# TEXAS DEPARTMENT OF STATE HEALTH SERVICES CENTER FOR HEALTH STATISTICS



# **Health Care Information**

### **USER MANUAL**

**TEXAS HOSPITAL INPATIENT DISCHARGE PUBLIC USE DATA FILE (PUDF)** Base Data #1 File, Base Data #2 File Charges File, and Facility Type Indicator File

#### 2012

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#### BACKGROUND

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

#### PUBLIC USE DATA FILE (PUDF)

Section 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard 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 for 2012 due to the addition of the 25 diagnosis present on admission indicator codes (POA) and the 10 POA indicators for the external cause of injury codes. 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 10 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.

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 2012 PUDF is available in four fixed length format text files, Base Data #1 (logical record length of 950 bytes), Base Data #2 (logical record length of 700 bytes), Charges (logical record length of 80 bytes), and Facility Type Data (logical record length of 69 bytes) files. The files are also available in tab-delimited format. The size of the files is as follows:

First quarter, 568 hospitals:

Base Data #1 Base Data #2 Charges Facility Type Data 745,203 records 745,203 records 11,568,053 records 568 records Fixed field format Fixed field format Fixed field format Fixed field format

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Tab-delimited312MBTab-delimited197MBTab-delimited539MBTab-delimited28KB

693 MB

511 MB

926 MB

40 KB

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 are available in the PUDF beginning with data for 2004 or are not comparable to data collected in years prior to 2004:

Added 2004
Added 2004
Replaces PAYMENT_SOURCE_1 and
SOURCE_PAYMENT_CODE_1
Replaces PAYMENT_SOURCE_2 and
SOURCE_PAYMENT_CODE_2
No longer available
Replaces TOTAL_CHARGES_23
Replaces CLAIM_CHARGES_ACCOMM
Replaces CLAIM_NON_COV_CHARGES_ACCOMM
Replaces CLAIM CHARGES ANCIL
Replaces CLAIM NON COV CHARGES ANCIL
Replaces EXTNAL CAUSE OF INJURY
Added 2004
Added 2004
Available 2004 only
Added 2011
andsSituational data elements to this file
Added 2004
Added 2004

## 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 (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

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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.

## 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). The THSC also stipulates that DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the THSC. In addition, under Section 108.013(e) and (f) of the THSC, patient and/or physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

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

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states.
- The entire ZIP code and gender code are suppressed if the ICD-9-CM code indicates alcohol or drug use or an HIV diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital has fewer than five discharges of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The country code is suppressed if the country field has fewer than five discharges for that quarter .
- The county code is suppressed if a county has fewer that five discharges for that quarter .
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for the HIV and alcohol and drug use patient populations.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital has fewer than ten discharges of a race.
- If a hospital has fewer than fifty discharges in a quarter, the provider ID is changed to '999999'.

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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 nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by this Agreement to any other person or entity, unless approved in writing by DSHS;

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- 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 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-9-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-9-CM

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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-9-CM codes to correctly identify the clinical status of newborns.
- Uniform identification numbers for physicians are available first quarter 2000 except for cases less than the minimum cell size of five.
- 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 selfpay 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 generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as casemix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
- Updates to any PUDF CD's are available through the THCIC website, <u>http://www.dshs.state.tx.us/thcic/</u>, which should be checked periodically as notifications of an update will not be sent.

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- DSHS collects data from all hospitals in the state not specifically exempted by statute. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

## HOSPITAL COMMENTS

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

Included with the 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 '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].

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# 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 from the UB-92 are
	taken from specifications manuals.
Data Source	Provided by the hospital on the claim form (Claim)
	Assigned by DSHS (Assigned)
	Calculated by DSHS (Calculated)
	Note: For those data elements that have been temporarily suppressed, the quarter of data
	for which the data element will be released is noted following the Data Source.
Туре	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

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

Field 1:	<b>RECORD ID</b>		
Description:	—	lumber Unique num	ber assigned to identify the record. First available
Description.			CORD_ID in THCIC Research Data Files
	-		CORD_ID III THEIC Research Data Thes
Designations Desitions	(RDF's).	Data Source:	Assigned
Beginning Position:	1		Assigned
Length:	12	Туре:	Alphanumeric
Field 2:	DISCHARGE		
Description:	Discharge Quarter. Yea	r and quarter of disc	harge. yyyyQn.
<b>Beginning Position:</b>	13	Data Source:	Assigned
Length:	6	Туре:	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 '9999999'.		
			a particular gender, including 'unknown',
	Provider ID is '999998'	U	
<b>Beginning Position:</b>	19	Data Source:	Assigned
Length:	6	Туре:	Alphanumeric
Field 4:	PROVIDER_NAME		
Description:	Hospital name provided	d by the hospital.	
Suppression:	Hospitals with fewer th	an 50 discharges (Pr	ovider ID equals '999999') are assigned the
••			a hospital has fewer than 5 discharges of a
	particular gender, inclu		
<b>Beginning Position:</b>	13	Data Source:	Provider
Length:	55	Type:	Alphanumeric

