TEXAS Health and Human Services | 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

2025

BACKGROUND

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 2025 PUDF is available in five fixed length 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 sizes of the files are as follows:

First quarter, 712 hospitals:

Base Data #1	843,945 records	157 variables	Fixed field format	626 MB	Tab-delimited	314 MB
Base Data #2	843,945 records	99 variables	Fixed field format	523 MB	Tab-delimited	220 MB
Charges	16,667,768 records	14 variables	Fixed field format	1,303 MB	Tab-delimited	793 MB
Grouper Data	843,945 records	21 variables	Fixed field format	53 MB	Tab-delimited	69 MB
Facility Type Data	712 records	13 variables	Fixed field format	54 KB	Tab-delimited	42 KB

Second quarter, 709 hospitals:

Base Data #1	842,263 records	157 variables	Fixed field format	625 MB	Tab-delimited	314 MB
Base Data #2	842,263 records	99 variables	Fixed field format	522 MB	Tab-delimited	220 MB
Charges	16,534,432 records	14 variables	Fixed field format	1,293 MB	Tab-delimited	787 MB
Grouper Data	842,263 records	21 variables	Fixed field format	53 MB	Tab-delimited	69 MB
Facility Type Data	709 records	13 variables	Fixed field format	53 KB	Tab-delimited	42 KB

Third quarter, 712 hospitals:

Base Data #1	865,874 records	157 variables	Fixed field format	642 MB	Tab-delimited	324 MB
Base Data #2	865,874 records	99 variables	Fixed field format	537 MB	Tab-delimited	226 MB
Charges	17,498,449 records	14 variables	Fixed field format	1,368 MB	Tab-delimited	835 MB
Grouper Data	865,874 records	21 variables	Fixed field format	55 MB	Tab-delimited	71 MB
Facility Type Data	712 records	13 variables	Fixed field format	54 KB	Tab-delimited	42 KB

Fourth quarter, 711 hospitals:

Base Data #1	863,252 records	157 variables	Fixed field format	640 MB	Tab-delimited	323 MB
Base Data #2	863,252 records	99 variables	Fixed field format	535 MB	Tab-delimited	224 MB
Charges	18,087,687 records	14 variables	Fixed field format	1,414 MB	Tab-delimited	877 MB
Grouper Data	863,252 records	21 variables	Fixed field format	54 MB	Tab-delimited	71 MB
Facility Type Data	711 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 bills.
*Late submissions by facilities of the previous quarter can appear." for the IP DISCHARGE variable.

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 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_NON_COV_CHARGES_ACCOMM	Replaces CLAIM_NON_COV_CHARGES_ACCOMM
TOTAL_CHARGES_ANCIL	Replaces CLAIM_CHARGES_ANCIL
TOTAL_NON_COV_CHARGES_ANCIL	Replaces CLAIM_NON_COV_CHARGES_ANCIL
EXTERNAL_CAUSE_OF_INJURY_1	Replaces EXTNAL_CAUSE_OF_INJURY
EXTERNAL_CAUSE_OF_INJURY_2 to EXTERNAL_CAUSE_OF_INJURY_10	Added 2004
OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25	Added 2004
OTH_SURG_PROC_CODE_6 to OTH_SURG_PROC_CODE_25	Added 2004
OTH_SURG_PROC_DAY_6 to OTH_SURG_PROC_DAY_25	Added 2004
OTH_ICD9_CODE_6 to OTH_ICD9_CODE_25	Added 2004
MS_MDC name changed from CMS_MDC (2011)	Added 2004; no longer available in Base Data #1—renamed as 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
MS_GROUPER_ ERROR _CODE	Added 2011; no longer available in Base Data #1—renamed as FROZEN_MS_GRP_ERROR_CODE and moved to Grouper File in 2022
APR_GROUPER_ERROR_CODE	Added 2011; no longer available in Base Data #1—renamed as FROZEN_APR_GRP_ERROR_CODE and moved to Grouper File in 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 calculated charge amounts and situational data elements to this file*	
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 OCCUR_SPAN_CODE_4	Added 2004
OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4	Added 2004
OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4	Added 2004
VALUE_CODE_1 to VALUE_CODE_12	Added 2004
VALUE_AMOUNT_1 to VALUE_AMOUNT_12	Added 2004
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
FACILITY TYPE INDICATOR FILE (added 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
FROZEN_MS_GROUPER_VERSION_NBR	Replaces MS_GROUPER_VERSION_NBR; moved from Base Data #1 file to Grouper File in 2022
FROZEN_ MS _GROUPER_ERROR_CODE	Replaces MS_GROUPER_ERROR_CODE; moved from Base Data #1 file to Grouper File in 2022
FROZEN_APR_DRG	Replaces APR_DRG; moved from Base Data #1 file to Grouper File in 2022
FROZEN_RISK_MORTALITY	Replaces RISK_MORTALITY; moved from Base Data #1 file to 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_GROUPER_VERSION_NBR	Replaces APR_GROUPER_VERSION_NBR; moved from Base Data #1 file to Grouper File in 2022
FROZEN_APR_GROUPER_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_GROUPER_VERSION_NBR	Dynamic; added 2022
MS _GROUPER_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_GROUPER_VERSION_NBR	Dynamic; added 2022
APR_GROUPER_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 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:

<u>Counts by Facility</u>

- If a hospital has < 5 discharges of a particular sex, including 'unknown',
  - the entire ZIP code (PAT_ZIP) is suppressed
  - provider name (PROVIDER_NAME) is suppressed
  - provider ID (THCIC_ID) is changed to "999998"

- If a hospital has < 10 discharges of a race,
  - race is changed to "Other"
  - ethnicity is suppressed

- If a hospital has < 50 discharges in a quarter,
  - the entire ZIP code is suppressed
  - provider ID is changed to "999999"

<u>Counts by Zip Code</u>

- If there are < 30 discharges in a ZIP code,

- the last 2 digits of the discharges' ZIP codes are suppressed

Counts by County

- If a county has < 5 discharges for that quarter,
  - the county code is suppressed

Counts by Country

- If a country has < 5 discharges for that quarter,
  - the country code is suppressed

Physician Related

- IP
  - Attending Physician ID is set to "9999999999" if the original value indicates a temporary license number, same for Operating Physician ID
  - Attending Physician ID set to "9999999998" if < 5 physicians per DRG per facility, same for Operating Physician ID

- OP
  - Physician1_index_number is set to "9999999999" if the original value indicates a temporary license number, same for Physician2_index_number
  - Physician1_index_number is suppressed as "9999999998" if < 5 physicians 1 per facility or physicians 1 per CCS procedure code 1 per facility, same for Pysician2_index_number

Other

- If the patients are from states other than Texas or adjacent states
  - the ZIP code is changed to "88888"

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 of 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 Diagnostic 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, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals in the state not specifically exempted by statute prior to January 1, 2015, services. Some hospitals maybe exempted for certain situations (for example, natural or other disasters or other unusual conditions) for limited time periods. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and 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 Source	Provided by the health care facility on the claim form (Claim) 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.
Type	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 number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_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. *yyyy*Q*n*. **1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year** **2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year** **3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year** **4th Quarter (YYYYQ4); 1st October-31st December of that corresponding year** * Late submissions by facilities of the previous quarter can appear.		

Beginning Position:	13	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric

Field 3: **THCIC_ID**

Description: Provider ID. Unique identifier assigned to the provider by DSHS.

Suppression: Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'.

Beginning Position:	19	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric

Field 4: **TYPE_OF_ADMISSION**

Description: Code indicating the type of admission

Coding Scheme:

1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma
9	Information not available
`	Invalid

Beginning Position:	25	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 5: **SOURCE_OF_ADMISSION**

Description: Code indicating source of the admission.

