algorithm. Sum of charges a	Type: NT r blood storage a algorithm. Sum nter 039X. Data Source: Type: perating Room (Numeric nd processing related to the patient's stay. of charges associated with revenue codes other Calculated Numeric Charge amount. Calculated using MEDPAR		
Length: Field 17: Description: Beginning Position: Length: Field 18: Description:	181 12 BLOOD_ADMIN_AMOU Ancillary Service Charge for Calculated using MEDPAR than 0100-0219, revenue cer 193 12 OR_AMOUNT Ancillary Service Charge, O algorithm. Sum of charges a 036X, 071X-072X.	Type: NT r blood storage a algorithm. Sum nter 039X. Data Source: Type: perating Room 0 ssociated with re	Numeric nd processing related to the patient's stay. of charges associated with revenue codes other Calculated Numeric Charge amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center		
Beginning Position: <u>Length:</u> Field 17: Description: Beginning Position: <u>Length:</u> Field 18: Description: Beginning Position: Length:	181 12 BLOOD_ADMIN_AMOU Ancillary Service Charge for Calculated using MEDPAR than 0100-0219, revenue cer 193 12 OR_AMOUNT Ancillary Service Charge, O algorithm. Sum of charges a	Type: NT r blood storage a algorithm. Sum nter 039X. Data Source: Type: perating Room (Numeric nd processing related to the patient's stay. of charges associated with revenue codes other Calculated Numeric		

			e Amount. Calculated using MEDPAR algorithm.		
ъ・・ ъ ・/·			es other than 0100-0219, revenue center 079X.		
Beginning Position:		Data Source:	Calculated		
Length:		Туре:	Numeric		
Field 20:	CARD_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm				
Description:	Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.				
Beginning Position:	229	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 21:	ANES AMOUNT	• •			
Description:	Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm.				
•			es other than 0100-0219, revenue center 037X.		
Beginning Position:	•	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 22:	LAB AMOUNT	- JF			
Description:	Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.				
Beginning Position:	253	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 23:	RAD AMOUNT	• •			
Description:	—	adiology Charge	Amount. Calculated using MEDPAR algorithm.		
P	Sum of charges associated w 032X-035X, 040X.		es other than 0100-0219, revenue center 028X,		
Beginning Position:	265	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 24: Description:	MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.				
-	charges associated with reven	nue codes other	than 0100-0219, revenue center 061X.		
Beginning Position:	charges associated with reven 277	nue codes other Data Source:	than 0100-0219, revenue center 061X. Calculated		
Beginning Position: Length:	charges associated with reven 277 12	nue codes other	than 0100-0219, revenue center 061X.		
Beginning Position: Length: Field 25:	charges associated with rever 277 12 OP_AMOUNT	nue codes other Data Source: Type:	than 0100-0219, revenue center 061X. Calculated Numeric		
Beginning Position: Length:	charges associated with rever 277 12 OP_AMOUNT Ancillary Service Charge, Ou	nue codes other Data Source: Type: utpatient Service	than 0100-0219, revenue center 061X. Calculated Numeric es Charge Amount. Calculated using MEDPAR		
Beginning Position: Length: Field 25: Description:	charges associated with rever 277 12 OP_AMOUNT Ancillary Service Charge, Ou algorithm. Sum of charges as	nue codes other Data Source: Type: utpatient Service	than 0100-0219, revenue center 061X. Calculated Numeric es Charge Amount. Calculated using MEDPAR		
Beginning Position: Length: Field 25: Description: Beginning Position:	charges associated with rever 277 12 OP_AMOUNT Ancillary Service Charge, Ou algorithm. Sum of charges as 049X-050X.	nue codes other Data Source: Type: utpatient Service ssociated with re Data Source:	than 0100-0219, revenue center 061X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center		
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Beginning Position: Length: Field 25: Description: Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28:	charges associated with rever 277 12 OP_AMOUNT Ancillary Service Charge, Or algorithm. Sum of charges as 049X-050X. 289 12 ER_AMOUNT Ancillary Service Charge, Er algorithm. Sum of charges as 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, Ar Sum of charges associated w 313 12 PRO_FEE_AMOUNT Ancillary Service Charge, Pr algorithm. Sum of charges as	nue codes other Data Source: Type: utpatient Service ssociated with re Data Source: Type: mergency Room ssociated with re Data Source: Type: mbulance Charg ith revenue code Data Source: Type: moulance Charg ith revenue code Data Source: Type:	than 0100-0219, revenue center 061X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 054X. Calculated Numeric		
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Field 29:	ORGAN_AMOUNT				
Description:	Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR				
		ithm. Sum of charges associated with re X, 089X.	venue co	des other than 0100-0219, revenue cent	
Beginning Position:	337	Data Source:	Calcula	ited	
Length:	12	Туре:	Numeri	ic	
Field 30:	ESR	D_AMOUNT			
Description:	Anci	llary Service Charge, End Stage Renal I	Dialysis C	Charge Amount. Calculated using	
	MED	PAR algorithm. Sum of charges associa	ated with	revenue codes other than 0100-0219,	
	reven	nue center 080X, 082X-085X, 088X			
Beginning Position:	349	Data Source:	Calcula		
Length:	12	Туре:	Numeri	ic	
Field 31:		NIC_AMOUNT			
Description:				nt. Calculated using MEDPAR algorithm	
	Sum	of charges associated with revenue code	es other tl	han 0100-0219, revenue center 051X.	
Beginning Position:	361	Data Source:	Calcula	ited	
Length:	12	Туре:	Numeri	ic	
Field 32:		CUR_CODE_1			
Description:		describing a significant event relating t			
Coding Scheme:	1	Auto accident	40	Scheduled date of admission	
	2	No Fault Insurance Involved - Including Auto Accident/Other	41	Date of first test of pre-admission testing	
	3	Accident/ Tort Liability	42	Date of discharge (hospice only)	
	4	Accident/ Employment Related	43	Scheduled date of canceled surgery	
	5 6	Other accident Crime Victim	44 45	Date treatment started - OT Date treatment started - ST	
	9	Start of Infertility Treatment Cycle	43 46	Date treatment started - ST Date treatment started - Cardiac rehabilitation	
	10	Last Menstrual Period	47	Date cost outlier status begins	
	11	Onset of Symptoms/ Illness	A1	Birthdate - Insured A	
	12	Date of Onset for a Chronically Dependent Individual	A2	Effective Date - Insured A Policy	
	16	Date of Last Therapy	A3	Payer A benefits exhausted	
	17	Date Outpatient OT Plan Established or Last Reviewed	A4	Split Bill Date	
	18	Date of Retirement - Patient/Beneficiary	B1	Birthdate - Insured B	
	19	Date of Retirement - Spouse	B2	Effective date - Insured B Policy	
	20	Date Guarantee of Payment Began	B3	Payer B benefits exhausted	
	21	Date UR Notice Received	C1	Birthdate - Insured C	
	22	Date Active Care Ended	C2	Effective date - Insured C Policy	
	24	Date Insurance Denied	C3	Payer C benefits exhausted	
	25	Date Benefits Terminated by Primary Payer	DR	Katrina disaster related	
	26	Date SNF Bed Became Available	E1	Birthdate - Insured D	
	27	Date Home Health Plan Established or Last	E2	Effective date - Insured D Policy	
	28	Reviewed Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed	E3	Payer D benefits exhausted	
	29	Date Outpatient PT Plan established or last reviewed	F1	Birthdate - Insured E	
	30	Date Outpatient ST Plan established or last reviewed	F2	Effective date - Insured E Policy	
	31	Date beneficiary notified of intent to bill (accommodations)	F3	Payer E benefits exhausted	
	32	Date beneficiary notified of intent to bill (procedures or treatments)	G1	Birthdate - Insured F	
	37	Date of inpatient hospital discharge for non- covered transplant patients	G2	Effective date - Insured F Policy	
	38	Date treatment started for home IV therapy	G3	Payer F benefits exhausted	
	39	Date discharged on a continuous course if IV therapy			
Beginning Position:	373	Data Source:	Claim		
Length:	2	Туре:	Alphan	umeric	
		CUR_DAY_1			
Decomintion	Occurrence Devi cauala Occur	manaa Data wii	us Admission/Start of Care Data		
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Description: Beginning Position:	• •	Data Source:	<i>uus</i> Admission/Start of Care Date. Calculated		
Length:		Type:	Alphanumeric		
		Type:	Alphanumeric		
Field 34:	OCCUR_CODE_2				
Description:	Code describing a significant event relating to the claim.				
Coding Scheme:	Same as Field OCCUR_COD		~~ ·		
Beginning Position:		Data Source:	Claim		
Length:		Туре:	Alphanumeric		
Field 35:	OCCUR_DAY_2				
Description:			nus Admission/Start of Care Date.		
Beginning Position:		Data Source:	Calculated		
Length:		Туре:	Alphanumeric		
Field 36:	OCCUR_CODE_3				
Description:	Code describing a significant	event relating t	o the claim.		
Coding Scheme:	Same as Field OCCUR_COD	E_1.			
Beginning Position:	385 I	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 37:	OCCUR_DAY_3	*	•		
Description:		rrence Date min	nus Admission/Start of Care Date.		
Beginning Position:		Data Source:	Calculated		
Length:		Type:	Alphanumeric		
Field 38:	OCCUR_CODE_4	-,			
Description:	Code describing a significant	event relating t	o the claim		
Coding Scheme:	Same as Field OCCUR_COD		o the claim.		
Beginning Position:		Data Source:	Claim		
Length:		Type:	Alphanumeric		
Field 39:	OCCUR_DAY_4	rype.	Alphanumenc		
Description:		manaa Data wii	nus Admission/Start of Care Date.		
-		Data Source:	Calculated		
Beginning Position:	393 I	Data Source:	L'alchiateo		
T an atlas	1 7				
Length:		Туре:	Alphanumeric		
Field 40:	OCCUR_CODE_5	Туре:	Alphanumeric		
Field 40: Description:	OCCUR_CODE_5 Code describing a significant of	Type: event relating t	Alphanumeric		
Field 40: Description: Coding Scheme:	OCCUR_CODE_5 Code describing a significant of Same as Field OCCUR_COD	Type: event relating t E_1.	Alphanumeric o the claim.		
Field 40: Description: Coding Scheme: Beginning Position:	OCCUR_CODE_5 Code describing a significant of Same as Field OCCUR_COD 397	Type: event relating t E_1. Data Source:	Alphanumeric o the claim. Claim		
Field 40: Description: Coding Scheme: Beginning Position: Length:	OCCUR_CODE_5 Code describing a significant of Same as Field OCCUR_CODI 397 I 2 7	Type: event relating t E_1.	Alphanumeric o the claim.		
Field 40: Description: Coding Scheme: Beginning Position: Length: Field 41:	OCCUR_CODE_5Code describing a significant ofSame as Field OCCUR_CODI397121OCCUR_DAY_5	Type: event relating t E_1. Data Source: Type:	Alphanumeric o the claim. Claim Alphanumeric		
Field 40: Description: Coding Scheme: Beginning Position: Length: Field 41: Description:	OCCUR_CODE_5 Code describing a significant of Same as Field OCCUR_CODE 397 I 2 7 OCCUR_DAY_5 Occurrence Day <i>equals</i> Occur	Type: event relating t E_1. Data Source: Type: rrence Date <i>mir</i>	Alphanumeric o the claim. Claim Alphanumeric <i>uus</i> Admission/Start of Care Date.		
Field 40: Description: Coding Scheme: Beginning Position: Length: Field 41: Description: Beginning Position:	OCCUR_CODE_5Code describing a significant ofSame as Field OCCUR_CODE397122OCCUR_DAY_5Occurrence Day equals Occur3991	Type: event relating t E_1. Data Source: Type: rrence Date <i>min</i> Data Source:	Alphanumeric o the claim. Claim Alphanumeric uus Admission/Start of Care Date. Calculated		
Field 40:Description:Coding Scheme:Beginning Position:Length:Field 41:Description:Beginning Position:Length:	OCCUR_CODE_5Code describing a significant of Same as Field OCCUR_CODE 397397127OCCUR_DAY_5Occurrence Day equals Occur 39947	Type: event relating t E_1. Data Source: Type: rrence Date <i>mir</i>	Alphanumeric o the claim. Claim Alphanumeric <i>uus</i> Admission/Start of Care Date.		
Field 40:Description:Coding Scheme:Beginning Position:Length:Field 41:Description:Beginning Position:Length:Field 42:	OCCUR_CODE_5Code describing a significant of Same as Field OCCUR_CODE397I2TOCCUR_DAY_5Occurrence Day equals Occur399I4TOCCUR_CODE_6	Type: event relating t E_1. Data Source: Type: rrence Date <i>mir</i> Data Source: Type:	Alphanumeric o the claim. Claim Alphanumeric uus Admission/Start of Care Date. Calculated Alphanumeric		
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Field 40:Description:Coding Scheme:Beginning Position:Length:Field 41:Description:Beginning Position:Length:Field 42:Description:	OCCUR_CODE_5Code describing a significant ofSame as Field OCCUR_CODI397I27OCCUR_DAY_5Occurrence Day equals Occur399I47OCCUR_CODE_6Code describing a significant ofSame as Field OCCUR_CODI	Type: event relating t E_1. Data Source: Type: rrence Date <i>min</i> Data Source: Type: event relating t	Alphanumeric o the claim. Claim Alphanumeric uus Admission/Start of Care Date. Calculated Alphanumeric		
Field 40:Description:Coding Scheme:Beginning Position:Length:Field 41:Description:Beginning Position:Length:Field 42:Description:Coding Scheme:	OCCUR_CODE_5Code describing a significant ofSame as Field OCCUR_CODI397I2TOCCUR_DAY_5Occurrence Day equals Occur399I4TOCCUR_CODE_6Code describing a significant ofSame as Field OCCUR_CODI403I	Type: event relating t E_1. Data Source: Type: rrence Date <i>min</i> Data Source: Type: event relating t E_1.	Alphanumeric o the claim. Claim Alphanumeric uus Admission/Start of Care Date. Calculated Alphanumeric o the claim.		
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Beginning Position:	411	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 46:		Type.	Alphalumenc
	OCCUR_CODE_8		
Description:	Code describing a significan		to the claim.
Coding Scheme:	Same as Field OCCUR_CO		
Beginning Position:	415	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 47:	OCCUR_DAY_8		
Description:			nus Admission/Start of Care Date.
Beginning Position:	417	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 48:	OCCUR_CODE_9		
Description:	Code describing a significant		to the claim.
Coding Scheme:	Same as Field OCCUR_CO	DE_1.	
Beginning Position:	421	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 49:	OCCUR_DAY_9		
Description:		currence Date min	nus Admission/Start of Care Date.
Beginning Position:	423	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 50:	OCCUR CODE 10	V 1	1
Description:	Code describing a signification	nt event relating	to the claim
Coding Scheme:	Same as Field OCCUR_CO		
Beginning Position:	427	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 51:	OCCUR_DAY_10	туре.	Alphalumene
Description:		urran ao Data mi	nus Admission/Start of Care Date.
-	429	Data Source:	Calculated
Beginning Position:			
Length:	4	Туре:	Alphanumeric
Field 52:	OCCUR_CODE_11		
Description:	Code describing a significant Same as Field OCCUR_CC		to the claim.
Coding Scheme:			
Beginning Position:	433	Data Source:	Claim
Length: Field 53:	2 0.000 DAV 11	Туре:	Alphanumeric
	OCCUR_DAY_11	Data!	A device in a former Dete
Description:			nus Admission/Start of Care Date.
Beginning Position:	435	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 54:	OCCUR_CODE_12		
Description:	Code describing a significant		to the claim.
Coding Scheme:	Same as Field OCCUR_CO		
Beginning Position:	439	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 55:	OCCUR_DAY_12		
Description:	Occurrence Day equals Occ		nus Admission/Start of Care Date.
Beginning Position:	441	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 56:	OCCUR_SPAN_CODE_1		
Description:			to the claim that may affect payer processing.
Coding Scheme:	70 Qualifying stay dates (for	SNF use only)	78SNF prior stay dates
	71 Prior stay dates		80 Prior Same SNF prior stay dates for Payment
	72 First/Last Visit		Ban Purposes 81 Antepartum Days at Reduced Level of Care
	72 First Last visit 73 Benefit eligibility period		M0 QIO/UR approved stay dates
	74 Noncovered level of care/	Leave of absence	M1 Provider liability - no utilization
	75 SNF level of care		M2 Inpatient respite dates
	76 Patient Liability Period		M3 ICF level of care
DSHS/THCIC			DSHS Document # E25-14163
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04 Information only bill. A3 Special Federal Funding 05 Lien has been filed A4 Family planning DSHS/THCIC Page 30 DSHS Document # E25-1		77 Provider Liability - Utilizati	on Charged	M4 Residential level of care
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Description: Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care D. Beginning Position: 447 Data Source: Calculated Length: 6 Type: Alphanumeric Field 58: OCCUR_SPAN_THRU_1 Data Source: Calculated Beginning Position: 453 Data Source: Calculated Length: 6 Type: Alphanumeric Field 59: OCCUR_SPAN_CODE_1. Beginning Position: 459 Data Source: Claim Coding Scheme: Same as Field OCLUS_PNN_CODE_1. Beginning Position: 461 Data Source: Calculated Description: Occurrence Span From equals Ending Date of Event minus Admission/Start of Care D. Beginning Position: 461 Data Source: Calculated Length: 6 Type: Alphanumeric Field 61: OCCUR_SPAN_TODE_3 Description: Code describing a significant event relating to the claim that may affect payer processing. Codid describing a significant event relating to the claim that may affect payer processing. Field 62: OCCUR_SPAN_TODE_3 Data Source: Claim	Length:		Туре:	Alphanumeric
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w w w.DSh5.TEXAS.GOV/THCC Last Optiated. July, 2	WWW.DSHS.TEXAS	S.GOV/THCIC		Last Updated: July, 2025