#### **BASE DATA #1 FILE**

Field 5:	TYPE_OF_AD			
Description:		the type of admission		
Coding Scheme:	1 Emergency			
	2 Urgent			
	3 Elective 4 Newborn			
	5 Trauma Cen	er		
	9 Information			
	` Invalid			
Beginning Position:	80	Data Source:	Claim	
Length:	1	Туре:	Alphanumeric	
Field 6:	SOURCE_OF_A	ADMISSION		
Description:	Code indicating	source of the admission.		
Coding Scheme:		are Facility Point of Origin (Beg	ginning July 1, 2010)	
0	2 Clinic referra			
	4 Transfer from			
		n a skilled nursing facility, intern n another health care facility	mediate care facility or assis	ted living facility
	8 Court/Law E	•		
	9 Information			
	0 Transfer from	n psychiatric, substance abuse, r	ehab hospital	
		n another home health agency		
			tal to another Distinct Unit of	of the Same Hospital Resulting in
		e Claim to the Payer n Amubulatory Surgery Center		
		n a Hospice Facility		
	` Invalid	n a mospice i acinty		
	If Type of Admission	n=4 (Newborn)		
	5 Born inside t	-		
	6 Born outside	*		
Beginning Position:	81	Data Source:	Claim	
Length:	1	Туре:	Alphanumeric	
Field 7:	SPEC_UNIT_1			
Description:				n number of days by Type
		Code. In order by number	•	•
	SPEC_UNIT_5 a	are combined in one field i	in the Tab Delimited fi	le and can be accessed
	individually in th	e fixed length file.		
Coding Scheme:	С	Coronary Care Unit	Р	Pediatric Unit
0	D	Detoxification Unit	Y	Psychiatric Unit
	I H	Intensive Care Unit	R U	Rehabilitation Unit Sub-acute Care Unit
	п N	Hospice Unit Nursery	S	Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
	0	Oncology Unit	Dimin	
<b>Beginning Position:</b>	82	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 8:	SPEC_UNIT_2	v <b>x</b>	1	
Description:		n which most days during	stay occurred based or	n number of days by Type
<b>F</b>		Code. In order by number		
		are combined in one field i		
		e fixed length file.		
Coding Scheme:	C	Coronary Care Unit	Р	Pediatric Unit
count peneme.	D	Detoxification Unit	Ŷ	Psychiatric Unit
	Ι	Intensive Care Unit	R	Rehabilitation Unit
	1		TT	Sub south Com Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	H N	Nursery	S	Skilled Nursing Unit
	H N B	Nursery Obstetric Unit		
Raginning Desition:	H N B O	Nursery Obstetric Unit Oncology Unit	S	Skilled Nursing Unit
	H N B O 83	Nursery Obstetric Unit Oncology Unit <b>Data Source:</b>	S Blank	Skilled Nursing Unit
Beginning Position: Length: Field 9:	H N B O	Nursery Obstetric Unit Oncology Unit	S	Skilled Nursing Unit

	Bill or Revenue Code	e. In order by number	of days in the unit. SP	EC_UNIT_1 through
			n the Tab Delimited fi	le and can be accessed
	individually in the fix		D	
Coding Scheme:	C D	Coronary Care Unit Detoxification Unit	P Y	Pediatric Unit Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H	Hospice Unit	U	Sub-acute Care Unit
	Ν	Nursery	S	Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
	0	Oncology Unit		
<b>Beginning Position:</b>	84	Data Source:		
Length:	1	Type:	Alphanumeric	
Field 10:	SPEC_UNIT_4			
Description:				number of days by Type of
			of days in the unit. SPl	
			n the Tab Delimited fi	le and can be accessed
	individually in the fix			
Coding Scheme:	С	Coronary Care Unit	Р	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit Sub-acute Care Unit
	H N	Hospice Unit Nursery	U S	Sub-acute Care Unit Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
	0	Oncology Unit		
<b>Beginning Position:</b>	85	Data Source:		
Length:	1	Туре:	Alphanumeric	
Field 11:	<b>SPEC UNIT 5</b>	<i>v</i> <b>1</b>	1	
Description:		nich most days during	stay occurred based or	number of days by Type of
2 toti prioni			of days in the unit. SPI	
			n the Tab Delimited fi	
	individually in the fit		in the Tue Deminited II	
Coding Scheme:	C	Coronary Care Unit	Р	Pediatric Unit
Couning Scheme.	D	Detoxification Unit	Ŷ	Psychiatric Unit
	Ι	Intensive Care Unit	R	Rehabilitation Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S DI I	Skilled Nursing Unit
	B O	Obstetric Unit	Blank	Acute Care
<b>Beginning Position:</b>	86	Oncology Unit Data Source:		
	1		Alphanumaria	
Length:		Туре:	Alphanumeric	
Field 12:	PAT_STATE			
Description:	-	-	xas and contiguous sta	tes. Standard 2-character
<b>a u a i</b>	Postal Service abbrev	viation.		
Coding Scheme:	AR Arkansas LA Louisiana			
	NM New Mexico			
	OK Oklahoma			
	TX Texas			
		American Territories		
	FC Foreign country			
Designing Desitions	XX Foreign country	Data Source:	Claim	
Beginning Position:	87			
Length:	2	Туре:	Alphanumeric	
Field 13:	PAT_ZIP			
Description:	Patient's five-digit Z		0 1 00 1 1	
Suppression:				es. If state equals 'ZZ', ZIP
				de is blank. If ICD-9-CM
				blank. If a hospital has
				fewer than 5 discharges of
	a particular gender, i	ncluding 'unknown', t	he ZIP Code is blank.	
<b>Beginning Position:</b>	89	Data Source:	Claim	