Coding Scheme:

1	Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
2	Clinic or Physician's Office
4	Transfer from a hospital
5	Transfer from a skilled nursing facility, intermediate care facility or assisted living facility
6	Transfer from another health care facility
8	Court/Law Enforcement
9	Information not available
D	Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
E	Transfer from Ambulatory Surgery Center
F	Transfer from a Hospice Facility
`	Invalid

If Type of Admission=4 (Newborn)

5	Born inside this hospital
6	Born outside this hospital

Beginning Position:	26	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 6: **SPEC_UNIT_1**

Description: Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code.

Coding Scheme:

C	Coronary Care Unit	P	Pediatric Unit
D	Detoxification Unit	Y	Psychiatric Unit
I	Intensive Care Unit	R	Rehabilitation Unit
H	Hospice Unit	U	Sub-acute Care Unit
N	Nursery	S	Skilled Nursing Unit
B	Obstetric Unit	Blank	Acute Care
O	Oncology Unit		

Beginning Position:	27	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric

Field 7: **SPEC_UNIT_2**

Description: Specialty Units in which 2nd most days during stay occurred based on number 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	**Type:**	Alphanumeric

Field 8: **SPEC_UNIT_3**

Description: Specialty Units in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code.

Coding Scheme:	Same as field SPEC_UNIT_1		
Beginning Position:	29	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric

Field 9:	**SPEC_UNIT_4**
Description:	Specialty Units in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code.
Coding Scheme:	Same as field SPEC_UNIT_1

Beginning Position:	30	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric

Field 10:	**SPEC_UNIT_5**
Description:	Specialty Units in which 5th most days during stay occurred based on number of days by Type of Bill or Revenue Code.
Coding Scheme:	Same as field SPEC_UNIT_1

Beginning Position:	31	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric

Field 11:	**PAT_STATE**
Description:	State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation.
Coding Scheme:	AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and American Territories FC Foreign country XX Foreign country ZZ States other than Texas and the adjacent states within the US

Beginning Position:	32	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 12:	**PAT_ZIP**
Description:	Patient's five-digit ZIP code.
Suppression:	The last 2 digits are blank if a ZIP code has fewer than 30 patients. The ZIP code equals '88888' if state equals 'ZZ' (states other than Texas and the adjacent states). The ZIP Code is blank if one or more conditions below are met - patient state equals 'FC' (foreign country) - a facility has fewer than 50 patients reported - fewer than 5 patients within a facility reported of a particular sex, including 'unknown' The ZIP Code is "`" if one or more conditions below are met - it is an invalid Texan ZIP when the patient state is Texas or blank - an ICD-10-CM code indicates a substance use disorder (SUD) that excludes nicotine dependence or cigarette use, a mental health disorder, an HIV/AIDS diagnosis, or a diagnosis of sexually transmitted disease (STD) in records under 14 years of age

Beginning Position:	34	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 13:	**PAT_COUNTRY**
Description:	Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).
Suppression:	The country code is blank if a country has less than 5 patients or reported as "`" (back quote) if an ICD-10-CM code indicates a substance use disorder (SUD) that excludes nicotine dependence or cigarette use, a mental health disorder, an HIV/AIDS diagnosis, or a diagnosis of sexually transmitted disease (STD) in records under 14 years of age.
Coding scheme:	See *www.ISO.org* for complete list.

Beginning Position:	39	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 14:	**PAT_COUNTY**

Description: FIPS code of patient's county.

Suppression: County FIPS is blank if

- a county has fewer than 5 visits
- an ICD-10-CM code indicates a substance use disorder (SUD) that excludes nicotine dependence or cigarette use, a mental health disorder, an HIV/AIDS diagnosis, or a diagnosis of sexually transmitted disease (STD) in records under 14 years of age

Coseding scheme:

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

Beginning Position: 41 **Data Source:** Assigned; based on patient ZIP code

Length:	3	**Type:**	Alphanumeric

Field 15: **PUBLIC_HEALTH_REGION**

Description: Public Health Region of patient's address.

Suppression: The public health region field is blank if an ICD-10-CM code indicates a substance use disorder (SUD) that excludes nicotine dependence or cigarette use, a mental health disorder, an HIV/AIDS diagnosis, or a diagnosis of sexually transmitted disease (STD) in records under 14 years of age.

Coding Scheme:

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

Beginning Position:	44	**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 care
04	Discharged/transferred to a facility that provides custodial or supportive care
05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
07	Left against medical advice
09	Admitted as inpatient to this hospital
20	Expired
21	Discharged/transferred to Court/Law Enforcement
30	Still patient
40	Expired at home
41	Expired in a medical facility
42	Expired, place unknown
43	Discharged/transferred to federal government operated health facility
50	Hospice–home
51	Hospice–medical facility (Certified) providing hospice level of care
61	Discharged/transferred within this institution to Medicare-approved swing bed
62	Discharged/transferred to inpatient rehabilitation facility
63	Discharged/transferred to Medicare-certified long term care hospital
64	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
66	Discharged/transferred to Critical Access Hospital (CAH)
69	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
70	Discharge/transfer to another type of health care institution not defined elsewhere in the code list

81 Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
82 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
83 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
` Invalid

Beginning Position: 46 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 17: **SEX_CODE**
Description: Sex of the patient as recorded at date of admission or start of care.
Suppression: De-identified as "U" (Unknown) if an ICD-10-CM code indicates any of the following

- a substance use disorder (SUD) that excludes nicotine dependence or cigarette use (patients covered by the 25 Texas Administrative Code, Chapter 421, Subchapter A, Rule §421.9(f), and Subchapter D, Rule §421.67(h) that aligns with 42 CFR Part 2 and 42 USC §290dd-2)
- a mental health disorder (patients covered by the Texas Health and Safety Code 611, Sec. 611.002., and the 42 USC §290dd-2)
- an HIV/AIDS diagnosis (Texas Health and Safety Code, Sec. 108.013(d)(2), under THSC Sec. 81.103.)
- a diagnosis of sexually transmitted disease (STD) in records under 14 years of age (patients covered under Texas Health and Safety Code Sec. 81.046. CONFIDENTIALITY. (d))

Not all records with a "U" SEX_CODE indicate de-identification; records that do not belong to the categories listed above and therefore are not de-identified can also be "U" simply due to being reported as unknown.
If a facility reported fewer than 5 patients of a particular sex, including unknown, Provider ID is '999998', and Provider Name and Patient ZIP Code are blank for those patients.

Coding Scheme:
M Male
F Female
U Unknown
` Invalid

Beginning Position: 48 **Data Source:** Claim
Length: 1 **Type:** Alphanumeric

Field 18: **RACE**
Description: Code indicating the patient's race.
Suppression: If a hospital has fewer than 10 patients of one race that race is changed to 'Other' (code equals 5).
1 American Indian/Eskimo/Aleut

Coding Scheme:	2	Asian or Pacific Islander
	3	Black
	4	White
	5	Other
	`	Invalid

Beginning Position: 49 **Data Source:** Claim
Length: 1 **Type:** Alphanumeric

Field 19: **ETHNICITY**
Description: Code indicating the Hispanic origin of the patient.
Suppression: If a hospital has fewer than 10 patients of one race the ethnicity of patients of that race is suppressed (code is blank).

Coding Scheme:	1	Hispanic Origin
	2	Not of Hispanic Origin
	`	Invalid

Beginning Position: 50 **Data Source:** Claim
Length: 1 **Type:** Alphanumeric

Field 20: **ADMIT_WEEKDAY**
Description: Code indicating day of week patient is admitted

Coding Scheme:	1	Monday	5	Friday	
	2	Tuesday	6	Saturday	
	3	Wednesday	7	Sunday	
	4	Thursday	`	Invalid	

Beginning Position: 51 **Data Source:** Assigned
Length: 1 **Type:** Alphanumeric

Field 21: **LENGTH_OF_STAY**
Description: Length of stay in days *equals* Statement covers period through date *minus* Admission/start of care date. The minimum length of stay is 1 day. The maximum is 9999 days.