06	ESRD patient in first 18 months of entitlement covered by EGHP	A5
07	Treatment of non-terminal condition for hospice patient	A6
08	Beneficiary would not provide information concerning other insurance coverage	A9
09	Neither patient or spouse is employed	AA
	Patient and/or spouse is employed but no EGHP	
10	exists	AB
11	Disabled beneficiary but no LGHP coverage exists	AC
17	Patient is homeless	AD
18	Maiden name retained	AE
19	Child retains mother's name	AF
20	Beneficiary requested billing	AG
21	Billing for denial notice	AH
22	Patient on multiple drug regimen	AI
23	Home care giver available	AJ
24 25	Home IV patient also receiving HHA services Patient is non-US resident	AK
23	VA eligible patient chooses to receive services in	AK
26	a Medicare certified facility	AL
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AM
28	Patient and/or spouse's EGHP is secondary to	AN
20	Medicare	1111
29	Disabled beneficiary and/or family member's	B0
	LGHP is secondary to Medicare	
30	Non-research services provided to patients enrolled in a qualified clinical trial	B1
31	Patient is student (full time - day)	B4
51	Patient is student (run time - day) Patient is student (cooperative/work study	D4
32	program)	BP
33	Patient is student (full time - night)	C1
34	Patient is student (part-time)	C2
26	Community and in a superior suit	C 2
36	General care patient in a special unit	C3
37	Ward accommodation at patient request	C4
38	Semi-private room not available	C5
39	Private room medically necessary	C6
40	Same day transfer	C7
41	Partial hospitalization	D0
42	Continuing care not related to inpatient	D1
42	admission Continuing care not provided within prescribed postdischarge window	D1 D3
44	Inpatient admission changed to outpatient	D4
45	Ambiguous Gender Category	D5
46	Non-availability statement on file	D6
47	Transfer from another Home Health Agency	D7
48	Psychiatric residential treatment centers for	D8
49	children and adolescents (RTCs) Product replacement within product lifecycle	D9
50	Product Replacement for Known Recall of a Product	DR
51	Attestation of Unrelated Outpatient	E0
52	Nondiagnostic Services Out of Hospice Service Area	G0
	Initial placement of a medical device provided as	
53	part of a clinical trial or a free sample	H0

A5	Disability
A6	Vaccines/Medicare 100% payment
A9	Second opinion surgery
AA	Abortion performed due to rape
AB	Abortion performed due to incest
AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality Abortion performed due to life endangering
AD	physical condition Abortion performed due to physical health of
AE	mother that is not life endangering Abortion performed due to
AF	emotional/psychological health of mother Abortion performed due to social or economic
AG AH	reasons Elective abortion
AI	Sterilization
AJ	Payer responsible for co-payment
AK	Air ambulance required
AL	Specialized treatment/bed unavailable
AM	Non-emergency medically necessary stretcher transport required
AN	Pre-admission screening not required
B0	Medicare coordinated care demonstration claim
B1	Beneficiary is ineligible for demonstration program
B4	Admission unrelated to discharge on same day
BP	Gulf Oil Spill of 2010
C1	Approved as billed
C2	Automatic approval as billed based on focused review
C3	Partial approval
C4	Admission/services denied
C5	Postpayment review applicable
C6	Admission Preauthorization
C7	Extended Authorization
D0	Changes to Service Dates
D1	Changes to Charges
D3	Second or Subsequent Interim PPS Bill
D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
D5	Cancel to correct Insured's ID or Provider ID
D6	Cancel Only to Repay a Duplicate or OIG Overpayment
D7	Change to Make Medicare the Secondary Payer
D8	Change to Make Medicare the Primary Payer
D9	Any Other Change
DR	Disaster related
E0	Changes in Patient Status
G0	Distinct Medical Visit
uо	Delayed Filing Statement of Intent Submitted