Length:	5		Гуре:	Alphar	umeric		
Field 14:	PAT_COU						
Description:	Country of	patient's residen	tial address. L	ist maintai	ned by the In	ternational	Organization for
-		ation (ISO).			2		C
Suppression:		l if fewer than 5 p	patients from c	one country			
Coding scheme:		SO.org for compl		ine country	•		
	94	0 1		Claim			
Beginning Position:			Data Source:				
Length:	2		Гуре:	Alphar	umeric		
Field 15:	PAT_COU						
Description:		of patient's coun					
Coding scheme:	001 Anders		Donley	257	Kaufman	385	Real
_	003 Andrey 005 Angeli		Duval Eastland	259	Kendall	387	Red River
	005 Angeli 007 Aransa		Ector	261 263	Kenedy Kent	389 391	Reeves Refugio
	009 Archer		Edwards	265	Kerr	393	Roberts
	011 Armst		Ellis	267	Kimble	395	Robertson
	013 Atasec		El Paso	269	King	397	Rockwall
	015 Austin		Erath	271	Kinney	399	Runnels
	017 Bailey 019 Bande		Falls Fannin	273 275	Kleberg	401 403	Rusk
	019 Bande 021 Bastro		Fannin Fayette	273	Knox La Salle	405	Sabine San Augustine
	023 Baylor		Fisher	203	Lamar	405	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 033 Border		Franklin Freestone	287 289	Lee Leon	415 417	Scurry Shackelford
	035 Border 035 Bosqu		Frio	289	Liberty	417	Shelby
	037 Bowie		Gaines	293	Limestone	421	Sherman
	039 Brazor		Galveston	295	Lipscomb	423	Smith
	041 Brazos		Garza	297	Live Oak	425	Somervell
	043 Brews		Gillespie	299	Llano	427	Starr
	045 Brisco 047 Brooks		Glasscock Goliad	301 303	Loving Lubbock	429 431	Stephens Sterling
	047 Brown		Gonzales	305	Lynn	431	Stonewall
	051 Burles		Gray	307	McCulloch	435	Sutton
	053 Burnet	181	Grayson	309	McLennan	437	Swisher
	055 Caldw		Gregg	311	McMullen	439	Tarrant
	057 Calhou		Grimes	313	Madison	441	Taylor
	059 Callah 061 Camer		Guadalupe Hale	315 317	Marion Martin	443 445	Terrell Terry
	061 Camp	183	Hall	317	Mason	445	Throckmorton
	065 Carsor		Hamilton	321	Matagorda	449	Titus
	067 Cass	195	Hansford	323	Maverick	451	Tom Green
	069 Castro		Hardeman	325	Medina	453	Travis
	071 Chamb		Hardin	327	Menard	455	Trinity
	073 Cherol 075 Childr		Harris Harrison	329 331	Midland Milam	457 459	Tyler Upshur
	075 Clind	205 205	Hartley	333	Mills	459	Upton
	079 Cochra		Haskell	335	Mitchell	463	Uvalde
	081 Coke	209	Hays	337	Montague	465	Val Verde
	083 Colem		Hemphill	339	Montgomery	467	Van Zandt
	085 Collin		Henderson	341	Moore	469	Victoria
	087 Colling 089 Colora	gsworth 215 do 217	Hidalgo Hill	343 345	Morris Motley	471 473	Walker Waller
	039 Colora 091 Comal		Hockley	345	Nacogdoches	475	Ward
	093 Comar		Hood	349	Navarro	477	Washington
	095 Conch		Hopkins	351	Newton	479	Webb
	097 Cooke		Houston	353	Nolan	481	Wharton
	099 Coryel 101 Cottle		Howard Hudspeth	355 357	Nueces Ochiltree	483 485	Wheeler Wichita
	101 Cottle 103 Crane	229	Hudspein Hunt	357	Oldham	485 487	Wilbarger
	105 Crocke		Hutchinson	361	Orange	489	Willacy
	107 Crosby		Irion	363	Palo Pinto	491	Williamson
	109 Culber	rson 237	Jack	365	Panola	493	Wilson
	111 Dallan		Jackson	367	Parker	495	Winkler
	113 Dallas		Jasper	369	Parmer	497	Wise
	115 Dawso 117 Deaf S		Jeff Davis Jefferson	371 373	Pecos Polk	499 501	Wood Yoakum
	117 Dear S 119 Delta	243 247	Jim Hogg	375	Polk Potter	503	Young
	121 Dentor		Jim Wells	377	Presidio	505	Zapata

	123 125	Dewitt251Johnson379Rains507ZavalaDickens253Jones381Randall
	123	Dimmit 255 Karnes 383 Reagan ` Invalid
Beginning Position:	96	Data Source: Assigned; based on patient ZIP code
Length:	3	Type: Alphanumeric
Field 16:	PUBI	LIC_HEALTH_REGION
Description:	Public	c Health Region of patient's address.
	1	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith. Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
	2	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, 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,
	10	Terrell, Tom Green, Upton, Ward, Winkler counties Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties
<b></b>	, ,	Invalid
Beginning Position:	99 2	Data Source: Assigned
Length:	2	Type: Alphanumeric
Field 17:		_STATUS
Description:		indicating patient status as of the ending date of service for the period of care reported
Coding Scheme:	1 2	Discharged to home or self-care (routine discharge) Discharged to other short term general hospital
	3	Discharged to skilled nursing facility
	4	Discharged to intermediate care facility
	5	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
	6	Discharged to care of home health service
	7	Left against medical advice
	8	Discharged to care of Home IV provider
	9 20	Admitted as inpatient to this hospital
	20 30	Expired Still patient
	40	Expired at home
		Expired in a medical facility
	41	
	41 42	Expired in a medical racinty Expired, place unknown
	42	Expired, place unknown
	42 43	Expired, place unknown Discharged/transferred to federal health care facility
	42 43 50	Expired, place unknown Discharged/transferred to federal health care facility Discharged to hospice–home
	42 43 50 51	Expired, place unknown Discharged/transferred to federal health care facility Discharged to hospice–home Discharged to hospice–medical facility Discharged/transferred within this institution to Medicare-approved swing bed
	42 43 50 51 61 62	Expired, place unknown Discharged/transferred to federal health care facility Discharged to hospice–home Discharged to hospice–medical facility Discharged/transferred within this institution to Medicare-approved swing bed Discharged/transferred to inpatient rehabilitation facility
	42 43 50 51 61 62 63	Expired, place unknown Discharged/transferred to federal health care facility Discharged to hospice-home Discharged to hospice-medical facility Discharged/transferred within this institution to Medicare-approved swing bed Discharged/transferred to inpatient rehabilitation facility Discharged/transferred to Medicare-certified long term care hospital
	42 43 50 51 61 62 63 64	Expired, place unknown Discharged/transferred to federal health care facility Discharged to hospice-home Discharged to hospice-medical facility Discharged/transferred within this institution to Medicare-approved swing bed Discharged/transferred to inpatient rehabilitation facility Discharged/transferred to Medicare-certified long term care hospital Discharged/transferred to Medicaid-certified nursing facility
	42 43 50 51 61 62 63 64 65	Expired, place unknown Discharged/transferred to federal health care facility Discharged to hospice-home Discharged to hospice-medical facility Discharged/transferred within this institution to Medicare-approved swing bed Discharged/transferred to inpatient rehabilitation facility Discharged/transferred to Medicare-certified long term care hospital Discharged/transferred to Medicaid-certified nursing facility Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
	42 43 50 51 61 62 63 64 65 66	Expired, place unknown Discharged/transferred to federal health care facility Discharged to hospice-home Discharged to hospice-medical facility Discharged/transferred within this institution to Medicare-approved swing bed Discharged/transferred to inpatient rehabilitation facility Discharged/transferred to Medicare-certified long term care hospital Discharged/transferred to Medicaid-certified nursing facility Discharged/transferred to Medicaid-certified nursing facility Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital Discharged/transferred to Critical Access Hospital (CAH)
	42 43 50 51 61 62 63 64 65	Expired, place unknown Discharged/transferred to federal health care facility Discharged to hospice-home Discharged to hospice-medical facility Discharged/transferred within this institution to Medicare-approved swing bed Discharged/transferred to inpatient rehabilitation facility Discharged/transferred to Medicare-certified long term care hospital Discharged/transferred to Medicaid-certified nursing facility Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital

Beginning Position: Length:	101 2	Data Source: Type:	Claim Alphanumeric
Field 18:	SEX_CODE	- <b>) [</b>	
Description:	Gender of the patient as rec	orded at date of a	admission or start of care.
Suppression:			dicates drug or alcohol use or an HIV diagnosis. If
			cular gender, including unknown, Provider ID is
	'999998' and Hospital Nam	e and Patient ZII	P Code are blank for those patients.
Coding Scheme:	M Male		1
0	F Female		
	U Unknown ` Invalid		
<b>Beginning Position:</b>	103	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 19:	RACE		•
Description:	Code indicating the patient'	s race.	
Suppression:	• •		he race that race is changed to 'Other' (code equals 5).
Coding Scheme:	1 American Indian/Eskimo/		
0	2 Asian or Pacific Islander		
	3 Black 4 White		
	5 Other		
	` Invalid		
<b>Beginning Position:</b>	104	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 20:	ETHNICITY		
Description:	Code indicating the Hispani		
Suppression:	1	ten patients of or	he race the ethnicity of patients of that race is
~ . ~ .	suppressed (code is blank).		
Coding Scheme:	<ol> <li>Hispanic Origin</li> <li>Not of Hispanic Origin</li> </ol>		
	invalid		
<b>Beginning Position:</b>	105	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 21:	ADMIT_WEEKDAY	• •	<b>^</b>
Description:	Code indicating day of weel	k patient is admit	tted
Coding Scheme:	1 Monday		5 Friday
	2 Tuesday 3 Wednesday		6 Saturday 7 Sunday
	4 Thursday		Invalid
<b>Beginning Position:</b>	106	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 22:	LENGTH_OF_STAY	••	<u> </u>
Description:		ls Statement cov	ers period through date minus Admission/start of
-	care date. The minimum ler	igth of stay is 1 d	ay. The maximum is 9999 days.
<b>Beginning Position:</b>	107	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 23:	PAT_AGE		
Description:	Code indicating age of patie	ent in days or yea	rs on date of discharge.
Coding Scheme:	00 1-28 days	10 35-39	
	01 29-365 days 02 1-4 years	11 40-44 12 45-49	
	02 1-4 years 03 5-9	13 50-54	· · ·
	04 10-14	14 55-59	
	05 15-17	15 60-64	
	06 18-19	16 65-69	
	07 20-24 08 25-29	17 70-74 18 75-79	
	09 30-34	19 80-84	nivand
<b>Beginning Position:</b>	111	Data Source:	Assigned
Length:	2	Туре:	Alphanumeric
		v 1 <sup></sup>	<b>▲</b>

Field 24:	FIRST_PAYMENT_SRC			
Description:	Code indicating the expected			
Coding Scheme:	09 Self Pay Removed from 50	10 format, use "ZZ")		Maintenance Organization
C	10 Central Certification		LI Liability	
	11 Other Non-federal Program			y Medical
	<ol> <li>Preferred Provider Organiza</li> <li>Point of Service (POS)</li> </ol>	ation (PPO)		re Part A re Part B
	14 Exclusive Provider Organiz	ation (EPO)	MC Medica	
	15 Indemnity Insurance		TV Title V	
	16 Health Maintenance Organi	zation (HMO)	OF Other F	ederal Program
	Medicare Risk AM Automobile Medical		VA Veteran	Administration Plan
	BL Blue Cross/Blue Shield			rs Compensation Health Claim
	CH CHAMPUS			, Indigent or Unknown
	CI Commercial Insurance		Codes C	09 and ZZ, combined for 2004 & 2005
	DS Disability Insurance		` Invalid	
<b>Beginning Position:</b>	113	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 25:	SECONDARY_PAYMENT			
Description:	Code indicating the expected		ce of payment.	
Coding Scheme:	Same as field 28, FIRST_PA			
Beginning Position:	115	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 26:	TYPE_OF_BILL			
Description:	Provides specific information			
	Second digit = type of care. $T$			
Coding Scheme:	1 <sup>st</sup> digit–Type of Facility	2 <sup>nd</sup> digit–Type of		3 <sup>rd</sup> digit–Sequence of claim
	1 Hospital	1 Inpatient, Part A	including Medicare	0 Non-payment/Zero claim
	2 Skilled nursing		Medicare Part B only	y 1 Admit through discharge claim
	3 Home health	3 Outpatier		2 Interim–first claim
	4 Religious non-medical health		t Other, Medicare	3 Interim–continuing claim
	<ul><li>care–Hospital</li><li>5 Religious non-medical health</li></ul>	Part B on 5 Intermed	ly iate Care–Level I	4 Interim–last claim
	care–Extended care	5 intermed	late Care-Level I	
	6 Intermediate care	6 Intermed	iate Care-Level II	5 Late charge(s) only claim
	7 Clinic	7 Sub-acut	e inpatient – Level III	
				used by Medicare)
	8 Special facility	8 Swing be	d	<ul><li>7 Replacement of prior claim</li><li>8 Void/cancel of prior claim</li></ul>
<b>Beginning Position:</b>	117	Data Source:	Claim	s volu/cancer or prior crann
Length:	3	Type:	Alphanumeric	
Field 27:	TOTAL_CHARGES	- <b>J F</b>	r	
		ges, non-covered	accommodation	charges, ancillary charges, non-
	covered ancillary charges. Re			
<b>Beginning Position:</b>	120	Data Source:	Claim	
Length:	12	Type:	Numeric	
Field 28:	TOTAL_NON_COV_CHA			
	Sum of non-covered accomm		, non-covered and	cillary charges.
<b>Beginning Position:</b>		Data Source:	Claim	
	132	Data Source.		
0 0	132 12			
Length:		Туре:	Numeric	
Length: Field 29:	12	Type: COMM	Numeric	
Length: Field 29:	12 TOTAL_CHARGES_ACC	Type: COMM	Numeric	
Length: Field 29: Beginning Position:	12 TOTAL_CHARGES_ACC Sum of covered and non-cov	Type: OMM ered accommoda Data Source:	Numeric ation charges. Claim	
Length: Field 29: Beginning Position: Length:	12 <b>TOTAL_CHARGES_ACC</b> Sum of covered and non-cov 144 12	Type: COMM ered accommoda Data Source: Type:	Numeric ation charges. Claim Numeric	
Length: Field 29: Beginning Position: Length:	12 TOTAL_CHARGES_ACC Sum of covered and non-cov 144 12 TOTAL_NON_COV_CHA	Type: COMM ered accommoda Data Source: Type: RGES_ACCO	Numeric ation charges. Claim Numeric <b>MM</b>	
Length: Field 29: Beginning Position: Length: Field 30:	12 <b>TOTAL_CHARGES_ACC</b> Sum of covered and non-cov 144 12	Type: COMM ered accommoda Data Source: Type: RGES_ACCO	Numeric ation charges. Claim Numeric <b>MM</b>	
Length:	12 <b>TOTAL_CHARGES_ACC</b> Sum of covered and non-cov 144 12 <b>TOTAL_NON_COV_CHA</b> Sum of non-covered accomm	Type: COMM ered accommoda Data Source: Type: RGES_ACCOM nodations charge	Numeric ation charges. Claim Numeric <b>MM</b> s.	