Beginning Position: 52 **Data Source:** Calculated
Length: 4 **Type:** Alphanumeric

Field 22: **PAT_AGE**
Description: Code indicating age of patients in days or years on date of discharge.

Coding Scheme:	00	0-28 days	12	45-49	Patients with HIV/AIDS or substance use disorders that exclude nicotine dependence or cigarette use, or STDs in minors under age 14:		
	01	29-365 days	13	50-54			
	02	1-4 years	14	55-59			
	03	5-9	15	60-64			
	04	10-14	16	65-69	22	0-17	
	05	15-17	17	70-74	23	18-44	
	06	18-19	18	75-79	24	45-64	
	07	20-24	19	80-84	25	65-74	
	08	25-29	20	85-89	26	75+	
	09	30-34	21	90+	`	Invalid	
	10	35-39	`	Invalid			
	11	40-44					

Beginning Position: 56 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 23: **FIRST_PAYMENT_SRC**
Description: Code indicating the expected primary source of payment.

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

Beginning Position: 58 **Data Source:** Claim

Length:	2	**Type:**	Alphanumeric
Field 24:	**SECONDARY_PAYMENT_SRC**		
Description:	Code indicating the expected secondary source of payment.		
Coding Scheme:	Same as field FIRST_PAYMENT_SRC		
Beginning Position:	60	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 25:	**TYPE_OF_BILL**		
Description:	Indicates the specific type of bill.		

Coding Scheme:

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

Beginning Position:	62	**Data Source:**	Claim
Length:	3	**Type:**	Alphanumeric
Field 26:	**TOTAL_CHARGES**		
Description:	Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.		
Beginning Position:	65	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 27:	**TOTAL_NON_COV_CHARGES**		
Description:	Sum of non-covered accommodation charges, non-covered ancillary charges.		
Beginning Position:	77	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 28:	**TOTAL_CHARGES_ACCOMM**		
Description:	Sum of covered and non-covered accommodation charges.		
Beginning Position:	89	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 29:	**TOTAL_NON_COV_CHARGES_ACCOMM**		
Description:	Sum of non-covered accommodations charges.		
Beginning Position:	101	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 30:	**TOTAL_CHARGES_ANCIL**		
Description:	Sum of covered and non-covered ancillary charges.		
Beginning Position:	113	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 31:	**TOTAL_NON_COV_CHARGES_ANCIL**		
Description:	Sum of non-covered ancillary charges.		
Beginning Position:	125	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 32:	**ADMITTING_DIAGNOSIS**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	137	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 33:	**PRINC_DIAG_CODE**		
Description:	ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		

Beginning Position:	144	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 34:	**POA_PRINC_DIAG_CODE**
Description:	Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr. 2012 only) ` Invalid

Beginning Position:	151	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 35:	**OTH_DIAG_CODE_1**
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	152	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 36:	**POA_OTH_DIAG_CODE_1**
Description:	Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE

Beginning Position:	159	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 37:	**OTH_DIAG_CODE_2**
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	160	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 38:	**POA_OTH_DIAG_CODE_2**
Description:	Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE

Beginning Position:	167	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 39:	**OTH_DIAG_CODE_3**
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	168	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 40:	**POA_OTH_DIAG_CODE_3**
Description:	Code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE

Beginning Position:	175	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 41:	**OTH_DIAG_CODE_4**
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	176	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 42:	**POA_OTH_DIAG_CODE_4**
Description:	Code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE

Beginning Position:	183	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 43:	**OTH_DIAG_CODE_5**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	184	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 44:	**POA_OTH_DIAG_CODE_5**		
Description:	Code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	191	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 45:	**OTH_DIAG_CODE_6**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	192	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 46:	**POA_OTH_DIAG_CODE_6**		
Description:	Code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	199	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 47:	**OTH_DIAG_CODE_7**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	200	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 48:	**POA_OTH_DIAG_CODE_7**		
Description:	Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	207	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 49:	**OTH_DIAG_CODE_8**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	208	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 50:	**POA_OTH_DIAG_CODE_8**		
Description:	Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	215	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 51:	**OTH_DIAG_CODE_9**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	216	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 52:	**POA_OTH_DIAG_CODE_9**		
Description:	Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	223	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 53:	**OTH_DIAG_CODE_10**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	224	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 54:	**POA_OTH_DIAG_CODE_10**		
Description:	Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	231	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 55:	**OTH_DIAG_CODE_11**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	232	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 56:	**POA_OTH_DIAG_CODE_11**		
Description:	Code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	239	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 57:	**OTH_DIAG_CODE_12**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	240	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 58:	**POA_OTH_DIAG_CODE_12**		
Description:	Code identifying whether Oth_Diag_Code_12 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	247	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 59:	**OTH_DIAG_CODE_13**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	248	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 60:	**POA_OTH_DIAG_CODE_13**		
Description:	Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	255	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 61:	**OTH_DIAG_CODE_14**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	256	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 62:	**POA_OTH_DIAG_CODE_14**		
Description:	Code identifying whether Oth_Diag_Code_14 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	263	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 63:	**OTH_DIAG_CODE_15**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	264	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 64:	**POA_OTH_DIAG_CODE_15**		
Description:	Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	271	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 65:	**OTH_DIAG_CODE_16**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	272	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 66:	**POA_OTH_DIAG_CODE_16**		
Description:	Code identifying whether Oth_Diag_Code_16 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	279	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 67:	**OTH_DIAG_CODE_17**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	280	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 68:	**POA_OTH_DIAG_CODE_17**		
Description:	Code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	287	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 69:	**OTH_DIAG_CODE_18**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	288	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 70:	**POA_OTH_DIAG_CODE_18**		
Description:	Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	295	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 71:	**OTH_DIAG_CODE_19**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	296	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 72:	**POA_OTH_DIAG_CODE_19**		
Description:	Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	303	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 73:	**OTH_DIAG_CODE_20**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	304	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 74:	**POA_OTH_DIAG_CODE_20**		
Description:	Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	311	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 75:	**OTH_DIAG_CODE_21**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	312	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 76:	**POA_OTH_DIAG_CODE_21**		
Description:	Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	319	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 77:	**OTH_DIAG_CODE_22**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	320	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 78:	**POA_OTH_DIAG_CODE_22**		
Description:	Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	327	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 79:	**OTH_DIAG_CODE_23**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	328	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 80:	**POA_OTH_DIAG_CODE_23**		
Description:	Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted to the hospital		
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**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	336	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 82:	**POA_OTH_DIAG_CODE_24**		
Description:	Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	343	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 83:	**E_CODE_1**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of morbidity. A decimal is implied following the third character.		
Beginning Position:	344	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 84:	**POA_E_CODE_1**		
Description:	Code identifying whether E_Code_1 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	351	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 85:	**E_CODE_2**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.		
Beginning Position:	352	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 86:	**POA_E_CODE_2**		
Description:	Code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	359	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 87:	**E_CODE_3**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.		
Beginning Position:	360	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 88:	**POA_E_CODE_3**		
Description:	Code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	367	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 89:	**E_CODE_4**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.		
Beginning Position:	368	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 90:	**POA_E_CODE_4**		
Description:	Code identifying whether E_Code_4 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	375	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 91:	**E_CODE_5**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.		
Beginning Position:	376	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 92:	**POA_E_CODE_5**		
Description:	Code identifying whether E_Code_5 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	383	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 93:	**E_CODE_6**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.		
Beginning Position:	384	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 94:	**POA_E_CODE_6**		
Description:	Code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	391	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 95:	**E_CODE_7**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.		
Beginning Position:	392	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 96:	**POA_E_CODE_7**		
Description:	Code identifying whether E_Code_7 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	399	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 97:	**E_CODE_8**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.		
Beginning Position:	400	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 98:	**POA_E_CODE_8**		
Description:	Code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	407	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 99:	**E_CODE_9**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.		
Beginning Position:	408	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 100:	**POA_E_CODE_9**		
Description:	Code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	415	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 101:	**E_CODE_10**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.		
Beginning Position:	416	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 102:	**POA_E_CODE_10**		
Description:	Code identifying whether E_Code_10 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	423	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 103:	**PRINC_SURG_PROC_CODE**		
Description:	Code for the principal surgical or other procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	424	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 104:	**PRINC_SURG_PROC_DAY**		
Description:	Day of principal surgical or other procedure *equals* Principal Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	431	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 105:	**OTH_SURG_PROC_CODE_1**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	435	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 106:	**OTH_SURG_PROC_DAY_1**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	442	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 107:	**OTH_SURG_PROC_CODE_2**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	446	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 108:	**OTH_SURG_PROC_DAY_2**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	453	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 109:	**OTH_SURG_PROC_CODE_3**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	457	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 110:	**OTH_SURG_PROC_DAY_3**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	464	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 111:	**OTH_SURG_PROC_CODE_4**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	468	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 112:	**OTH_SURG_PROC_DAY_4**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	475	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 113:	**OTH_SURG_PROC_CODE_5**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	479	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 114:	**OTH_SURG_PROC_DAY_5**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	486	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 115:	**OTH_SURG_PROC_CODE_6**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	490	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 116:	**OTH_SURG_PROC_DAY_6**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	497	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 117:	**OTH_SURG_PROC_CODE_7**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	501	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 118:	**OTH_SURG_PROC_DAY_7**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	508	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 119:	**OTH_SURG_PROC_CODE_8**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	512	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 120:	**OTH_SURG_PROC_DAY_8**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	519	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 121:	**OTH_SURG_PROC_CODE_9**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	523	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 122:	**OTH_SURG_PROC_DAY_9**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	530	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 123:	**OTH_SURG_PROC_CODE_10**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	534	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 124:	**OTH_SURG_PROC_DAY_10**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	541	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 125:	**OTH_SURG_PROC_CODE_11**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	545	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 126:	**OTH_SURG_PROC_DAY_11**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	552	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 127:	**OTH_SURG_PROC_CODE_12**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	556	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 128:	**OTH_SURG_PROC_DAY_12**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	563	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 129:	**OTH_SURG_PROC_CODE_13**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	567	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 130:	**OTH_SURG_PROC_DAY_13**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	574	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 131:	**OTH_SURG_PROC_CODE_14**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	578	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 132:	**OTH_SURG_PROC_DAY_14**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	585	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 133:	**OTH_SURG_PROC_CODE_15**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	589	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 134:	**OTH_SURG_PROC_DAY_15**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	596	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 135:	**OTH_SURG_PROC_CODE_16**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	600	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 136:	**OTH_SURG_PROC_DAY_16**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	607	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 137:	**OTH_SURG_PROC_CODE_17**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	611	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 138:	**OTH_SURG_PROC_DAY_17**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	618	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 139:	**OTH_SURG_PROC_CODE_18**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	622	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 140:	**OTH_SURG_PROC_DAY_18**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	629	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 141:	**OTH_SURG_PROC_CODE_19**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	633	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 142:	**OTH_SURG_PROC_DAY_19**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	640	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 143:	**OTH_SURG_PROC_CODE_20**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	644	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 144:	**OTH_SURG_PROC_DAY_20**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	651	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 145:	**OTH_SURG_PROC_CODE_21**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	655	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 146:	**OTH_SURG_PROC_DAY_21**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	662	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 147:	**OTH_SURG_PROC_CODE_22**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	666	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 148:	**OTH_SURG_PROC_DAY_22**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	673	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 149:	**OTH_SURG_PROC_CODE_23**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	677	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 150:	**OTH_SURG_PROC_DAY_23**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	684	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 151:	**OTH_SURG_PROC_CODE_24**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	688	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 152:	**OTH_SURG_PROC_DAY_24**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	695	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 153:	**ATTENDING_PHYSICIAN_UNIF_ID**		
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 care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.		
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.		
Coding Scheme:	9999999998 Cell size less than 5 9999999999 Temporary license or license number could not be matched		
Beginning Position:	699	**Data Source:**	Assigned
Length:	10	**Type:**	Alphanumeric
Field 154:	**OPERATING_PHYSICIAN_UNIF_ID**		
Description:	Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.		
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.		
Coding Scheme:	9999999998 Cell size less than 5 9999999999 Temporary license or license number could not be matched		

Beginning Position:	709	**Data Source:**	Assigned
Length:	10	**Type:**	Alphanumeric
Field 155:	**ENCOUNTER_INDICATOR**		
Description:	Indicates the number of claims used to create the encounter		
Beginning Position:	719	**Data Source:**	Calculated
Length:	2	**Type:**	Alphanumeric
Field 156:	**PROVIDER_NAME**		
Description:	Hospital name provided by the hospital.		
Suppression:	Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Hospital Name is blank.		
Beginning Position:	721	**Data Source:**	Provider
Length:	55	**Type:**	Alphanumeric
Field 157:	**EMERGENCY_DEPT_FLAG**		
Description:	Indicator of emergency department visit.		
Coding Scheme:	Y visit was emergency related N Visit was not emergency related		
Beginning Position:	776	**Data Source:**	Assigned
Length:	1	**Type:**	

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 2:	**PRIVATE_AMOUNT**		
Description:	Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 011X, 014X		
Beginning Position:	13	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 3:	**SEMI_PRIVATE_AMOUNT**		
Description:	Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 010X, 012X-014X, 016X-019X		
Beginning Position:	25	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 4:	**WARD_AMOUNT**		
Description:	Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 015X.		
Beginning Position:	37	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 5:	**ICU_AMOUNT**		
Description:	Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 020X.		
Beginning Position:	49	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 6:	**CCU_AMOUNT**		
Description:	Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 021X.		
Beginning Position:	61	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 7:	**OTHER_AMOUNT**		
Description:	Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X.		
Beginning Position:	73	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 8:	**PHARM_AMOUNT**		
Description:	Ancillary Service Charge, Pharmacy Charge 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	**Type:**	Numeric
Field 9:	**MEDSURG_AMOUNT**		
Description:	Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X.		
Beginning Position:	97	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 10:	**DME_AMOUNT**		

Description:	Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299.		
Beginning Position:	109	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 11:	**USED_DME_AMOUNT**		
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	**Type:**	Numeric
Field 12:	**PT_AMOUNT**		
Description:	Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X.		
Beginning Position:	133	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 13:	**OT_AMOUNT**		
Description:	Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X.		
Beginning Position:	145	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 14:	**SPEECH_AMOUNT**		
Description:	Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X.		
Beginning Position:	157	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 15:	**IT_AMOUNT**		
Description:	Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X.		
Beginning Position:	169	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 16:	**BLOOD_AMOUNT**		
Description:	Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X.		
Beginning Position:	181	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 17:	**BLOOD_ADMIN_AMOUNT**		
Description:	Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X.		
Beginning Position:	193	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 18:	**OR_AMOUNT**		
Description:	Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X.		
Beginning Position:	205	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 19:	**LITH_AMOUNT**		

Description:	Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.		
Beginning Position:	217	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 20:	**CARD_AMOUNT**		
Description:	Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.		
Beginning Position:	229	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 21:	**ANES_AMOUNT**		
Description:	Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.		
Beginning Position:	241	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 22:	**LAB_AMOUNT**		
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	**Type:**	Numeric
Field 23:	**RAD_AMOUNT**		
Description:	Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.		
Beginning Position:	265	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 24:	**MRI_AMOUNT**		
Description:	Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.		
Beginning Position:	277	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 25:	**OP_AMOUNT**		
Description:	Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.		
Beginning Position:	289	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 26:	**ER_AMOUNT**		
Description:	Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X.		
Beginning Position:	301	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 27:	**AMBULANCE_AMOUNT**		
Description:	Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X.		
Beginning Position:	313	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 28:	**PRO_FEE_AMOUNT**		
Description:	Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.		
Beginning Position:	325	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 29:	**ORGAN_AMOUNT**		
Description:	Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.		
Beginning Position:	337	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 30:	**ESRD_AMOUNT**		
Description:	Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X		
Beginning Position:	349	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 31:	**CLINIC_AMOUNT**		
Description:	Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X.		
Beginning Position:	361	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 32:	**OCCUR_CODE_1**		
Description:	Code describing a significant event relating to the claim.		