Delayed Filing, Statement of Intent Submitted

	54	No Skilled Home Health V Policy Exception Documer		l. H2	Discharge by a Hospice Provider for Cause
		Health Agency	and at the monite		
	55	SNF bed not available		H3	Reoccurrence of GI Bleed Comorbid Category
	56	Medical appropriateness		H4	Reoccurrence of Pneumonia Comorbid Category
	57	SNF readmission	ico organization	H5	Reoccurrence of Pericarditis Comorbid Category
	58	Terminated Medicare+Cho enrollee	nce organization	P1	Do not Resuscitate Order (DNR)
	59	Non-primary ESRD facility	у	P7	Direct Inpatient Admission from Emergency Room
	60	Day outlier		R1	Request for reopening Reason Code - Mathematical or Computational Mistake
	61	Cost outlier		R2	Request for reopening Reason Code -Inaccurate Data Entry
	66	Provider does not wish cos	••	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
	67	Beneficiary elects not to us (LTR) days		R4	Request for reopening Reason Code - Computer Errors
	68	Beneficiary elects to use lit days	fe time reserve (LTR)	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
	69	IME/DGME/N&AH Paym	ent Only	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
	70	Self-administered anemia	nanagement drug	R7	Request for reopening Reason Code - Corrections other than clerical errors
	71	Full care in unit		R8	Request for reopening Reason Code - New and Material Evidence
	72	Self care in unit		R9	Request for reopening Reason Code - Faulty Evidence
	73	Self care training		WO	United Mine Workers of America (UMWA) Demonstration Indicator
	74	Home		W2	Duplicate of Original Bill
	75	Home - 100% reimbursem	ent	W3	Level I Appeal
	76	Back-up in facility dialysis		W4	Level II Appeal
	77	Provider accepts or is oblig contractual arrangement or payment by a primary paye	law to accept	a W5	Level III Appeal
	78	New coverage not impleme	ented by HMO		
	79	CORF services provided of			
	80	Home dialysis - nursing fa	2		
	81	C-section/Inductions <39 v Necessity			
	82	C-section/Inductions <39 v			
	83	C-section/Inductions 39 we	•		
	84	Dialysis for Acute Kidney	• •		
	85	Delayed Recertification of Illness	•		
	86	Additional Hemodialysis T Justification			
Beginning Position:	501		Data Source:	Claim	
Length:	2		Type:	Alphanu	imeric
Field 69:		DITION_CODE_2			
Description:		describing a condition		aim.	
Coding Scheme:		as Field CONDITION			
Beginning Position:	503		Data Source:	Claim	
Length:	2		Туре:	Alphanu	imeric
Field 70:		DITION_CODE_3			
Description:		describing a condition		aim.	
Coding Scheme:		as Field CONDITION			
Beginning Position:	505		Data Source:	Claim	
Length:	2		Туре:	Alphanu	imeric
Field 71:	CON	DITION_CODE_4			
Description:		describing a condition	relating to the cla	aim.	
DSHS/THCIC			D- 41		DSHS Document # E25-14163
WWW DSHS TEXAS	GOV	THCIC	— Page 41 —		Last Undated: July 2025

		Claim Alphanu	Data Source: Type: 5_5 dition relating to the cla	ame as Field CONDIT 07 CONDITION_CODE_ Code describing a condi ame as Field CONDIT	ling Scheme: sinning Position: agth: dd 72: acription:	
		Alphanu uim. Claim Alphanu	Type: 5_5 dition relating to the cla TION_CODE_1. Data Source:	CONDITION_CODE_ Code describing a condi ame as Field CONDIT	ngth: ld 72:	
		uim. Claim Alphanu	2_5 dition relating to the cla TION_CODE_1. Data Source:	CONDITION_CODE_ Code describing a condi ame as Field CONDIT	ld 72:	
	meric	Claim Alphanu	Tition relating to the cla TION_CODE_1. Data Source:	Code describing a condi ame as Field CONDIT		
	meric	Claim Alphanu	TION_CODE_1. Data Source:	ame as Field CONDIT	cipuon.	
	meric	Alphanu	Data Source:		ling Scheme:	
	meric	Alphanu		09	ginning Position:	
				09	igth:	
		um.	V L		ld 73:	
		um.	CONDITION_CODE_6 Code describing a condition relating to the claim.			
					cription:	
		Claim		ame as Field CONDIT	ling Scheme:	
		Claim	Data Source:	11	inning Position:	
	meric	Alphanu	Туре:		igth:	
				CONDITION_CODE_	ld 74:	
		um.		ode describing a condi	cription:	
				ame as Field CONDIT	ling Scheme:	
		Claim	Data Source:	13	inning Position:	
	meric	Alphanu	Туре:		igth:	
			_8	CONDITION_CODE_	ld 75:	
		um.	lition relating to the cla	Code describing a condi	cription:	
			TION_CODE_1.	ame as Field CONDIT	ling Scheme:	
		Claim	Data Source:	15	inning Position:	
	meric	Alphanu	Туре:		igth:	
				ALUE_CODE_1	ld 76:	
	cessing.	aver pro	nation that may affect	Code describing information	cription:	
	Arterial blood gas	58		1 Most common semi-p	ling Scheme:	
	Oxygen saturation	59		2 Hospital has no semi-		
	HHA branch MSA	60	al component charges which			
michod	Diago of Decidence where convice is furni	61	nant included in changes and			
msneu		01				
		66		6 Blood deductible		
	Peritoneal dialysis	67	nount in the first calendar	8 Life time reserve amo		
				year		
	6		•			
	State charity care percentage	69	ount in the second calendar			
	Covered Days	80	t in the second calendar year	•		
	2		iciary/spouse with employe			
	-			group health plan		
	Co-insurance Days	82	a Medicare coordination	•		
	Lifatima Pasanya Dava	02	oyer group health plan	period with an employ		
	•			e e		
	-			1		
	Special zip code reporting	A0	e (PHS) or other federal			
	Deductible paver A	A1				
	1.			•		
			ncome			
	Esumated responsionity payer A			ę ;		
NR000		A4				
	Covered self-administrable drugs - emerg	. ~	- payment amount -			
ninistrab	Covered self-administrable drugs - emerg Covered self-administrable drugs - admin	A5				
ninistrab ent	Covered self-administrable drugs - emerg Covered self-administrable drugs - admin in form and situation furnished to patient		- payment amount - hearing	- chock to the putternt		
ninistrab ent	Covered self-administrable drugs - emerg Covered self-administrable drugs - admin	A5 A6	- payment amount - hearing	and ear services		
ninistrab ent	Covered self-administrable drugs - emerg Covered self-administrable drugs - admin in form and situation furnished to patient Covered self-administrable drugs - diagno		payment amount - hearingpayment amount - vision	and ear services		
ninistrab ent	Covered self-administrable drugs - emerg Covered self-administrable drugs - admin in form and situation furnished to patient Covered self-administrable drugs - diagno study and other Co-payment payer A	A6 A7	- payment amount - vision	 and ear services Offset to the patient - and eye services 		
ninistrab ent	Covered self-administrable drugs - emerg Covered self-administrable drugs - admin in form and situation furnished to patient Covered self-administrable drugs - diagno study and other	A6		 and ear services Offset to the patient - and eye services Offset to the patient - 		
ninistrab ent	Covered self-administrable drugs - emerg Covered self-administrable drugs - admin in form and situation furnished to patient Covered self-administrable drugs - diagno study and other Co-payment payer A Patient weight	A6 A7 A8	 payment amount - vision payment amount - dental 	and ear services Offset to the patient - and eye services Offset to the patient - services		
ninistrab ent	Covered self-administrable drugs - emerg Covered self-administrable drugs - admin in form and situation furnished to patient Covered self-administrable drugs - diagno study and other Co-payment payer A	A6 A7	 payment amount - vision payment amount - dental payment amount - 	and ear services Offset to the patient - and eye services Offset to the patient - services Offset to the patient -		
ninistrab ent gnostic	Covered self-administrable drugs - emerg Covered self-administrable drugs - admin in form and situation furnished to patient Covered self-administrable drugs - diagno study and other Co-payment payer A Patient weight Patient height	A6 A7 A8	 payment amount - vision payment amount - dental payment amount - 	 and ear services Offset to the patient - and eye services Offset to the patient - services Offset to the patient - chiropractic services 		
ninistrab ent gnostic	Covered self-administrable drugs - emerg Covered self-administrable drugs - admin in form and situation furnished to patient Covered self-administrable drugs - diagno study and other Co-payment payer A Patient weight	A6 A7 A8 A9	 payment amount - vision payment amount - dental payment amount - 	 and ear services Offset to the patient - and eye services Offset to the patient - services Offset to the patient - chiropractic services 		
	HHA branch MSA Place of Residence where service is fur (HHA and hospice) Medicaid spend down amount Peritoneal dialysis EPO-drug State charity care percentage Covered Days Non-covered Days	60 61 66 67 68 69 80 81	al component charges which nent included in charges and y to carrier nount in the first calendar t in the first calendar year ount in the second calendar year ount in the second calendar year it in the second calendar year iciary/spouse with employe h a Medicare coordination oyer group health plan auto/other tion e (PHS) or other federal	 Inpatient professional are combined billed Professional component also billed separately Blood deductible Life time reserve amony Coinsurance amount in Coinsurance amount in Working aged beneficitary in period with an employ No fault, including au Worker's compensation Public health service agency Catastrophic Surplus Recurring monthly in Medicaid Rate Code Offset to the patient - prescription drugs 		