	Sum of covered and n	on-covered ancillary cl	narges.
<b>Beginning Position:</b>	168	Data Source:	Claim
Length:	12	Type:	Numeric
Field 32:	TOTAL NON COV	CHARGES_ANCIL	
	Sum of non-covered a		
<b>Beginning Position:</b>	180	Data Source:	Claim
Length:	12	Type:	Numeric
Field 33:	POA_PROVIDER_I		Numerie
riela 55:			and to submit Discussio Descent on Admission
	(POA) codes. 25 TAG reporting POA to the	C §421.9(e) identifies the department: Critical Ac	red to submit Diagnosis Present on Admission he following facility types as exempt from ccess Hospitals, Inpatient Rehabilitation Hospitals
	1 0	nospitais, Calicel nosp	itals ,Children's or Pediatric Hospitals and Long
	Term Care Hospitals.	4 4 4	- to d forms non-stine DOA for the second instal
Coding Scheme:	M Mixed (Facility ha R Required	s sections that would be exen	npted from reporting POA for those patients)
	X Exempt		
	` Invalid		
Beginning Position:	192	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 34:	-		Alphalumene
riela 54:	ADMITTING_DIAC		and 5th digits if anylinghly Desired is implied
			and 5th digits if applicable. Decimal is implied
	following the third ch		
<b>Beginning Position:</b>	193	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 35:	PRINC_DIAG_COI	)E	
	ICD-9-CM diagnosis	code for the principal d	liagnosis, including the 4th and 5th digits if
	applicable. Decimal is	s implied following the	third character.
<b>Beginning Position:</b>	199	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 36:	POA PRINC DIAG		Thphanamorie
11010 50.			sis code was present at the time the patient was
	Couc luciturying whe		sis code was present at the time the patient was
Coding Schomor	admitted to the hospit	ai	
Coding Scheme:	admitted to the hospit Y Yes	al	
Coding Scheme:	admitted to the hospit	al	
Coding Scheme:	admitted to the hospit Y Yes N No		
Coding Scheme:	admitted to the hospit       Y     Yes       N     No       U     Unknown       W     Clinically Undeter       1     Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt	mined	
	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Invalid	mined r 2012 only)	
-	admitted to the hospit       Y     Yes       N     No       U     Unknown       W     Clinically Undeter       1     Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt	mined	Claim
Coding Scheme: Beginning Position: Length:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Invalid	mined r 2012 only)	Claim Alphanumeric
Beginning Position: Length:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Invalid 205 1	mined r 2012 only) <b>Data Source:</b> <b>Type:</b>	
Beginning Position:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Invalid 205 1 OTH_DIAG_CODE	mined r 2012 only) Data Source: Type: _1	Alphanumeric
Beginning Position: Length:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Nutrial 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis	mined r 2012 only) <b>Data Source:</b> <u>Type:</u> _1 code, including the 4th	
Beginning Position: Length: Field 37:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Invalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch	mined r 2012 only) <b>Data Source:</b> <u>Type:</u> _1 code, including the 4th aracter.	Alphanumeric and 5th digits if applicable. Decimal is implied
Beginning Position: Length: Field 37: Beginning Position:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Invalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206	mined r 2012 only) Data Source: Type: _1 code, including the 4th aracter. Data Source:	Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Beginning Position: Length: Field 37: Beginning Position: Length:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Invalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6	mined r 2012 only) Data Source: Type: _1 code, including the 4th aracter. Data Source: Type:	Alphanumeric and 5th digits if applicable. Decimal is implied
Beginning Position: Length: Field 37: Beginning Position:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Invalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6 POA_OTH_DIAG_C	mined r 2012 only) Data Source: Type: _1 code, including the 4th aracter. Data Source: Type: CODE_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 37: Beginning Position: Length:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt 1 Nvalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6 POA_OTH_DIAG_C	mined r 2012 only) Data Source: Type: _1 code, including the 4th aracter. Data Source: Type: CODE_1 ther Oth_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Beginning Position: Length: Field 37: Beginning Position: Length: Field 38:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Invalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6 POA_OTH_DIAG_C	mined r 2012 only) Data Source: Type: _1 code, including the 4th aracter. Data Source: Type: CODE_1 ther Oth_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 37: Beginning Position: Length:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt 1 Nvalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6 POA_OTH_DIAG_C Code identifying whe admitted to the hospit Y Yes	mined r 2012 only) Data Source: Type: _1 code, including the 4th aracter. Data Source: Type: CODE_1 ther Oth_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 37: Beginning Position: Length: Field 38:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt 1 Nvalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6 POA_OTH_DIAG_C Code identifying whe admitted to the hospit Y Yes N No	mined r 2012 only) Data Source: Type: _1 code, including the 4th aracter. Data Source: Type: CODE_1 ther Oth_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 37: Beginning Position: Length: Field 38:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt 1 Invalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6 POA_OTH_DIAG_C Code identifying whe admitted to the hospit Y Yes N No U Unknown	mined r 2012 only) Data Source: Type: _1 code, including the 4th aracter. Data Source: Type: CODE_1 ther Oth_Diag_Code_1 al	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 37: Beginning Position: Length: Field 38:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt N No 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6 POA_OTH_DIAG_C Code identifying whe admitted to the hospit Y Yes N No U Unknown W Clinically Undeter	mined r 2012 only) Data Source: Type: 1 code, including the 4th aracter. Data Source: Type: CODE_1 ther Oth_Diag_Code_1 al	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 37: Beginning Position: Length: Field 38:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Nurvalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6 POA_OTH_DIAG_C Code identifying whe admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt	mined r 2012 only) Data Source: Type: 1 code, including the 4th aracter. Data Source: Type: CODE_1 ther Oth_Diag_Code_1 al	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 37: Beginning Position: Length: Field 38: Coding Scheme:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt N No 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6 POA_OTH_DIAG_C Code identifying whe admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt N Nol	mined r 2012 only) Data Source: Type: 1 code, including the 4th aracter. Data Source: Type: CODE_1 ther Oth_Diag_Code_1 al mined r 2012 only)	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric code was present at the time the patient was
Beginning Position: Length: Field 37: Beginning Position: Length: Field 38:	admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt Nurvalid 205 1 OTH_DIAG_CODE ICD-9-CM diagnosis following the third ch 206 6 POA_OTH_DIAG_C Code identifying whe admitted to the hospit Y Yes N No U Unknown W Clinically Undeter 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qt	mined r 2012 only) Data Source: Type: 1 code, including the 4th aracter. Data Source: Type: CODE_1 ther Oth_Diag_Code_1 al	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric