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	Other accident	44	Date treatment started - OT
6	Crime Victim	45	Date treatment started - ST
9	Start of Infertility Treatment Cycle	46	Date treatment started - Cardiac rehabilitation
10	Last Menstrual Period	47	Date cost outlier status begins
11	Onset of Symptoms/ Illness	A1	Birthdate - Insured A
12	Date of Onset for a Chronically 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 Reviewed	E2	Effective date - Insured D Policy
28	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	**Type:**	Alphanumeric
Field 33:	**OCCUR_DAY_1**		

Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	375	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 34:	**OCCUR_CODE_2**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	379	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 35:	**OCCUR_DAY_2**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	381	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 36:	**OCCUR_CODE_3**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	385	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 37:	**OCCUR_DAY_3**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	387	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 38:	**OCCUR_CODE_4**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	391	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 39:	**OCCUR_DAY_4**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	393	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 40:	**OCCUR_CODE_5**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	397	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 41:	**OCCUR_DAY_5**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	399	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 42:	**OCCUR_CODE_6**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	403	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 43:	**OCCUR_DAY_6**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	405	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 44:	**OCCUR_CODE_7**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	409	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 45:	**OCCUR_DAY_7**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		

Beginning Position:	411	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 46:	**OCCUR_CODE_8**
Description:	Code describing a significant event relating to the claim.
Coding Scheme:	Same as Field OCCUR_CODE_1.

Beginning Position:	415	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 47:	**OCCUR_DAY_8**
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	417	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 48:	**OCCUR_CODE_9**
Description:	Code describing a significant event relating to the claim.
Coding Scheme:	Same as Field OCCUR_CODE_1.

Beginning Position:	421	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 49:	**OCCUR_DAY_9**
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	423	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 50:	**OCCUR_CODE_10**
Description:	Code describing a significant event relating to the claim.
Coding Scheme:	Same as Field OCCUR_CODE_1.

Beginning Position:	427	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 51:	**OCCUR_DAY_10**
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	429	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 52:	**OCCUR_CODE_11**
Description:	Code describing a significant event relating to the claim.
Coding Scheme:	Same as Field OCCUR_CODE_1.

Beginning Position:	433	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 53:	**OCCUR_DAY_11**
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	435	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 54:	**OCCUR_CODE_12**
Description:	Code describing a significant event relating to the claim.
Coding Scheme:	Same as Field OCCUR_CODE_1.

Beginning Position:	439	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 55:	**OCCUR_DAY_12**
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	441	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 56:	**OCCUR_SPAN_CODE_1**
Description:	Code describing a significant event relating to the claim that may affect payer processing.
Coding Scheme:	

70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates
71	Prior stay dates	80	Prior Same SNF prior stay dates for Payment Ban Purposes
72	First/Last Visit	81	Antepartum Days at Reduced Level of Care
73	Benefit eligibility period	M0	QIO/UR approved stay dates
74	Noncovered level of care/Leave of absence	M1	Provider liability - no utilization
75	SNF level of care	M2	Inpatient respite dates
76	Patient Liability Period	M3	ICF level of care

	77	Provider Liability - Utilization Charged	M4	Residential level of care	
Beginning Position:	445		**Data Source:**	Claim	
Length:	2		**Type:**	Alphanumeric	
Field 57:	**OCCUR_SPAN_FROM_1**				
Description:	Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.				
Beginning Position:	447		**Data Source:**	Calculated	
Length:	6		**Type:**	Alphanumeric	
Field 58:	**OCCUR_SPAN_THRU_1**				
Description:	Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.				
Beginning Position:	453		**Data Source:**	Calculated	
Length:	6		**Type:**	Alphanumeric	
Field 59:	**OCCUR_SPAN_CODE_2**				
Description:	Code describing a significant event relating to the claim that may affect payer processing.				
Coding Scheme:	Same as Field OCCUR_SPAN_CODE_1.				
Beginning Position:	459		**Data Source:**	Claim	
Length:	2		**Type:**	Alphanumeric	
Field 60:	**OCCUR_SPAN_FROM_2**				
Description:	Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.				
Beginning Position:	461		**Data Source:**	Calculated	
Length:	6		**Type:**	Alphanumeric	
Field 61:	**OCCUR_SPAN_THRU_2**				
Description:	Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.				
Beginning Position:	467		**Data Source:**	Calculated	
Length:	6		**Type:**	Alphanumeric	
Field 62:	**OCCUR_SPAN_CODE_3**				
Description:	Code describing a significant event relating to the claim that may affect payer processing.				
Coding Scheme:	Same as Field OCCUR_SPAN_CODE_1.				
Beginning Position:	473		**Data Source:**	Claim	
Length:	2		**Type:**	Alphanumeric	
Field 63:	**OCCUR_SPAN_FROM_3**				
Description:	Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.				
Beginning Position:	475		**Data Source:**	Calculated	
Length:	6		**Type:**	Alphanumeric	
Field 64:	**OCCUR_SPAN_THRU_3**				
Description:	Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.				
Beginning Position:	481		**Data Source:**	Calculated	
Length:	6		**Type:**	Alphanumeric	
Field 65:	**OCCUR_SPAN_CODE_4**				
Description:	Code describing a significant event relating to the claim that may affect payer processing.				
Coding Scheme:	Same as Field OCCUR_SPAN_CODE_1.				
Beginning Position:	487		**Data Source:**	Claim	
Length:	2		**Type:**	Alphanumeric	
Field 66:	**OCCUR_SPAN_FROM_4**				
Description:	Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.				
Beginning Position:	489		**Data Source:**	Calculated	
Length:	6		**Type:**	Alphanumeric	
Field 67:	**OCCUR_SPAN_THRU_4**				
Description:	Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.				
Beginning Position:	495		**Data Source:**	Calculated	
Length:	6		**Type:**	Alphanumeric	
Field 68:	**CONDITION_CODE_1**				
Description:	Code describing a condition relating to the claim.				
Coding Scheme:	01	Military service related	A0	TRICARE external partnership program	
	02	Condition is employment related	A1	EPSDT/CHAP	
	03	Patient covered by insurance not reflected here	A2	Physically handicapped children's program	
	04	Information only bill.	A3	Special Federal Funding	
	05	Lien has been filed	A4	Family planning	