	21	Dationt Linkility A			Other assessments or allowerser (
	31	Patient Liability Amount		AB	Other assessments or allowances (e.g., medical education) - payer A
	32	Multiple patient ambulanc	•	B1	Deductible payer B
	33	Offset to the patient - payr services	nent amount - podiatri	c B2	Coinsurance payer B
	34	Offset to the patient - payr medical services	nent amount - other	B3	Estimated responsibility payer B
	35	Offset to the patient - payr insurance premiums	nent amount - health	B7	Co-payment payer B
	37	Units of blood furnished		BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
	38	Blood deductible units		BB	Other assessments or allowances (e.g., medical education) - payer B
	39	Units of blood replaced		C1	Deductible payer C
	40	New coverage not implem	ented by HMO	C2	Coinsurance payer C
	41	Black lung		C3	Estimated responsibility payer C
	42	VA		C7	Co-payment payer C
	43	Disabled beneficiary under	r age 65 with LGHP	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
	44	Amount provider agreed to payer when this amount is higher than payment receive	less than charges but	СВ	Other assessments or allowances (e.g., medical education) - payer C
	45	Accident hour		D3	Patient estimated responsibility
	46	Number of grace days		D4	Clinical Trial Number Assigned by NLM/NIH
	47	Any liability insurance		D5	Last Kt/V Reading
	48	Hemoglobin reading		FC	Patient Paid Amount
	49	Hematocrit reading		FD	Credit Received from the Manufacturer for a Medical Device
	50	Physical Therapy visits		G8	Facility where Inpatient Hospice Service is Delivered
	51	Occupational Therapy visi	ts	Y1	Part A Demonstration Payment
	52	Speech Therapy visits		Y2	Part B Demonstration Payment
	53	Cardiac rehab visits		Y3	Part B Coinsurance
	54	Newborn birth weight in g	rams	Y4	Conventional Provider Payment
	55	Eligibility threshold for ch		Y5	Part B Deductible
	56	Skilled nurse - home visit	•		
	57	Home health aide - home			
Beginning Position:	517		Data Source:	Claim	
Length:	2		Type:	Alphanu	imeric
Field 77:	VAL	UE_AMOUNT_1			
Description:		ar amount that may be a	affected.		
Beginning Position:	519		Data Source:	Claim	
Length:	9		Туре:	Alphanu	Imeric
Field 78:		UE_CODE_2		1	
Description:		describing information	n that may affect r	naver nro	cessing
Coding Scheme:		e as Field Value CODE		buyer pro	costing.
Beginning Position:	528	as ricid value_cobr	Data Source:	Claim	
Length:	2		Type:	Alphanu	meric
Field 79:		UE_AMOUNT_2	Type.	Aiphant	
			offected		
Description:		ar amount that may be a		Claim	
Beginning Position:	530		Data Source:	Claim	
Length:	9		Туре:	Alphanu	imeric
Field 80:		UE_CODE_3			
Description:		describing information		payer pro	cessing.
Coding Scheme:		e as Field Value_CODE		C1 ·	
Beginning Position:	539		Data Source:	Claim	
Length:	2		Туре:	Alphanu	Imeric
	VAI	UE_AMOUNT_3			
Field 81: Description:		ar amount that may be a	affected.		
			affected. — Page 43 —		DSHS Document # E25-14163

Beginning Position:	541	Data Source:	Claim	
	9			
Length:	VALUE CODE 4	Туре:	Alphanumeric	
Field 82:				
Description:	Code describing informatio		payer processing.	
Coding Scheme:	Same as Field Value_COD			
Beginning Position:	550	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 83:	VALUE_AMOUNT_4			
Description:	Dollar amount that may be			
Beginning Position:	552	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 84:	VALUE_CODE_5			
Description:	Code describing informatio	n that may affect	payer processing.	
Coding Scheme:	Same as Field Value_COD	E_1.		
Beginning Position:	561	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 85:	VALUE_AMOUNT_5	*	•	
Description:	Dollar amount that may be	affected.		
Beginning Position:	563	Data Source:	Claim	
Length:	9	Type:	Alphanumeric	
Field 86:	VALUE_CODE_6	-JP		
Description:	Code describing informatio	n that may affect	naver processing	
Coding Scheme:	Same as Field Value_COD		payer processing.	
Beginning Position:	572	Data Source:	Claim	
Length:	2		Alphanumeric	
Field 87:	VALUE_AMOUNT_6	Туре:	Alphanumeric	
		- ff t - 1		
Description:	Dollar amount that may be		Claim	
Beginning Position:	574	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 88:	VALUE_CODE_7	1		
Description:	Code describing informatio		payer processing.	
Coding Scheme:	Same as Field Value_COD			
Beginning Position:	583	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 89:	VALUE_AMOUNT_7			
Description:	Dollar amount that may be			
Beginning Position:	585	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 90:	VALUE_CODE_8			
Description:	Code describing informatio	n that may affect	payer processing.	
Coding Scheme:	Same as Field Value_COD	E_1.		
Beginning Position:	594	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 91:	VALUE_AMOUNT_8			
Description:	Dollar amount that may be	affected.		
Beginning Position:	596	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
0			I I	
Field 92:	VALUE_CODE_9			
Description:	Code describing informatio	n that may affect	payer processing.	
Coding Scheme:	Same as Field Value_COD		· · · · · · · · · · · · · · · · · · ·	
Beginning Position:	605	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 93:	VALUE_AMOUNT_9	± j pc.	2 upnanumente	
Description:	Dollar amount that may be	affected		
Description.	Donar amount that may be	ancenu.		
Delle				DSUS Document # E25 14162
DSHS/THCIC		— Page 44 —		DSHS Document # E25-14163

Beginning Position:	607	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 94:	VALUE_CODE_10		
Description:	Code describing informatio	n that may affect	payer processing.
Coding Scheme:	Same as Field Value_COD	E_1.	
Beginning Position:	616	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 95:	VALUE_AMOUNT_10		
Description:	Dollar amount that may be	affected.	
Beginning Position:	618	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 96:	VALUE_CODE_11		
Description:	Code describing informatio	n that may affect	payer processing.
Coding Scheme:	Same as Field Value_COD	E_1.	
Beginning Position:	627	Data Source: Claim	
Length:	2	Туре:	Alphanumeric
Field 97:	VALUE_AMOUNT_11		
Description:	Dollar amount that may be	affected.	
Beginning Position:	629	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 98:	VALUE_CODE_12		
Description:	Code describing informatio		payer processing.
Coding Scheme:	Same as Field Value_COD	_	
Beginning Position:	638	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 99:	VALUE_AMOUNT_12		
Description:	Dollar amount that may be		
Beginning Position:	640	Data Source:	Claim
Length:	9	Туре:	Alphanumeric

CHARGES DATA FILE

Field 1:	RECO	ORD_ID				
Description:	Record Identification Number. Unique number assigned to identify the record. First availab					
	1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).					
Beginning Position:	1	Data Source:	Assigne			
Length:	12	Туре:	Alphan	umeric		
Field 2:	REVENUE_CODE					
Description:	Code corresponding to each specific accommodation, ancillary service or billing calcul					
	related	d to the services being billed.				
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area		
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)		
	0110	Room charges for private rooms - general	0529	Freestanding Clinic - other		
	0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general		
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy		
	0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other		
	0114	Room charges for private rooms - psychiatric	0540	Ambulance service - general		
	0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies		
	0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport		
	0117 0118	Room charges for private rooms - oncology Room charges for private rooms - rehabilitation	0543 0544	Ambulance service - heart mobile		
	0118	Room charges for private rooms - renabilitation Room charges for private rooms - other	0545	Ambulance service - oxygen Ambulance service - air ambulance		
	0120	Room charges for semi-private rooms - general	0546	Ambulance service - neonatal		
	0121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy		
	0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG		
	0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other		
	0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general		
	0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge		
	0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge		
	0127 0128	Room charges for semi-private rooms - oncology Room charges for semi-private rooms -	0559 0560	Skilled nursing - other Medical social services - general		
	0128	rehabilitation Room charges for semi-private rooms - other	0560	Medical social services - visit charge		
	0120	Room charges for semi-private - 3/4 beds -	0562	•		
	0130	rooms - general Room charges for semi-private - 3/4 beds -	0562	Medical social services - hourly charge Medical social services - other		
	0132	rooms - medical/surgical/GYN Room charges for semi-private - 3/4 beds -	0570	Home health aide - general		
	0133	rooms - obstetrics Room charges for semi-private - 3/4 beds -	0571	Home health aide - visit charge		
	0134	rooms - pediatric Room charges for semi-private - 3/4 beds -	0572	Home health aide - hourly charge		
	0135	rooms - psychiatric Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other		
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general		
	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge		
	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge		
	0139 0140	Room charges for semi-private - 3/4 beds - rooms - other Room charges for private (deluxe) rooms -	0583 0589	Other visits (home health) - assessment		
	0140	general	0.309	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 -	0614	Magnetic Resonance Technology (MRT) - MRI
0152	medical/surgical/GYN Room charges for ward rooms - obstetrics	0615	- other Magnetic Resonance Technology (MRT) - MBA - based and male
0153	Room charges for ward rooms - pediatric	0616	MRA – head and neck Magnetic Resonance Technology (MRT) -
0154	Room charges for ward rooms - psychiatric	0618	MRA – lower extremities Magnetic Resonance Technology (MRT) - MRA – other
0155	Room charges for ward rooms - hospice	0619	MRA – other 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
0150	-	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 - nonroutine 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 - nonroutine nursing, peripheral line
0182	Room charges for LOA - patient convenience- charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other

0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (nonrespite)
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213 0214	Room charges for coronary care - heart transplant Room charges for coronary care - intermediate	0681 0682	Trauma response - level I Trauma response - level II
0214	coronary care unit (CCU)	0682	
0219	Room charges for coronary care - other Special charges - general	0684	Trauma response - level III Trauma response - level IV
0220	Special charges - general Special charges - admission charge	0689	Trauma response - other
0221	Special charges - admission charge	0690	Pre-hospice/Palliative Care Services - general
0222	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – general
0223	Special charges - late discharge, medically	0692	charge Pre-hospice/Palliative Care Services – hourly
	necessary		charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231 0232	Incremental nursing care - nursery Incremental nursing care - OB	0695 0696	Pre-hospice/Palliative Care Services – inpatier care Pre-hospice/Palliative Care Services – physicia
0232	Incremental nursing care - ICU (includes	0699	services Pre-hospice/Palliative Care Services - other
0234	transitional care) Incremental nursing care - CCU (includes	0700	Cast Room services - general
0225	transitional care)	0710	Decessory Decessory 1
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - holter monitor
0252	Pharmacy - nongeneric drugs	0732	EKG/ECG services - telemetry
0253 0254	Pharmacy - take-home drugs Pharmacy - drugs incident to other diagnostic	0739 0740	EKG/ECG services - other EEG services - general
	services		