	following the third character	er.	
<b>Beginning Position:</b>	213	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 40:	POA_OTH_DIAG_COD		
		Oth_Diag_Code_2	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 (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid	conly)	
<b>Beginning Position:</b>	219	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 41:	OTH_DIAG_CODE_3	<b>J 1</b>	L
		, including the 4th	and 5th digits if applicable. Decimal is implied
	following the third charact		
<b>Beginning Position:</b>	220	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 42:	POA_OTH_DIAG_COD	E_	
		Oth_Diag_Code_3	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 (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid	conly)	
<b>Beginning Position:</b>	226	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 43:	OTH_DIAG_CODE_4	**	•
			and 5th digits if applicable. Decimal is implied
	following the third character	er.	
<b>Beginning Position:</b>	227	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 44:			▲ · · · · · · · · · · · · · · · · · · ·
	POA_OTH_DIAG_COD		
	Code identifying whether (		code was present at the time the patient was
Cadina Sahamar	Code identifying whether ( admitted to the hospital		code was present at the time the patient was
Coding Scheme:	Code identifying whether (		code was present at the time the patient was
Coding Scheme:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown	Oth_Diag_Code_4	code was present at the time the patient was
Coding Scheme:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined	Oth_Diag_Code_4	code was present at the time the patient was
Coding Scheme:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown	Oth_Diag_Code_4	code was present at the time the patient was
Beginning Position:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012	Oth_Diag_Code_4 e only) Data Source:	Claim
Beginning Position: Length:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1	Oth_Diag_Code_4	• • •
Beginning Position:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5	Oth_Diag_Code_4 conly) Data Source: Type:	Claim Alphanumeric
Beginning Position: Length:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5 ICD-9-CM diagnosis code.	Oth_Diag_Code_4 ? only) <b>Data Source:</b> <b>Type:</b> , including the 4th	Claim
Beginning Position: Length: Field 45:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5 ICD-9-CM diagnosis code following the third character	Oth_Diag_Code_4 2 only) <b>Data Source:</b> <b>Type:</b> , including the 4th er.	Claim Alphanumeric and 5th digits if applicable. Decimal is implied
Beginning Position: Length: Field 45: Beginning Position:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5 ICD-9-CM diagnosis code. following the third character 234	Oth_Diag_Code_4 Ponly) Data Source: Type: , including the 4th er. Data Source:	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Beginning Position: Length: Field 45: Beginning Position: Length:	Code identifying whether G admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5 ICD-9-CM diagnosis code following the third character 234 6	2 only) <b>Data Source:</b> <b>Type:</b> , including the 4th er. <b>Data Source:</b> <b>Type:</b>	Claim Alphanumeric and 5th digits if applicable. Decimal is implied
Beginning Position: Length: Field 45: Beginning Position:	Code identifying whether C admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5 ICD-9-CM diagnosis code following the third character 234 6 POA_OTH_DIAG_COD	2 only) <b>Data Source:</b> <b>Type:</b> , including the 4th er. <b>Data Source:</b> <b>Type:</b> <b>E_5</b>	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 45: Beginning Position: Length:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5 ICD-9-CM diagnosis code following the third characte 234 6 POA_OTH_DIAG_COD Code identifying whether (	2 only) <b>Data Source:</b> <b>Type:</b> , including the 4th er. <b>Data Source:</b> <b>Type:</b> <b>E_5</b>	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Beginning Position: Length: Field 45: Beginning Position: Length: Field 46:	Code identifying whether C admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5 ICD-9-CM diagnosis code following the third character 234 6 POA_OTH_DIAG_COD	2 only) <b>Data Source:</b> <b>Type:</b> , including the 4th er. <b>Data Source:</b> <b>Type:</b> <b>E_5</b>	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 45: Beginning Position: Length:	Code identifying whether of admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5 ICD-9-CM diagnosis code following the third characte 234 6 POA_OTH_DIAG_COD Code identifying whether of admitted to the hospital Y Yes N No	2 only) <b>Data Source:</b> <b>Type:</b> , including the 4th er. <b>Data Source:</b> <b>Type:</b> <b>E_5</b>	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 45: Beginning Position: Length: Field 46:	Code identifying whether ( admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5 ICD-9-CM diagnosis code following the third characte 234 6 POA_OTH_DIAG_COD Code identifying whether ( admitted to the hospital Y Yes N No U Unknown	2 only) <b>Data Source:</b> <b>Type:</b> , including the 4th er. <b>Data Source:</b> <b>Type:</b> <b>E_5</b> Oth_Diag_Code_5	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 45: Beginning Position: Length: Field 46:	Code identifying whether of admitted to the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 233 1 OTH_DIAG_CODE_5 ICD-9-CM diagnosis code following the third characte 234 6 POA_OTH_DIAG_COD Code identifying whether of admitted to the hospital Y Yes N No	Oth_Diag_Code_4 Ponly) Data Source: Type: , including the 4th er. Data Source: Type: E_5 Oth_Diag_Code_5	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