06	ESRD patient in first 18 months of entitlement covered by EGHP	A5	Disability
07	Treatment of non-terminal condition for hospice patient	A6	Vaccines/Medicare 100% payment
08	Beneficiary would not provide information concerning other insurance coverage	A9	Second opinion surgery
09	Neither patient or spouse is employed	AA	Abortion performed due to rape
10	Patient and/or spouse is employed but no EGHP exists	AB	Abortion performed due to incest
11	Disabled beneficiary but no LGHP coverage exists	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
17	Patient is homeless	AD	Abortion performed due to life endangering physical condition
18	Maiden name retained	AE	Abortion performed due to physical health of mother that is not life endangering
19	Child retains mother's name	AF	Abortion performed due to emotional/psychological health of mother
20	Beneficiary requested billing	AG	Abortion performed due to social or economic reasons
21	Billing for denial notice	AH	Elective abortion
22	Patient on multiple drug regimen	AI	Sterilization
23	Home care giver available	AJ	Payer responsible for co-payment
24	Home IV patient also receiving HHA services		
25	Patient is non-US resident	AK	Air ambulance required
26	VA eligible patient chooses to receive services in a Medicare certified facility	AL	Specialized treatment/bed unavailable
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AM	Non-emergency medically necessary stretcher transport required
28	Patient and/or spouse's EGHP is secondary to Medicare	AN	Pre-admission screening not required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	B0	Medicare coordinated care demonstration claim
30	Non-research services provided to patients enrolled in a qualified clinical trial	B1	Beneficiary is ineligible for demonstration program
31	Patient is student (full time - day)	B4	Admission unrelated to discharge on same day
32	Patient is student (cooperative/work study program)	BP	Gulf Oil Spill of 2010
33	Patient is student (full time - night)	C1	Approved as billed
34	Patient is student (part-time)	C2	Automatic approval as billed based on focused review
36	General care patient in a special unit	C3	Partial approval
37	Ward accommodation at patient request	C4	Admission/services denied
38	Semi-private room not available	C5	Postpayment review applicable
39	Private room medically necessary	C6	Admission Preauthorization
40	Same day transfer	C7	Extended Authorization
41	Partial hospitalization	D0	Changes to Service Dates
42	Continuing care not related to inpatient admission	D1	Changes to Charges
43	Continuing care not provided within prescribed postdischarge window	D3	Second or Subsequent Interim PPS Bill
44	Inpatient admission changed to outpatient	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
45	Ambiguous Gender Category	D5	Cancel to correct Insured's ID or Provider ID
46	Non-availability statement on file	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
47	Transfer from another Home Health Agency	D7	Change to Make Medicare the Secondary Payer
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D8	Change to Make Medicare the Primary Payer
49	Product replacement within product lifecycle	D9	Any Other Change
50	Product Replacement for Known Recall of a Product	DR	Disaster related
51	Attestation of Unrelated Outpatient Nondiagnostic Services	E0	Changes in Patient Status
52	Out of Hospice Service Area	G0	Distinct Medical Visit
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	H0	Delayed Filing, Statement of Intent Submitted

54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency	H2	Discharge by a Hospice Provider for Cause
55	SNF bed not available	H3	Reoccurrence of GI Bleed Comorbid Category
56	Medical appropriateness	H4	Reoccurrence of Pneumonia Comorbid Category
57	SNF readmission	H5	Reoccurrence of Pericarditis Comorbid Category
58	Terminated Medicare+Choice organization enrollee	P1	Do not Resuscitate Order (DNR)
59	Non-primary ESRD facility	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 cost outlier payment	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
67	Beneficiary elects not to use life time reserve (LTR) days	R4	Request for reopening Reason Code - Computer Errors
68	Beneficiary elects to use life time reserve (LTR) days	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
69	IME/DGME/N&AH Payment Only	R6	Request for reopening Reason Code - Other Clerical Errors or p Errors and Omissions not Specified in R1-R5 above
70	Self-administered anemia management 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% reimbursement	W3	Level I Appeal
76	Back-up in facility dialysis	W4	Level II Appeal
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment	W5	Level III Appeal
78	New coverage not implemented by HMO		
79	CORF services provided offsite		
80	Home dialysis - nursing facility		
81	C-section/Inductions <39 weeks-Medical Necessity		
82	C-section/Inductions <39 weeks-Elective		
83	C-section/Inductions 39 weeks or greater		
84	Dialysis for Acute Kidney Injury (AKI)		
85	Delayed Recertification of Hospice Terminal Illness		
86	Additional Hemodialysis Treatment with Medical Justification		

Beginning Position: 501 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 69: **CONDITION_CODE_2**
Description: Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 503 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 70: **CONDITION_CODE_3**
Description: Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 505 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 71: **CONDITION_CODE_4**
Description: Code describing a condition relating to the claim.

Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	507	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 72:	**CONDITION_CODE_5**		
Description:	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	509	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 73:	**CONDITION_CODE_6**		
Description:	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	511	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 74:	**CONDITION_CODE_7**		
Description:	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	513	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 75:	**CONDITION_CODE_8**		
Description:	Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	515	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 76: **VALUE_CODE_1**

Description: Code describing information that may affect payer processing.

Coding Scheme:

01	Most common semi-private rate	58	Arterial blood gas
02	Hospital has no semi-private rooms	59	Oxygen saturation
04	Inpatient professional component charges which are combined billed	60	HHA branch MSA
05	Professional component included in charges and also billed separately to carrier	61	Place of Residence where service is furnished (HHA and hospice)
06	Blood deductible	66	Medicaid spend down amount
08	Life time reserve amount in the first calendar year	67	Peritoneal dialysis
09	Coinsurance amount in the first calendar year	68	EPO-drug
10	Lifetime reserve amount in the second calendar year	69	State charity care percentage
11	Coinsurance amount in the second calendar year	80	Covered Days
12	Working aged beneficiary/spouse with employer group health plan	81	Non-covered Days
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	82	Co-insurance Days
14	No fault, including auto/other	83	Lifetime Reserve Days
15	Worker's compensation	84	Shorter Duration Hemodialysis
16	Public health service (PHS) or other federal agency	A0	Special zip code reporting
21	Catastrophic	A1	Deductible payer A
22	Surplus	A2	Coinsurance payer A
23	Recurring monthly income	A3	Estimated responsibility payer A
24	Medicaid Rate Code	A4	Covered self-administrable drugs - emergency
25	Offset to the patient - payment amount - prescription drugs	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
26	Offset to the patient - payment amount - hearing and ear services	A6	Covered self-administrable drugs - diagnostic study and other
27	Offset to the patient - payment amount - vision and eye services	A7	Co-payment payer A
28	Offset to the patient - payment amount - dental services	A8	Patient weight
29	Offset to the patient - payment amount - chiropractic services	A9	Patient height
30	Preadmission testing	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A

31	Patient Liability Amount	AB	Other assessments or allowances (e.g., medical education) - payer A
32	Multiple patient ambulance transport	B1	Deductible payer B
33	Offset to the patient - payment amount - podiatric services	B2	Coinsurance payer B
34	Offset to the patient - payment amount - other medical services	B3	Estimated responsibility payer B
35	Offset to the patient - payment amount - health insurance premiums	B7	Co-payment payer B
37	Units of blood furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
38	Blood deductible units	BB	Other assessments or allowances (e.g., medical education) - payer B
39	Units of blood replaced	C1	Deductible payer C
40	New coverage not implemented by HMO	C2	Coinsurance payer C
41	Black lung	C3	Estimated responsibility payer C
42	VA	C7	Co-payment payer C
43	Disabled beneficiary under age 65 with LGHP	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	CB	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 visits	Y1	Part A Demonstration Payment
52	Speech Therapy visits	Y2	Part B Demonstration Payment
53	Cardiac rehab visits	Y3	Part B Coinsurance
54	Newborn birth weight in grams	Y4	Conventional Provider Payment
55	Eligibility threshold for charity care	Y5	Part B Deductible
56	Skilled nurse - home visit hours		
57	Home health aide - home visit hours		

Beginning Position: 517 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 77: **VALUE_AMOUNT_1**
Description: Dollar amount that may be affected.
Beginning Position: 519 **Data Source:** Claim
Length: 9 **Type:** Alphanumeric

Field 78: **VALUE_CODE_2**
Description: Code describing information that may affect payer processing.
Coding Scheme: Same as Field Value_CODE_1.
Beginning Position: 528 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 79: **VALUE_AMOUNT_2**
Description: Dollar amount that may be affected.
Beginning Position: 530 **Data Source:** Claim
Length: 9 **Type:** Alphanumeric

Field 80: **VALUE_CODE_3**
Description: Code describing information that may affect payer processing.
Coding Scheme: Same as Field Value_CODE_1.
Beginning Position: 539 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 81: **VALUE_AMOUNT_3**
Description: Dollar amount that may be affected.