0256	6 Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	B Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	-	0770	Preventive care services - general
0261	17 0	0771	Preventive care services - vaccine
0262		0780	administration Telemedicine services - general
0263		0790	Extra-corporeal shockwave therapy - general
026		0800	Inpatient renal dialysis services - general
0269	1.7	0801	Inpatient renal dialysis services - hemodialysis
0270		0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	6 11	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	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	8 Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279		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		0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	2 DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	B DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support
0299	DME - other equipment	0826	services Hemodialysis - outpatient or home – shorter
0300	Laboratory - general	0829	duration (effective 7/1/17) Hemodialysis - outpatient or home - other
0301		0830	Peritoneal dialysis - outpatient or home -
0302	2 Laboratory - immunology	0831	general Peritoneal dialysis - outpatient or home -
0303	B Laboratory - renal patient (home)	0832	composite or other rate Peritoneal dialysis - outpatient or home – home
0304	Laboratory - nonroutine dialysis	0833	supplies Peritoneal dialysis - outpatient or home – home
0305	Eaboratory - hematology	0834	equipment Peritoneal dialysis - outpatient or home –
0306	5 Laboratory - bacteriology and microbiology	0835	maintenance 100% Peritoneal dialysis - outpatient or home -
0307	Zaboratory - urology	0839	support services Peritoneal dialysis - outpatient or home - other
0309		0840	CAPD - outpatient or home - general
0310		0841	CAPD - outpatient or home - composite or other
0311		0841	rate CAPD - outpatient or home – home supplies
0312			
0312	2 Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment

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

0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component administration, storage and processing - general	0941	Other therapeutic services - recreational therapy
0391	Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration, storage and processing – processing and storage	0943	Other therapeutic services - cardiac rehabilitation
0399	Blood and blood component administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical
0413	Respiratory services - hyperbaric oxygen therapy	0960	dependency (drug and alcohol) Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0991	Patient convenience items - private linen service
		0992	
0470	Audiology - general		Patient convenience items - telephone/telegraph
0471 0472	Audiology - diagnostic	0994 0995	Patient convenience items - TV/radio
	Audiology - treatment Audiology - other	0995	Patient convenience items - nonpatient room rentals Patient convenience items - late discharge
0/70		U770	Patient convenience items - late discharge
0479		0007	charge Patiant convenience items admission kits
0479 0480 0481	Cardiology - general Cardiology - cardiac cath lab	0997 0998	charge Patient convenience items - admission kits Patient convenience items - beauty shop/barber

0482 0483 0489 0490 0499 0500 0509	Cardiology - stress test Cardiology - echocardiology Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other Outpatient services - general	0999 1000 1001 1002 1003	Patient convenience items - other Behavior health accommodations - general Behavior health accommodations - residential treatment - psychiatric Behavior health accommodations - residential treatment - chemical dependency Behavior health accommodations - supervised
0489 0490 0499 0500	Cardiology - other Ambulatory surgical care - general Ambulatory surgical care - other	1001 1002	Behavior health accommodations - residential treatment - psychiatric Behavior health accommodations - residential treatment - chemical dependency Behavior health accommodations - supervised
0490 0499 0500	Ambulatory surgical care - general Ambulatory surgical care - other	1002	treatment - psychiatric Behavior health accommodations - residential treatment - chemical dependency Behavior health accommodations - supervised
0499 0500	Ambulatory surgical care - other		treatment - chemical dependency Behavior health accommodations - supervised
0500		1003	1
	Outpatient services - general		living
0509		1004	Behavior health accommodations - halfway house
0007	Outpatient services - other	1005	Behavior health accommodations - group home
0510	Clinic - general	2100	Alternative therapy services - general
0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
0512	Clinic - dental	2102	Alternative therapy services - acupressure
0513	Clinic - psychiatric	2103	Alternative therapy services - massage
0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
0517	Clinic - family practice	2109	Alternative therapy services - other
0519	Clinic - other	3101	Adult day care, medical and social - hourly
0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	3103	Adult day care, medical and social - daily
0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day care, social - daily
0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A	3109	Adult foster care - other
0525	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		
0526	Freestanding Clinic - urgent care		
13	Data Source:	Claim	
4	Туре:	Alphan	umeric
НСРС	S_QUALIFIER		
		tive num	iber used in
17		Claim	
2			umeric
HCFA	Common Procedure Coding System (He	CPCS) c	ode applicable to ancillary services or
		1.0 . /	
			<i>ANHCPCS/list.asp</i> for complete list.
5		Alphan	umeric
		c	
22	Increased procedural services	P4	A patient with severe systemic disease that is a constant threat to life
10		P5	A moribund patient who is not expected to
	Unusual Anesthesia		survive without the operation
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period		survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes
24 25	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health	P6	A declared brain-dead patient whose organs are
	0513 0514 0515 0516 0517 0519 0520 0521 0522 0523 0524 0525 0526 13 4 HCPC 17 2 HCPC HCPC HCPC 17 2 HCPC HCPC 19 5 MODI	0513 Clinic - psychiatric 0514 Clinic - OB/GYN 0515 Clinic - pediatric 0516 Clinic - urgent care 0517 Clinic - family practice 0519 Clinic - other 0520 Freestanding Clinic - general 0521 Freestanding Clinic - Clinic Visit by Member to RHC/FQHC 0522 Freestanding Clinic - Home Visit by RHC/FQHC Practitioner 0523 Freestanding Clinic - family practice 0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF 0525 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility 0526 Freestanding Clinic - urgent care 13 Data Source: 14 Type: HCPCS_QUALIFIER Code identifying the type/source of the descrip HCPCS_PROCEDURE_CODE HCFA Common Procedure Coding System (Hone accommodations. See http://www.cms.hhs.gov/HCPCSReleaseCod 19 Data Source: 5 Type: MODIFIER_1	0513Clinic - psychiatric21030514Clinic - OB/GYN21040515Clinic - pediatric21050516Clinic - urgent care21060517Clinic - family practice21090519Clinic - other31010520Freestanding Clinic - general31020521Freestanding Clinic - Clinic Visit by Member to RHC/FQHC31030523Freestanding Clinic - Home Visit by RHC/FQHC Practitioner31050524Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF31090525Freestanding 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 FacilityClaim Type:13Data Source: Type:Claim AlphanHCPCS_QUALIFIER Code identifying the type/source of the descriptive num HCPCS_PROCEDURE_CODEClaim Type:17Data Source: Claim ClaimClaim Type:18Type: AlphanAlphanHCPCS_PROCEDURE_CODEHCFA Common Procedure Coding System (HCPCS) c accommodations.Code identifying19Data Source: Data Source:Claim Claim Type:5Type: Alphan

Beginning Position: Length: Field 6:	92 95 99 1P 2P 3P 8P P1 P2 P3 24 2		T6 T7 T8 T9 TA XE XS XP XU Claim <u>Alphan</u>	Right foot, second digit Right foot, third digit Right foot, fourth digit Right foot, fifth digit Left foot, great toe Separate Encounter Separate Structure Separate Practitioner Unusual Non-Overlapping Service
	92 95 1P 2P 3P 8P P1 P2 P3 24	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Multiple Modifiers Performance Measure Exclusion Modifier due to Medical Reasons Performance Measure Exclusion Modifier due to Patient Reasons Performance Measure Exclusion Modifier due to System Reasons Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified A normal healthy patient A patient with mild systemic disease A patient with severe systemic disease Data Source:	T7 T8 T9 TA XE XS XP XU Claim	Right foot, third digit Right foot, fourth digit Right foot, fifth digit Left foot, great toe Separate Encounter Separate Structure Separate Practitioner Unusual Non-Overlapping Service
	92 95 1P 2P 3P 8P P1 P2 P3	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Multiple Modifiers Performance Measure Exclusion Modifier due to Medical Reasons Performance Measure Exclusion Modifier due to Patient Reasons Performance Measure Exclusion Modifier due to System Reasons Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified A normal healthy patient A patient with mild systemic disease A patient with severe systemic disease	T7 T8 T9 TA XE XS XP XU	Right foot, third digit Right foot, fourth digit Right foot, fifth digit Left foot, great toe Separate Encounter Separate Structure Separate Practitioner
	92 95 1P 2P 3P 8P P1 P2	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Multiple Modifiers Performance Measure Exclusion Modifier due to Medical Reasons Performance Measure Exclusion Modifier due to Patient Reasons Performance Measure Exclusion Modifier due to System Reasons Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified A normal healthy patient A patient with mild systemic disease	T7 T8 T9 TA XE XS XP	Right foot, third digit Right foot, fourth digit Right foot, fifth digit Left foot, great toe Separate Encounter Separate Structure Separate Practitioner
	92 95 99 1P 2P 3P 8P P1	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Multiple Modifiers Performance Measure Exclusion Modifier due to Medical Reasons Performance Measure Exclusion Modifier due to Patient Reasons Performance Measure Exclusion Modifier due to System Reasons Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified A normal healthy patient	T7 T8 T9 TA XE XS XP	Right foot, third digit Right foot, fourth digit Right foot, fifth digit Left foot, great toe Separate Encounter Separate Structure Separate Practitioner
	92 95 99 1P 2P 3P 8P	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Multiple Modifiers Performance Measure Exclusion Modifier due to Medical Reasons Performance Measure Exclusion Modifier due to Patient Reasons Performance Measure Exclusion Modifier due to System Reasons Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified	T7 T8 T9 TA XE XS	Right foot, third digit Right foot, fourth digit Right foot, fifth digit Left foot, great toe Separate Encounter Separate Structure
	92 95 99 1P 2P 3P	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Multiple Modifiers Performance Measure Exclusion Modifier due to Medical Reasons Performance Measure Exclusion Modifier due to Patient Reasons Performance Measure Exclusion Modifier due to System Reasons Performance Measure Reporting Modifier- Action	T7 T8 T9 TA XE	Right foot, third digit Right foot, fourth digit Right foot, fifth digit Left foot, great toe Separate Encounter
	92 95 99 1P 2P	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Multiple Modifiers Performance Measure Exclusion Modifier due to Medical Reasons Performance Measure Exclusion Modifier due to Patient Reasons Performance Measure Exclusion Modifier due to	T7 T8 T9 TA	Right foot, third digit Right foot, fourth digit Right foot, fifth digit Left foot, great toe
	92 95 99 1P	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Multiple Modifiers Performance Measure Exclusion Modifier due to Medical Reasons Performance Measure Exclusion Modifier due to	T7 T8 T9	Right foot, third digit Right foot, fourth digit Right foot, fifth digit
	92 95 99 1P	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Multiple Modifiers Performance Measure Exclusion Modifier due to Medical Reasons	T7 T8 T9	Right foot, third digit Right foot, fourth digit Right foot, fifth digit
	92 95 99	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Multiple Modifiers	T7 T8	Right foot, third digit Right foot, fourth digit
	92 95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System	T7	Right foot, third digit
	92	Synchronous Telemedicine Service Rendered Via		0 , 0
	92	, e		0 , 0
		Alternative Laboratory Platform Testing	Τ-	Pight foot second digit
	71	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
	90 91	Reference (Outside) Laboratory	T4 T5	
	82 90		T3 T4	Left foot, fourth digit Left foot, fifth digit
	81 82	Minimum Assistant Surgeon Repeat procedure by same physician	T2 T2	Left foot, third digit
	80 81	Assistant Surgeon	T1 T2	Left foot, second digit
	80	Physician or Other Qualified Health Care Professional During the Postoperative Period	т1	Laft fact second digit
	79	Postoperative Period Unrelated Procedure or Service by the Same	RT	Right side of the body procedure
		Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the		
	78	Qualified Health Care Professional Unplanned Return to the Operating/Procedure	RI	Ramus intermedius coronary artery
	77	Qualified Health Care Professional Repeat Procedure by Another Physician or Other	RC	provider of services Right coronary artery
	76	Administration of Anesthesia Repeat Procedure by Same Physician or Other	QN	Ambulance service furnished directly by a
	74	Administration of Anesthesia Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after	Q M	Ambulance service provided under arrangemen by a provider of services
	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the	LT	Left side of the body procedure
	66	Surgical Team	LM	Left main coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	62	Two Surgeons	LC	screening mammogram on same day Left circumflex coronary artery
	59	Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service	GH	mammography and diagnostic mammography of same patient, same day. Diagnostic mammogram converted from
	58	Staged or Related Procedure or Service by the	GG	Performance and payment of a screening
	57	Decision for Surgery	FA	Left hand, thumb
	56	Preoperative Management Only	F9	Right hand, fifth digit
	55	Postoperative Management Only	F8	Right hand, fourth digit
	54	Surgical Care Only	F7	Right hand, third digit
	53	Discontinued Procedure	F6	Right hand, second digit
	52	Reduced Services	F5	Right hand, thumb
	50 51	Bilateral Procedure Multiple Procedures	F3 F4	Left hand, fourth digit Left hand, fifth digit
	47	Anesthesia by Surgeon	F2	Left hand, third digit
	33	Preventive Service	F1	Left hand, second digit
	32	Mandated Services	E4	Lower right eyelid
	27	Multiple Outpatient Hospital E/M Encounters on the Same Date	E3	Upper right eyelid