	` Invalid		
<b>Beginning Position:</b>	240	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 47:	OTH_DIAG_0		
			and 5th digits if applicable. Decimal is implied
	following the th		
Beginning Position:	241	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 48:	POA_OTH_D		
			code was present at the time the patient was
~ ~ ~ ~ ~	admitted to the	hospital	
Coding Scheme:	Y Yes N No		
	U Unknown		
		Undetermined	
	1 Space (1 <sup>st</sup> of Invalid	& 2 <sup>nd</sup> Qtr 2012 only)	
Beginning Position:	247	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 49:	OTH DIAG		Aphanamerie
riciu 47.			and 5th digits if applicable. Decimal is implied
	following the th		and sur digits it applicable. Deetmar is implied
<b>Beginning Position:</b>	248	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 50:	POA_OTH_D		Anphanamerie
Ficiu 50.			code was present at the time the patient was
	admitted to the		esde was present at the time the patient was
Coding Scheme:	Y Yes	nospitul	
coung benenie.	N No		
	U Unknown		
	W Clinically 1 Space (1 <sup>st</sup>	Undetermined & 2 <sup>nd</sup> Qtr 2012 only)	
	Invalid		
Beginning Position:	254	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 51:	OTH_DIAG_0		
			and 5th digits if applicable. Decimal is implied
	following the th	nird character.	
Beginning Position:	255	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 52:	POA_OTH_D		
	Code identifyin	g whether Oth_Diag_Code_8	code was present at the time the patient was
	admitted to the	hospital	
Coding Scheme:	Y Yes		
	N No U Unknown		
		Undetermined	
	1 Space (1 <sup>st</sup>	& 2 <sup>nd</sup> Qtr 2012 only)	
	` Invalid		
Beginning Position:	261	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 53:	OTH_DIAG_O	—	
			and 5th digits if applicable. Decimal is implied
	following the th		
<b>Beginning Position:</b>	262	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 54:	POA_OTH_D		
			code was present at the time the patient was
	admitted to the	hospital	

Coding Scheme:	Y Ye	s		
County Scheme.	N No	1		
		known nically Undetermined		
	W Cli 1 Spa	ace $(1^{\text{st}} \& 2^{\text{nd}} \text{Qtr } 2012 \text{ or})$	nlv)	
		valid	;; /	
<b>Beginning Position:</b>	268		Data Source:	Claim
Length:	1		Туре:	Alphanumeric
Field 55:		AG_CODE_10		
				and 5th digits if applicable. Decimal is implied
D !!		g the third character		
Beginning Position:	269		Data Source:	Claim Alphanumeric
Length:	6 <b>DOA O</b> 7	FIL DIAC CODE	<u>Type:</u>	Alphanumeric
Field 56:		<b>FH_DIAG_CODE</b>		0 code was present at the time the patient was
		to the hospital		o code was present at the time the patient was
Coding Scheme:	Y Ye	1		
County Scheme.	N No	1		
		known		
		nically Undetermined ace (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 o	nlv)	
		valid		
<b>Beginning Position:</b>	275		Data Source:	Claim
Length:	1		Туре:	Alphanumeric
Field 57:		IAG_CODE_11		
				and 5th digits if applicable. Decimal is implied
		g the third character		
Beginning Position:	276		Data Source:	Claim
Length: Field 58:	6 <b>DOA 0</b> 7	TH_DIAG_CODE	Type:	Alphanumeric
rielu 58:				1 code was present at the time the patient was
		to the hospital	II_Diag_Code_1	I code was present at the time the patient was
Coding Scheme:	Y Ye	1		
county seneme.	N No			
		known		
	1 Spa	nically Undetermined ace (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 o	nlv)	
		valid	;; /	
<b>Beginning Position:</b>	282		Data Source:	Claim
Length:	1		Туре:	Alphanumeric
Field 59:		IAG_CODE_12		
				and 5th digits if applicable. Decimal is implied
<b>р · · р ·</b> /·	-	g the third character		
Beginning Position:	283		Data Source:	Claim
Length:	6 <b>DOA 0</b> 7	FIL DIAC CODE	<u>Type:</u>	Alphanumeric
Field 60:		<b>FH_DIAG_CODE</b>		2 code was present at the time the patient was
		to the hospital		2 code was present at the time the patient was
Coding Scheme:	Y Yes			
county sentence	N No			
		known nically Undetermined		
	1 Spa	ace $(1^{\text{st}} \& 2^{\text{nd}} \text{ Qtr } 2012 \text{ or})$	nly)	
	` Inv	valid		
<b>Beginning Position:</b>	289		Data Source:	Claim
Length:	1		Type:	Alphanumeric
Field 61:		IAG_CODE_13		
				and 5th digits if applicable. Decimal is implied
<b></b>		g the third character		
<b>Beginning Position:</b>	290		Data Source:	Claim