Beginning Position:	541	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 82:	**VALUE_CODE_4**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field Value_CODE_1.		
Beginning Position:	550	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 83:	**VALUE_AMOUNT_4**		
Description:	Dollar amount that may be affected.		
Beginning Position:	552	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 84:	**VALUE_CODE_5**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field Value_CODE_1.		
Beginning Position:	561	**Data Source:**	Claim
Length:	2	**Type:**	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**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field Value_CODE_1.		
Beginning Position:	572	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 87:	**VALUE_AMOUNT_6**		
Description:	Dollar amount that may be affected.		
Beginning Position:	574	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 88:	**VALUE_CODE_7**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field Value_CODE_1.		
Beginning Position:	583	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 89:	**VALUE_AMOUNT_7**		
Description:	Dollar amount that may be affected.		
Beginning Position:	585	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 90:	**VALUE_CODE_8**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field Value_CODE_1.		
Beginning Position:	594	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 91:	**VALUE_AMOUNT_8**		
Description:	Dollar amount that may be affected.		
Beginning Position:	596	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 92:	**VALUE_CODE_9**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field Value_CODE_1.		
Beginning Position:	605	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 93:	**VALUE_AMOUNT_9**		
Description:	Dollar amount that may be affected.		

Beginning Position:	607	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 94:	**VALUE_CODE_10**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field Value_CODE_1.		
Beginning Position:	616	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 95:	**VALUE_AMOUNT_10**		
Description:	Dollar amount that may be affected.		
Beginning Position:	618	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 96:	**VALUE_CODE_11**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field Value_CODE_1.		
Beginning Position:	627	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 97:	**VALUE_AMOUNT_11**		
Description:	Dollar amount that may be affected.		
Beginning Position:	629	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 98:	**VALUE_CODE_12**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field Value_CODE_1.		
Beginning Position:	638	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 99:	**VALUE_AMOUNT_12**		
Description:	Dollar amount that may be affected.		
Beginning Position:	640	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric

Field 2: **REVENUE_CODE**

Description: Code corresponding to each specific accommodation, ancillary service or billing calculation related 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	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance
0120	Room charges for semi-private rooms - general	0546	Ambulance service - neonatal
0121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment
0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other

0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other
0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA – other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services - 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	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
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	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general

0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices - nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take-home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells-allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory - nonroutine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment

0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - 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 radiopharmaceuticals	0901	Behavior health treatments/services - electroshock
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity 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 dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service
0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio
0472	Audiology - treatment	0995	Patient convenience items - nonpatient room rentals
0479	Audiology - other	0996	Patient convenience items - late discharge charge
0480	Cardiology - general	0997	Patient convenience items - admission kits
0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber

	0482	Cardiology - stress test	0999	Patient convenience items - other
	0483	Cardiology - echocardiology	1000	Behavior health accommodations - general
	0489	Cardiology - other	1001	Behavior health accommodations - residential treatment - psychiatric
	0490	Ambulatory surgical care - general	1002	Behavior health accommodations - residential treatment - chemical dependency
	0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
	0500	Outpatient services - general	1004	Behavior health accommodations - halfway house
	0509	Outpatient services - other	1005	Behavior health accommodations - group home
	0510	Clinic - general	2100	Alternative therapy services - general
	0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
	0512	Clinic - dental	2102	Alternative therapy services - acupressure
	0513	Clinic - psychiatric	2103	Alternative therapy services - massage
	0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
	0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
	0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
	0517	Clinic - family practice	2109	Alternative therapy services - other
	0519	Clinic - other	3101	Adult day care, medical and social - hourly
	0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	3103	Adult day care, medical and social - daily
	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	3104	Adult day care, social - daily
	0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF	3109	Adult foster care - other
	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility		
	0526	Freestanding Clinic - urgent care		

Beginning Position:	13	**Data Source:**	Claim
Length:	4	**Type:**	Alphanumeric

Field 3:	**HCPCS_QUALIFIER**
Description:	Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE

Beginning Position:	17	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 4	**HCPCS_PROCEDURE_CODE**
Description:	HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.
Coding Scheme:	See *http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp* for complete list.

Beginning Position:	19	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 5:	**MODIFIER_1**
Description:	Identifies special circumstances related to the performance of the service

Coding Scheme:

22	Increased procedural services	P4	A patient with severe systemic disease that is a constant threat to life
23	Unusual Anesthesia	P5	A moribund patient who is not expected to survive without the operation
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	P6	A declared brain-dead patient whose organs are being removed for donor purposes
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service	E1	Upper left eyelid
26	Professional Component	E2	Lower left eyelid

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

Beginning Position:	24	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 6:	**MODIFIER_2**
Description:	Identifies special circumstances related to the performance of the service.

Coding Scheme:	Same as Field MODIFIER_1		
Beginning Position:	26	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 7:	**MODIFIER_3**		
Description:	Identifies special circumstances related to the performance of the service.		
Coding Scheme:	Same as Field MODIFIER_1		
Beginning Position:	28	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 8:	**MODIFIER_4**		
Description:	Identifies special circumstances related to the performance of the service.		
Coding Scheme:	Same as Field MODIFIER_1		
Beginning Position:	30	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 9:	**UNIT_MEASUREMENT_CODE**		
Description:	Code specifying the units in which a value is 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**		
Description:	Numeric value of quantity		
Beginning Position:	34	**Data Source:**	Claim
Length:	7	**Type:**	Numeric
Field 11:	**UNIT_RATE**		
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	**Type:**	Numeric
Field 13:	**CHRGS_NON_COV**		
Description:	Total non-covered amount of the charge		
Beginning Position:	67	**Data Source:**	Assigned
Length:	14	**Type:**	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.

Field 1:	**THCIC_ID**		
Description:	Provider ID. Unique identifier assigned to the provider by DSHS.		
Beginning Position:	1	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 2:	**FACILITY_TYPE**		
Description:	Types of healthcare facilities.		
Beginning Position:	7	**Data Source:**	Provider
Length:	4	**Type:**	Alphanumeric
Field 3:	**FAC_TEACHING_IND**		
Description:	Teaching Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Coding Scheme:	A Member, Council of Teaching Hospitals X Other teaching facility		
Beginning Position:	11	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 4:	**FAC_PSYCH_IND**		
Description:	Psychiatric Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	12	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 5:	**FAC_REHAB_IND**		
Description:	Rehabilitation Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	13	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 6:	**FAC_ACUTE_CARE_IND**		
Description:	Acute Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	14	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 7:	**FAC_SNF_IND**		
Description:	Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	15	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 8:	**FAC_LONG_TERM_AC_IND**		
Description:	Long Term Acute Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	16	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 9:	**FAC_OTHER_LTC_IND**		
Description:	Other Long Term Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	17	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 10:	**FAC_PEDS_IND**		
Description:	Pediatric Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Coding Scheme:	C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities that also treat children		