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Coding Scheme:	Same as Field MODIFIER	1	
Beginning Position:	26	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 7:	MODIFIER 3	-)por	
Description:	Identifies special circumstar	nces related to the	performance of the service.
Coding Scheme:	Same as Field MODIFIER		
Beginning Position:	28	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 8:	MODIFIER 4		•
Description:	Identifies special circumstar	nces related to the	performance of the service.
Coding Scheme:	Same as Field MODIFIER_	1	•
Beginning Position:	30	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 9:	UNIT_MEASUREMENT_		
Description:	Code specifying the units in	which a value is l	being expressed.
Coding Scheme:	DA Days		
-	F2 International unit UN Unit		
Beginning Position:	32	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 10:	UNITS_OF_SERVICE	турс.	Alphanumene
Description:	Numeric value of quantity		
Beginning Position:	34	Data Source:	Claim
Length:	7	Type:	Numeric
Field 11:	UNIT RATE	Type	Tumono
Description:	Rate per unit		
Beginning Position:	41	Data Source:	Claim
Length:	12	Type:	Numeric
Field 12:	CHRGS_LINE_ITEM	**	
Description:	Total amount of the charge		
Beginning Position:	53	Data Source:	Assigned
Length:	14	Туре:	Numeric
Field 13:	CHRGS_NON_COV		
Description:	Total non-covered amount of	of the charge	
Beginning Position:	67	Data Source:	Assigned
Length:	14	Туре:	Numeric

FACILITY TYPE INDICATOR FILE

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

THCIC ID	
	ne provider by DSHS
· · ·	Assigned
	Alphanumeric
—	
• •	Provider
	Alphanumeric
J 1	The final and the
e i	discharges (Provider ID equals '999999').
A Member, Council of Teaching Hospitals	
X Other teaching facility	
	Provider
	Alphanumeric
	Provider
**	Alphanumeric
	Provider
	Alphanumeric
	Provider
	Alphanumeric
	Provider
× 1	Alphanumeric
	Provider
	Alphanumeric
e .	
17Data Source:	Provider
	Alphanumeric
Pediatric Facility Indicator.	
•	
Suppressed for hospitals with fewer than 50 C Member, National Association of Children's Hospita	
	X Other teaching facility11Data Source:1Type:FAC_PSYCH_INDPsychiatric Facility Indicator.Suppressed for hospitals with fewer than 5012Data Source:1Type:FAC_REHAB_INDRehabilitation Facility Indicator.Suppressed for hospitals with fewer than 5013Data Source:1Type:FAC_ACUTE_CARE_INDAcute Care Facility Indicator.Suppressed for hospitals with fewer than 5014Data Source:1Type:FAC_SNF_INDSkilled Nursing Facility Indicator. HospitalSuppressed for hospitals with fewer than 5015Data Source:1Type:FAC_LONG_TERM_AC_INDLong Term Acute Care Facility Indicator.Suppressed for hospitals with fewer than 5016Data Source:1Type:FAC_OTHER_LTC_INDOther Long Term Care Facility Indicator.Suppressed for hospitals with fewer than 5016Data Source:1Type:FAC_OTHER_LTC_INDOther Long Term Care Facility Indicator.Suppressed for hospitals with fewer than 5017Data Source:1Type:FAC_OTHER_LTC_INDOther Long Term Care Facility Indicator.Suppressed for hospitals with fewer tha

Beginning Position:	18	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 11	PROVIDER_NAME		
Description:	Hospital name provid	ed by the hospital.	
Beginning Position:	19	Data Source:	Provider
Length:	55	Туре:	Alphanumeric
Field 12:	POA_PROVIDER_I	NDICATOR	
Description:	Indicator identifying v	whether facility is re-	quired to submit Diagnosis Present on Admission
-			s the following facility types as exempt from
			Access Hospitals, Inpatient Rehabilitation
			Cancer Hospitals, Children's or Pediatric Hospitals
	and Long Term Care	• •	euleer mosphais, enharen 5 er reduure mosphais
Cading Sahamar			mpted from reporting POA for those patients)
Coding Scheme:	R Required	cettons that would be exe	inpled from reporting FOA for those patients)
	X Exempt		
	` Invalid		
Beginning Position:	74	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 13:	CERT_STATUS		
Description:	Assignment of a code	to indicate the certif	fication of data and submission of comments by the
-	hospital. First availabl		
Coding Scheme:	1 Certified, without co		
coung senemer	2 Certified, with comm	nent	
	3 Certified, with comm	nent, comment not receiv	ed by deadline
	4 Hospital elected not		
	5 Hospital closed, data		
	C II	pliance, did not certify da	ta
	1 1		
	1 1		l or man-made disaster (Starting 4Q2016)
Beginning Position:	1 1		

GROUPER FILE

Field 1:	RECORD_ID		
Description:	Record Identification Numb	oer. Unique numb	ber assigned to identify the record. First available
	1 st quarter 2002. Does NOT	Γ match the REC	ORD_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1	Data Source:	Assigned
Length:	12	Туре:	Alphanumeric
Field 2:	FROZEN_MS_DRG		
Description:	Centers for Medicare and M	Iedicaid Services	(CMS) Diagnosis Related Group (DRG), as
	assigned for hospital payme	ent for Medicare b	peneficiaries.
Beginning Position:	13	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 3:	FROZEN_MS_MDC		
Description:		re Financing Adr	ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for
Beginning Position:	16	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 4:	FROZEN_MS_GROUPE	~ 1	1
Description:			Grouper (formerly CMS DRG Grouper and
Description.			/ERSION_NBR) version used to assign MS DRG
	and, MS MDC codes	A_OROUTER_V	EKSION_INDIK) Version used to assign Wis Dike
Beginning Position:	18	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 5:	FROZEN_MS_GROUPE		•
Description:	Error codes identify potentia		
Coding Scheme:	00	1	9 DisableHac = 0 and at least one HAC POA is invalid or
couning Scheme.	No errors. DRG successfull	y assigned.	exempt
	01 Diagnosis code cannot be us diagnosis		U
	02 Record does not meet criter	ia for any DRG 2	
	03 Invalid Age	2	invalid or exempt DisableHac = 0 and at least one HAC POA is exempt
	04 Invalid Sex	2	-
			exempt
	05 Invalid Discharge Status	2	4 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	10	(2) (2)	
	¹⁰ Illogical Principal Diagnosi	s (CMS only)	have different HAC POA values that are not Y or W
	11 Invalid Principal Diagnosis	_ ~	
Beginning Position:	23	Data Source:	Assigned
Length:	2	Туре:	Alphanumeric
Field 6:	FROZEN_APR_DRG		
Description:	. , , , , , , , , , , , , , , , , , , ,	Jiagnosis Related	l Group (DRG) as assigned by 3M APR-DRG
	Grouper	Data C	A
Beginning Position:	25	Data Source:	Assigned
Length:	3 EDOZEN DISK MODEL	Type:	Alphanumeric
Field 7:	FROZEN_RISK_MORTA		the All Defend Defined (ADD) D' D T T
Description:			the All Patient Refined (APR) Diagnosis Related
Coding Scheme:	1 Minor 2 Moderate 3 Major	···· APK-DKG Gf(ouper. Indicates the likelihood of dying.
	4 Extreme	_ ~	
Beginning Position:	28	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 8:	FROZEN_ILLNESS_SEV	ERITY	
DSHS/THCIC		ъ	DSHS Document # E25-14163
	.GOV/THCIC	— Page 57 —	Last Updated: July, 2025

Description:				he All Patient Refined (APR) Diagnosis Relate per. Indicates the extent of physiologic
	decompensation.		r	
Coding Scheme:	1 Minor			
8	2 Moderate			
	3 Major			
	4 Extreme 0 No class specified			
Beginning Position:	29	Data Source	: A	Assigned
Length:	1	Туре:	A	Alphanumeric
Field 9:	FROZEN_APR_MDC			
Description:				by 3M [™] APR-DRG Grouper.
Beginning Position:	30	Data Source		Assigned
Length:	2	Type:		Alphanumeric
Field 10:	FROZEN_APR_GROUP			
Description:				rouper version used to assign APR DRG code
		•		nd, Severity of Illness rankings
Beginning Position:	32	Data Source		Assigned
Length:	5	Туре:		Alphanumeric
Field 11:	FROZEN_APR_GROUP			
Description:	Error codes identify poten	tial variations w	ith A	APR DRG code assignment
Coding Scheme:	00 No errors. DRG successfu		2	Gestational age/birth weight conflict (APR only)
	01 Diagnosis code cannot be	used as 1	9	DisableHac = 0 and at least one HAC POA is invalid or
	02 principal diagnosis 02 Record does not meet crite	eria for any 2	0	exempt DisableHac is invalid and at least one HAC POA is N or
	DRG	2 z	0	Disubiornue is invalid and at least one firster of the test
	03 Invalid Age	2	1	DisableHac is invalid and at least one HAC POA is inval
	04 Invalid Sex	~	n	or exempt
	04 Invalid Discharge Status		2 3	DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exen
	06 Invalid birthweight (AP &		4	DisableHac = 0 and there are multiple HACs that have
			_	different HAC POA values that are not Y, W, N, U
	09 Invalid discharge age in da APR only)	ays (AP & 2	5	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11 Invalid Principal Diagnosi	S		have different frac FOA values that are not 1 of w
Beginning Position:	37	Data Source	: A	Assigned
Length:	2	Туре:		Alphanumeric
Field 12:	MS_DRG			*
Description:	Centers for Medicare and J	Medicaid Servic	es (C	CMS) Diagnosis Related Group (DRG), as
-	assigned for hospital paym			
Beginning Position:	39	Data Source		Assigned
Length:	3	Туре:	A	Alphanumeric
Field 13:	MS_MDC			
Description:		y (MDC) as assi	gned	by Centers for Medicare and Medicaid Service
				nistration (HCFA)) for hospital payment for
	Medicare beneficiaries. Fin	rst available 200	4.	
Beginning Position:	42	Data Source	: A	Assigned
Length:	2	Туре:	A	Alphanumeric
Field 14:	MS_GROUPER_VERSI	ON_NBR		
Description:				ouper (formerly CMS DRG Grouper and
		FA_GROUPER	_VEI	RSION_NBR) version used to assign MS DRO
	and, MS MDC codes			
		Data Source	: A	Assigned
Beginning Position:	44	Data Source		Alphanumeric
Length:	44 5	Type:	A	Alphanumene
Length:	44	Type:	A	Aphanumerie
Length: Field 15:	44 5	Type: R_CODE		
Length: Field 15: Description:	44 5 MS_GROUPER_ERROI Error codes identify potent	Type: R_CODE tial variations w		IS DRG code assignment DisableHac = 0 and at least one HAC POA is invalid o
Beginning Position: <u>Length:</u> Field 15: Description: Coding Scheme:	44 5 MS_GROUPER_ERROI Error codes identify potent ⁰⁰ No errors. DRG successfu	Type: R_CODE tial variations w lly assigned.	ith M 19	IS DRG code assignment DisableHac = 0 and at least one HAC POA is invalid or exempt
Length: Field 15: Description:	44 5 MS_GROUPER_ERROI Error codes identify potent ⁰⁰ No errors. DRG successfu 01 Diagnosis code cannot be	Type: R_CODE tial variations w lly assigned.	ith M	IS DRG code assignment DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N o
Length: Field 15: Description:	44 5 MS_GROUPER_ERROI Error codes identify potent ⁰⁰ No errors. DRG successfu	Type: R_CODE tial variations w lly assigned.	ith M 19	IS DRG code assignment DisableHac = 0 and at least one HAC POA is invalid or exempt

	02 Record does not meet crite	ria for any DRG	21	DisableHac is invalid and at least one HAC POA is
	03 Invalid Age	2	22	invalid or exempt DisableHac = 0 and at least one HAC POA is exempt
	04 Invalid Sex		23	DisableHac is invalid and at least one HAC POA is exempt
	05 Invalid Discharge Status		24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	10 Illogical Principal Diagnos	sis (CMS only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
Beginning Position:	 Invalid Principal Diagnosis 49 2 	Data Source		Assigned
Length:	2	Туре:	F	Alphanumeric
Field 16: Description:	APR_DRG All Patient Refined (APR) Grouper	Diagnosis Relat	ted G	broup (DRG) as assigned by 3M APR-DRG
Beginning Position: Length:	51 3	Data Source Type:		Assigned Alphanumeric
Field 17:	RISK_MORTALITY		1	ipitalitatione
Description:		ortality score fro	m th	e All Patient Refined (APR) Diagnosis Related
Coding Scheme:				per. Indicates the likelihood of dying.
Beginning Position:	54	Data Source	: A	Assigned
Length:	1	Туре:		Alphanumeric
Field 18:	ILLNESS_SEVERITY			*
Description:	—	f illness score fr	om t	he All Patient Refined (APR) Diagnosis Relate
	decompensation.			
Coding Scheme:	decompensation. 1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified			
-	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified	Data Source	: A	Assigned
Beginning Position:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55	Data Source Type:		Assigned
Beginning Position: Length:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1	Data Source Type:		Assigned Alphanumeric
Beginning Position: Length: Field 19:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1	Туре:	A	Alphanumeric
Beginning Position: Length: Field 19: Description:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category	Type: y (MDC) as assig	A gned	Alphanumeric by 3M™ APR-DRG Grouper.
Beginning Position: Length: Field 19: Description: Beginning Position:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 1	Type: y (MDC) as assig Data Source	gned	Alphanumeric by 3M™ APR-DRG Grouper. Assigned
Beginning Position: Length: Field 19: Description: Beginning Position: Length:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2	Type: y (MDC) as assig Data Source Type:	gned	Alphanumeric by 3M™ APR-DRG Grouper.
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS	Type: y (MDC) as assig Data Source Type: ION_NBR	gned : A	Alphanumeric by 3M™ APR-DRG Grouper. Assigned Alphanumeric
Beginning Position: Length: Field 19: Description: Beginning Position: Length:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined	Type: y (MDC) as assignate Data Source Type: ION_NBR Diagnosis Relat	gned : A A ted C	Alphanumeric by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG code:
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of	Type: y (MDC) as assig Data Source Type: ION_NBR Diagnosis Relat Mortality rankir	gned : A A ted C ngs an	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG code nd,Severity of Illness rankings
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 158	Type: y (MDC) as assign Data Source Type: ION_NBR Diagnosis Relate Mortality rankir Data Source	gned : A A ted G ngs an : A	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG code nd,Severity of Illness rankings Assigned
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 158 5	Type: y (MDC) as assign Data Source Type: ION_NBR Diagnosis Relate Mortality rankir Data Source Type:	gned : A A ted G ngs an : A	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG code nd,Severity of Illness rankings
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 158 5 APR_GROUPER_ERRO	Type: y (MDC) as assignate Data Source Type: ION_NBR Diagnosis Relat Mortality rankin Data Source Type: DR_CODE	gned : A A ted C ngs an : A A	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG code nd,Severity of Illness rankings Assigned Alphanumeric
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten	Type: y (MDC) as assignate Data Source Type: ION_NBR Diagnosis Relate Mortality rankir Data Source Type: DR_CODE tial variations w	$\frac{P}{P}$ gned P ted C ngs an P A with A	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG code: nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 1 58 5 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 1 58 5 O No errors. DRG successful 01 Diagnosis code cannot be a principal diagnosis	Type: y (MDC) as assigned as a source Type: ION_NBR Diagnosis Relate Mortality ranking Data Source Type: DR_CODE tial variations we lly assigned. 1 used as 1	$\frac{P}{P}$ gned i: P A ted C ngs an i: P A yith A 2 9	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG code nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 2 5 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 2 5 APR_GROUPER_ERRO 0 No errors. DRG successful 01 Diagnosis code cannot be to 1	Type: y (MDC) as assigned to the second structure of the seco	$\frac{A}{gned}$ $\frac{A}{F}$	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 1 58 5 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 1 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successful 01 Diagnosis code cannot be a principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age	Type: y (MDC) as assigned as source Type: ION_NBR Diagnosis Relate Mortality rankin Data Source Type: DR_CODE tial variations w lly assigned. 1 used as 1 pria for any 2	$\frac{P}{P}$ gned i: A A A ted C ngs au i: A A P vith A 2 9 0 1	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or DisableHac is invalid and at least one HAC POA is inval or exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 1 58 5 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 1 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successful 01 Diagnosis code cannot be to principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age 04 Invalid Sex	Type: y (MDC) as assignate Data Source Type: ION_NBR Diagnosis Relate Mortality rankir Data Source Type: DR_CODE tial variations we lly assigned. 1 used as 1 eria for any 2 2	$\frac{P}{P}$ gned is A for the definition of the	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG code nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 1 58 5 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 1 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successful 01 Diagnosis code cannot be a principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age	Type: y (MDC) as assigned as a source Type: ION_NBR Diagnosis Relate Mortality rankir Data Source Type: OR_CODE tial variations w lly assigned. 1 used as 1 pria for any 2 2 2	$\frac{P}{P}$ gned i: A A A ted C ngs au i: A A P vith A 2 9 0 1	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG code nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 10 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successful 01 Diagnosis code cannot be to principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid discharge age in da APR only)	Type: y (MDC) as assigned as a source Type: ION_NBR Diagnosis Relate Mortality rankin Data Source Type: DR_CODE tial variations welly assigned. lused as 1 variations welly assigned. 1 variations of the provided as and the provi	A gned : A B A B	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG code: nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 10 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successful 01 Diagnosis code cannot be to principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid discharge age in da 09 Invalid discharge age in da	Type: y (MDC) as assigned as a source Type: ION_NBR Diagnosis Relate Mortality rankin Data Source Type: DR_CODE tial variations welly assigned. lused as 1 variations welly assigned. 1 variations of the provided as and the provi	gned since a second sec	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	1 Minor 2 Moderate 3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M™ All Patient Refined APR MDC codes, Risk of 10 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successful 01 Diagnosis code cannot be to principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid discharge age in da APR only)	Type: y (MDC) as assigned as a source Type: ION_NBR Diagnosis Relate Mortality rankin Data Source Type: DR_CODE tial variations welly assigned. lused as 1 variations welly assigned. 1 variations of the provided as and the provi	gned since a second sec	Alphanumeric by 3M [™] APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that