Beginning Position:	18	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 11	**PROVIDER_NAME**		
Description:	Hospital name provided by the hospital.		
Beginning Position:	19	**Data Source:**	Provider
Length:	55	**Type:**	Alphanumeric
Field 12:	**POA_PROVIDER_INDICATOR**		
Description:	Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals.		
Coding Scheme:	M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required X Exempt ` Invalid		
Beginning Position:	74	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 13:	**CERT_STATUS**		
Description:	Assignment of a code to indicate the certification of data and submission of comments by the hospital. First available 3rd quarter 1999.		
Coding Scheme:	1 Certified, without comment 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Hospital elected not to certify 5 Hospital closed, data not certified 6 Hospital out of compliance, did not certify data 7 Data not certified. Hospital affected by natural or man-made disaster (Starting 4Q2016)		
Beginning Position:	75	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 2:	**FROZEN_MS_DRG**		
Description:	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as assigned for hospital payment for Medicare beneficiaries.		
Beginning Position:	13	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 3:	**FROZEN_MS_MDC**		
Description:	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004.		
Beginning Position:	16	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 4:	**FROZEN_MS_GROUPER_VERSION_NBR**		
Description:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes		
Beginning Position:	18	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 5:	**FROZEN_MS_GROUPER_ERROR_CODE**		
Description:	Error codes identify potential variations with MS DRG code assignment		
Coding Scheme:	00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 10 Illogical Principal Diagnosis (CMS only) 11 Invalid Principal Diagnosis		19 DisableHac = 0 and at least one HAC POA is invalid or exempt 20 DisableHac is invalid and at least one HAC POA is N or U 21 DisableHac is invalid and at least one HAC POA is invalid or exempt 22 DisableHac = 0 and at least one HAC POA is exempt 23 DisableHac is invalid and at least one HAC POA is exempt 24 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U 25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
Beginning Position:	23	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 6:	**FROZEN_APR_DRG**		
Description:	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper		
Beginning Position:	25	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 7:	**FROZEN_RISK_MORTALITY**		
Description:	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of dying.		
Coding Scheme:	1 Minor 2 Moderate 3 Major 4 Extreme		
Beginning Position:	28	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 8:	**FROZEN_ILLNESS_SEVERITY**		

Description: Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of physiologic decompensation.

Coding Scheme:

1	Minor
2	Moderate
3	Major
4	Extreme
0	No class specified

Beginning Position: 29 **Data Source:** Assigned
Length: 1 **Type:** Alphanumeric

Field 9: **FROZEN_APR_MDC**
Description: Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper.
Beginning Position: 30 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 10: **FROZEN_APR_GROUPER_VERSION_NBR**
Description: 3M™ All Patient Refined Diagnosis Related Grouper version used to assign APR DRG codes, APR MDC codes, Risk of Mortality rankings and, Severity of Illness rankings
Beginning Position: 32 **Data Source:** Assigned
Length: 5 **Type:** Alphanumeric

Field 11: **FROZEN_APR_GROUPER_ERROR_CODE**
Description: Error codes identify potential variations with APR DRG code assignment

Coding Scheme:

00	No errors. DRG successfully assigned.	12	Gestational age/birth weight conflict (APR only)
01	Diagnosis code cannot be used as principal diagnosis	19	DisableHac = 0 and at least one HAC POA is invalid or exempt
02	Record does not meet criteria for any DRG	20	DisableHac is invalid and at least one HAC POA is N or U
03	Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
04	Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
05	Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
06	Invalid birthweight (AP & APR only)	24	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 days (AP & APR only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
11	Invalid Principal Diagnosis		

Beginning Position: 37 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 12: **MS_DRG**
Description: Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as assigned for hospital payment for Medicare beneficiaries.
Beginning Position: 39 **Data Source:** Assigned
Length: 3 **Type:** Alphanumeric

Field 13: **MS_MDC**
Description: Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004.
Beginning Position: 42 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 14: **MS_GROUPER_VERSION_NBR**
Description: CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes
Beginning Position: 44 **Data Source:** Assigned
Length: 5 **Type:** Alphanumeric

Field 15: **MS_GROUPER_ERROR_CODE**
Description: Error codes identify potential variations with MS DRG code assignment

Coding Scheme:

00	No errors. DRG successfully assigned.	19	DisableHac = 0 and at least one HAC POA is invalid or exempt
01	Diagnosis code cannot be used as principal diagnosis	20	DisableHac is invalid and at least one HAC POA is N or U

02	Record does not meet criteria for any DRG	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
03	Invalid Age	22	DisableHac = 0 and at least one HAC POA is exempt
04	Invalid Sex	23	DisableHac is invalid and at least one HAC POA is exempt
05	Invalid Discharge Status	24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
10	Illogical Principal Diagnosis (CMS only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
11	Invalid Principal Diagnosis		

Beginning Position: 49 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 16: **APR_DRG**
Description: All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper
Beginning Position: 51 **Data Source:** Assigned
Length: 3 **Type:** Alphanumeric

Field 17: **RISK_MORTALITY**
Description: Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of dying.
Coding Scheme:

1	Minor
2	Moderate
3	Major
4	Extreme

Beginning Position: 54 **Data Source:** Assigned
Length: 1 **Type:** Alphanumeric

Field 18: **ILLNESS_SEVERITY**
Description: Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of physiologic decompensation.
Coding Scheme:

1	Minor
2	Moderate
3	Major
4	Extreme
0	No class specified

Beginning Position: 55 **Data Source:** Assigned
Length: 1 **Type:** Alphanumeric

Field 19: **APR_MDC**
Description: Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper.
Beginning Position: 56 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 20: **APR_GROUPER_VERSION_NBR**
Description: 3M™ All Patient Refined Diagnosis Related Grouper version used to assign APR DRG codes, APR MDC codes, Risk of Mortality rankings and,Severity of Illness rankings
Beginning Position: 58 **Data Source:** Assigned
Length: 5 **Type:** Alphanumeric

Field 21: **APR_GROUPER_ERROR_CODE**
Description: Error codes identify potential variations with APR DRG code assignment
Coding Scheme:

00	No errors. DRG successfully assigned.	12	Gestational age/birth weight conflict (APR only)
01	Diagnosis code cannot be used as principal diagnosis	19	DisableHac = 0 and at least one HAC POA is invalid or exempt
02	Record does not meet criteria for any DRG	20	DisableHac is invalid and at least one HAC POA is N or U
03	Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
04	Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
05	Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
06	Invalid birthweight (AP & APR only)	24	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 days (AP & APR only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
11	Invalid Principal Diagnosis		

Beginning Position:	63	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric

Texas Hospital Inpatient Discharge Public Use Data File

DATA FIELDS

BASE DATA #1 FILE

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

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
1	RECORD_ID Does NOT match the RECORD_ID 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**	

CHARGES DATA FILE

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**	

GROUPER FILE

Number	Field Name	Position	Length	Field Type
1	RECORD_ID	1	12	Alphanumeric
2	FROZEN_MS_DRG	13	3	Alphanumeric
3	FROZEN_MS_MDC	16	2	Alphanumeric
4	FROZEN_MS_GROUPER_VERSION_NBR	18	5	Alphanumeric
5	FROZEN_MS_GROUPER_ERROR_CODE	23	2	Alphanumeric
6	FROZEN_APR_DRG	25	3	Alphanumeric
7	FROZEN_RISK_MORTALITY	28	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	29	1	Alphanumeric
9	FROZEN_APR_MDC	30	2	Alphanumeric
10	FROZEN_APR_GROUPER_VERSION_NBR	32	5	Alphanumeric
11	FROZEN_APR_GROUPER_ERROR_CODE	37	2	Alphanumeric
12	MS_DRG	39	3	Alphanumeric
13	MS_MDC	42	2	Alphanumeric
14	MS_GROUPER_VERSION_NBR	44	5	Alphanumeric
15	MS_GROUPER_ERROR_CODE	49	2	Alphanumeric
16	APR_DRG	51	3	Alphanumeric
17	RISK_MORTALITY	54	1	Alphanumeric
18	ILLNESS_SEVERITY	55	1	Alphanumeric
19	APR_MDC	56	2	Alphanumeric
20	APR_GROUPER_VERSION_NBR	58	5	Alphanumeric
21	APR_GROUPER_ERROR_CODE	63	2	Alphanumeric
	Record_Length		64	