Beginning Position:	63	Data Source:	Assigned
Length:	2	Туре:	Alphanumeric



Texas Department of State Health Services

Texas Hospital Inpatient Discharge Public Use Data File DATA FIELDS

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

BASE DATA #1 FILE

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
24	SECONDARY_PAYMENT_SRC	60	2	Alphanumeric
25	TYPE_OF_BILL	62	3	Alphanumeric
26	TOTAL_CHARGES	65	12	Numeric
27	TOTAL_NON_COV_CHARGES	77	12	Numeric
28	TOTAL_CHARGES_ACCOMM	89	12	Numeric
29	TOTAL_NON_COV_CHARGES_ACCOMM	101	12	Numeric
30	TOTAL_CHARGES_ANCIL	113	12	Numeric
31	TOTAL_NON_COV_CHARGES_ANCIL	125	12	Numeric
32	ADMITTING_DIAGNOSIS	137	7	Alphanumeric
33	PRINC_DIAG_CODE	144	7	Alphanumeric
34	POA_PRINC_DIAG_CODE	151	1	Alphanumeric
35	OTH_DIAG_CODE_1	152	7	Alphanumeric
36	POA_OTH_DIAG_CODE_1	159	1	Alphanumeric
37	OTH_DIAG_CODE_2	160	7	Alphanumeric
38	POA_OTH_DIAG_CODE_2	167	1	Alphanumeric
39	OTH_DIAG_CODE_3	168	7	Alphanumeric
40	POA_OTH_DIAG_CODE_3	175	1	Alphanumeric
41	OTH_DIAG_CODE_4	176	7	Alphanumeric
42	POA_OTH_DIAG_CODE_4	183	1	Alphanumeric
43	OTH_DIAG_CODE_5	184	7	Alphanumeric
44	POA_OTH_DIAG_CODE_5	191	1	Alphanumeric
45	OTH_DIAG_CODE_6	192	7	Alphanumeric
46	POA_OTH_DIAG_CODE_6	199	1	Alphanumeric
47	OTH_DIAG_CODE_7	200	7	Alphanumeric
48	POA_OTH_DIAG_CODE_7	207	1	Alphanumeric
49	OTH_DIAG_CODE_8	208	7	Alphanumeric
50	POA_OTH_DIAG_CODE_8	215	1	Alphanumeric
51	OTH_DIAG_CODE_9	216	7	Alphanumeric
52	POA_OTH_DIAG_CODE_9	223	1	Alphanumeric
53	OTH_DIAG_CODE_10	224	7	Alphanumeric
54	POA_OTH_DIAG_CODE_10	231	1	Alphanumeric
55	OTH_DIAG_CODE_11	232	7	Alphanumeric
56	POA_OTH_DIAG_CODE_11	239	1	Alphanumeric
57	OTH_DIAG_CODE_12	240	7	Alphanumeric
58	POA_OTH_DIAG_CODE_12	247	1	Alphanumeric
59	OTH_DIAG_CODE_13	248	7	Alphanumeric
60	POA_OTH_DIAG_CODE_13	255	1	Alphanumeric
61	OTH_DIAG_CODE_14	256	7	Alphanumeric
62	POA_OTH_DIAG_CODE_14	263	1	Alphanumeric
63	OTH_DIAG_CODE_15	264	7	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
64	POA_OTH_DIAG_CODE_15	271	1	Alphanumeric
65	OTH_DIAG_CODE_16	272	7	Alphanumeric
66	POA_OTH_DIAG_CODE_16	279	1	Alphanumeric
67	OTH_DIAG_CODE_17	280	7	Alphanumeric
68	POA_OTH_DIAG_CODE_17	287	1	Alphanumeric
69	OTH_DIAG_CODE_18	288	7	Alphanumeric
70	POA_OTH_DIAG_CODE_18	295	1	Alphanumeric
71	OTH_DIAG_CODE_19	296	7	Alphanumeric
72	POA_OTH_DIAG_CODE_19	303	1	Alphanumeric
73	OTH_DIAG_CODE_20	304	7	Alphanumeric
74	POA_OTH_DIAG_CODE_20	311	1	Alphanumeric
75	OTH_DIAG_CODE_21	312	7	Alphanumeric
76	POA_OTH_DIAG_CODE_21	319	1	Alphanumeric
77	OTH_DIAG_CODE_22	320	7	Alphanumeric
78	POA_OTH_DIAG_CODE_22	327	1	Alphanumeric
79	OTH_DIAG_CODE_23	328	7	Alphanumeric
80	POA_OTH_DIAG_CODE_23	335	1	Alphanumeric
81	OTH_DIAG_CODE_24	336	7	Alphanumeric
82	POA_OTH_DIAG_CODE_24	343	1	Alphanumeric
83	E_CODE_1	344	7	Alphanumeric
84	POA_E_CODE_1	351	1	Alphanumeric
85	E_CODE_2	352	7	Alphanumeric
86	POA_E_CODE_2	359	1	Alphanumeric
87	E_CODE_3	360	7	Alphanumeric
88	POA_E_CODE_3	367	1	Alphanumeric
89	E_CODE_4	368	7	Alphanumeric
90	POA_E_CODE_4	375	1	Alphanumeric
91	E_CODE_5	376	7	Alphanumeric
92	POA_E_CODE_5	383	1	Alphanumeric
93	E_CODE_6	384	7	Alphanumeric
94	POA_E_CODE_6	391	1	Alphanumeric
95	E_CODE_7	392	7	Alphanumeric
96	POA_E_CODE_7	399	1	Alphanumeric
97	E_CODE_8	400	7	Alphanumeric
98	POA_E_CODE_8	407	1	Alphanumeric
99	E_CODE_9	408	7	Alphanumeric
100	POA_E_CODE_9	415	1	Alphanumeric
101	E_CODE_10	416	7	Alphanumeric
102	POA_E_CODE_10	423	1	Alphanumeric
103	PRINC_SURG_PROC_CODE	424	7	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
104	PRINC_SURG_PROC_DAY	431	4	Alphanumeric
105	OTH_SURG_PROC_CODE_1	435	7	Alphanumeric
106	OTH_SURG_PROC_DAY_1	442	4	Alphanumeric
107	OTH_SURG_PROC_CODE_2	446	7	Alphanumeric
108	OTH_SURG_PROC_DAY_2	453	4	Alphanumeric
109	OTH_SURG_PROC_CODE_3	457	7	Alphanumeric
110	OTH_SURG_PROC_DAY_3	464	4	Alphanumeric
111	OTH_SURG_PROC_CODE_4	468	7	Alphanumeric
112	OTH_SURG_PROC_DAY_4	475	4	Alphanumeric
113	OTH_SURG_PROC_CODE_5	479	7	Alphanumeric
114	OTH_SURG_PROC_DAY_5	486	4	Alphanumeric
115	OTH_SURG_PROC_CODE_6	490	7	Alphanumeric
116	OTH_SURG_PROC_DAY_6	497	4	Alphanumeric
117	OTH_SURG_PROC_CODE_7	501	7	Alphanumeric
118	OTH_SURG_PROC_DAY_7	508	4	Alphanumeric
119	OTH_SURG_PROC_CODE_8	512	7	Alphanumeric
120	OTH_SURG_PROC_DAY_8	519	4	Alphanumeric
121	OTH_SURG_PROC_CODE_9	523	7	Alphanumeric
122	OTH_SURG_PROC_DAY_9	530	4	Alphanumeric
123	OTH_SURG_PROC_CODE_10	534	7	Alphanumeric
124	OTH_SURG_PROC_DAY_10	541	4	Alphanumeric
125	OTH_SURG_PROC_CODE_11	545	7	Alphanumeric
126	OTH_SURG_PROC_DAY_11	552	4	Alphanumeric
127	OTH_SURG_PROC_CODE_12	556	7	Alphanumeric
128	OTH_SURG_PROC_DAY_12	563	4	Alphanumeric
129	OTH_SURG_PROC_CODE_13	567	7	Alphanumeric
130	OTH_SURG_PROC_DAY_13	574	4	Alphanumeric
131	OTH_SURG_PROC_CODE_14	578	7	Alphanumeric
132	OTH_SURG_PROC_DAY_14	585	4	Alphanumeric
133	OTH_SURG_PROC_CODE_15	589	7	Alphanumeric
134	OTH_SURG_PROC_DAY_15	596	4	Alphanumeric
135	OTH_SURG_PROC_CODE_16	600	7	Alphanumeric
136	OTH_SURG_PROC_DAY_16	607	4	Alphanumeric
137	OTH_SURG_PROC_CODE_17	611	7	Alphanumeric
138	OTH_SURG_PROC_DAY_17	618	4	Alphanumeric
139	OTH_SURG_PROC_CODE_18	622	7	Alphanumeric
140	OTH_SURG_PROC_DAY_18	629	4	Alphanumeric
141	OTH_SURG_PROC_CODE_19	633	7	Alphanumeric
142	OTH_SURG_PROC_DAY_19	640	4	Alphanumeric
143	OTH_SURG_PROC_CODE_20	644	7	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
144	OTH_SURG_PROC_DAY_20	651	4	Alphanumeric
145	OTH_SURG_PROC_CODE_21	655	7	Alphanumeric
146	OTH_SURG_PROC_DAY_21	662	4	Alphanumeric
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	ATTENDING_PHYSICIAN_UNIF_ID	699	10	Alphanumeric
154	OPERATING_PHYSICIAN_UNIF_ID	709	10	Alphanumeric
155	ENCOUNTER_INDICATOR	719	2	Alphanumeric
156	PROVIDER_NAME	721	55	Alphanumeric
157	EMERGENCY_DEPT_FLAG	776	1	Alphanumeric
	Record_Length		776	

BASE DATA #2 FILE

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

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

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

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

FACILITY TYPE INDICATOR FILE

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	FACILITY_TYPE	7	4	Alphanumeric
3	FAC_TEACHING_IND	11	1	Alphanumeric
4	FAC_PSYCH_IND	12	1	Alphanumeric
5	FAC_REHAB_IND	13	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	14	1	Alphanumeric
7	FAC_SNF_IND	15	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	16	1	Alphanumeric
9	FAC_OTHER_LTC_IND	17	1	Alphanumeric
10	FAC_PEDS_IND	18	1	Alphanumeric
11	PROVIDER_NAME	19	55	Alphanumeric
12	POA_PROVIDER_INDICATOR	74	1	Alphanumeric
13	CERT_STATUS	75	1	Alphanumeric
	Record_Length		75	

Number Field Name Position Field Type Length 1 RECORD ID 1 12 Alphanumeric 2 13 3 FROZEN MS DRG Alphanumeric 3 FROZEN_MS_MDC 16 2 Alphanumeric 4 FROZEN_MS_GRP_VER 18 5 Alphanumeric 5 FROZEN_MS_GRP_ERROR_CODE 23 2 Alphanumeric 6 FROZEN_APR_DRG 25 3 Alphanumeric 7 FROZEN RISK MORTALITY 28 1 Alphanumeric 8 FROZEN ILLNESS SEVERITY 1 29 Alphanumeric 9 FROZEN_APR_MDC 30 2 Alphanumeric 10 5 FROZEN_APR_GRP_VER 32 Alphanumeric FROZEN_APR_GRP_ERROR_CODE 37 2 Alphanumeric 11 12 39 3 Alphanumeric MS_DRG 2 13 MS MDC 42 Alphanumeric 14 MS_GRP_VER 44 5 Alphanumeric 15 MS_GRP_ERROR_CODE 49 2 Alphanumeric 3 16 APR_DRG 51 Alphanumeric 17 1 **RISK MORTALITY** 54 Alphanumeric ILLNESS_SEVERITY 55 18 1 Alphanumeric 19 2 APR_MDC 56 Alphanumeric 20 5 Alphanumeric APR_GRP_VER 58 APR_GRP_ERROR_CODE 21 63 2 Alphanumeric Record_Length 64

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