Length:	6	Туре:	Alphanumeric
Field 62:	POA_OTH_DIAG_CODE		
	Code identifying whether C	h_Diag_Code_1	3 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 $(1^{st} \& 2^{nd} Qtr 2012)$	only)	
	Invalid	57	
<b>Beginning Position:</b>	296	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 63:	OTH_DIAG_CODE_14		•
	ICD-9-CM diagnosis code,	including the 4th	and 5th digits if applicable. Decimal is implied
	following the third characte		
<b>Beginning Position:</b>	297	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 64:	POA_OTH_DIAG_CODE		
riciu 04.			4 code was present at the time the patient was
	admitted to the hospital		reduce was present at the time the patient was
Coding Sohomor	Y Yes		
Coding Scheme:	N No		
	U Unknown		
	W Clinically Undetermined		
	1 Space $(1^{\text{st}} \& 2^{\text{nd}} \text{ Qtr } 2012)$	only)	
Desimulus Desitions	Invalid 303	Data Source:	Claim
Beginning Position:			
Length:		Туре:	Alphanumeric
Field 65:	OTH_DIAG_CODE_15		
	ICD-9-CM diagnosis code,	including the 4th	and 5th digits if applicable. Decimal is implied
	following the third characte		
<b>Beginning Position:</b>	304	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 66:	POA_OTH_DIAG_CODH		
	Code identifying whether C	h_Diag_Code_1	5 code was present at the time the patient was
	admitted to the hospital		
Coding Scheme:	Y Yes		
	N No		
	U Unknown W Clinically Undetermined		
	W Clinically Undetermined	only)	
		only)	
Beginning Position:	WClinically Undetermined1Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012)	only) Data Source:	Claim
	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Nurvalid	Data Source:	
Length:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 invalid 310 1	-	Claim Alphanumeric
Length:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16	Data Source: Type:	Alphanumeric
Beginning Position: Length: Field 67:	W Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code,	Data Source: Type: including the 4th	
Length: Field 67:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code, following the third characte	Data Source: Type: including the 4th r.	Alphanumeric and 5th digits if applicable. Decimal is implied
Length: Field 67: Beginning Position:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code, following the third characte 311	Data Source: Type: including the 4th r. Data Source:	Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Length: Field 67: Beginning Position: Length:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code, following the third characte 311 6	Data Source: Type: including the 4th r. Data Source: Type:	Alphanumeric and 5th digits if applicable. Decimal is implied
Length: Field 67: Beginning Position: Length:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code, following the third characte 311 6 POA_OTH_DIAG_CODE	Data Source: Type: including the 4th r. Data Source: Type: E_16	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 67: Beginning Position: Length:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code, following the third characte 311 6 POA_OTH_DIAG_CODE Code identifying whether C	Data Source: Type: including the 4th r. Data Source: Type: E_16	Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Length: Field 67: Beginning Position: Length: Field 68:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code, following the third characte 311 6 POA_OTH_DIAG_CODE Code identifying whether C admitted to the hospital	Data Source: Type: including the 4th r. Data Source: Type: E_16	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 67: Beginning Position: Length: Field 68:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code, following the third character 311 6 POA_OTH_DIAG_CODE Code identifying whether O admitted to the hospital Y Yes	Data Source: Type: including the 4th r. Data Source: Type: E_16	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 67: Beginning Position: Length: Field 68:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code, following the third character 311 6 POA_OTH_DIAG_CODE Code identifying whether O admitted to the hospital Y Yes N No	Data Source: Type: including the 4th r. Data Source: Type: E_16	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 67: Beginning Position: Length: Field 68:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code, following the third character 311 6 POA_OTH_DIAG_CODH Code identifying whether O admitted to the hospital Y Yes N No U Unknown	Data Source: Type: including the 4th r. Data Source: Type: E_16	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 67: Beginning Position: Length: Field 68:	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 310 1 OTH_DIAG_CODE_16 ICD-9-CM diagnosis code, following the third character 311 6 POA_OTH_DIAG_CODE Code identifying whether O admitted to the hospital Y Yes N No U Unknown	Data Source: Type: including the 4th r. Data Source: Type: E_16 Dth_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length: Field 67: Beginning Position: Length: Field 68:		Data Source: Type: including the 4th r. Data Source: Type: E_16 Dth_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Length:	W       Clinically Undetermined         1       Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012         Navalid       310         310       1 <b>OTH_DIAG_CODE_16</b> ICD-9-CM diagnosis code,         following the third character         311         6 <b>POA_OTH_DIAG_CODE</b> Code identifying whether O         admitted to the hospital         Y       Yes         N       No         U       Unknown         W       Clinically Undetermined         1       Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012	Data Source: Type: including the 4th r. Data Source: Type: E_16 Dth_Diag_Code_1	Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric

Field 69:	OTH_DIAG_CODE_17		
		e, including the 4th	and 5th digits if applicable. Decimal is implied
	following the third charac		
<b>Beginning Position:</b>	318	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 70:	POA_OTH_DIAG_COD	DE_17	
	Code identifying whether	Oth_Diag_Code_1	7 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	
	1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 201	2 only)	
<b></b>	` Invalid		
Beginning Position:	324	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 71:	OTH_DIAG_CODE_18	· · · 1 · 1' · · · · 1 · · · 4.1	154 1' 's 'C
			and 5th digits if applicable. Decimal is implied
D D	following the third charac		
Beginning Position:	325	Data Source:	Claim
Length:		Type:	Alphanumeric
Field 72:	POA_OTH_DIAG_COD		9 and a way present at the time the matient
		Oth_Diag_Code_1	8 code was present at the time the patient was
Cadina Sahamaa	admitted to the hospital Y Yes		
Coding Scheme:	N No		
	U Unknown		
	W Clinically Undetermined	1	
	1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 201 Invalid	2 only)	
<b>Beginning Position:</b>	331	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 73:	OTH_DIAG_CODE_19	**	•
	ICD-9-CM diagnosis code	e, including the 4th	and 5th digits if applicable. Decimal is implied
	following the third charac	ter.	
<b>Beginning Position:</b>	332	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 74:	POA_OTH_DIAG_COE		
		Oth_Diag_Code_1	9 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	
	1 Space $(1^{st} \& 2^{nd} Qtr 201)$	2 only)	
Designations Dr. 14	` Invalid	Det. C.	Chaire
Beginning Position:	338	Data Source:	Claim
Length: Field 75:		Туре:	Alphanumeric
	OTH_DIAG_CODE_20		and 5th distant from limit to Design the institution of the
rielu 75:			
rielu /5.	ICD-9-CM diagnosis code		and sur digits if applicable. Decimal is implied
	following the third charac	ter.	
Beginning Position:	following the third charac 339	ter. Data Source:	Claim
Beginning Position: Length:	following the third charac 339 6	ter. Data Source: Type:	
Beginning Position:	following the third charac 339 6 <b>POA_OTH_DIAG_COE</b>	ter. Data Source: Type: DE_20	Claim Alphanumeric
Beginning Position: Length:	following the third charac 339 6 POA_OTH_DIAG_COE Code identifying whether	ter. Data Source: Type: DE_20	Claim
Beginning Position: Length: Field 76:	following the third charac 339 6 POA_OTH_DIAG_COE Code identifying whether admitted to the hospital	ter. Data Source: Type: DE_20	Claim Alphanumeric
Beginning Position: Length:	following the third charac 339 6 POA_OTH_DIAG_COE Code identifying whether	ter. Data Source: Type: DE_20	Claim Alphanumeric

	W 1	Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of	only)	
Desimulas De 141	215	Invalid	Data See	Claim
Beginning Position:	345 1		Data Source:	Claim
Length: Field 77:	-	DIAC CODE 11	Туре:	Alphanumeric
Field 77:	ICD-			and 5th digits if applicable. Decimal is implied
<b>р · · р ·</b> /·		wing the third character		
Beginning Position:	346		Data Source:	Claim
Length:	6		Type:	Alphanumeric
Field 78:		_OTH_DIAG_CODE		
			tn_Diag_Code_2	1 code was present at the time the patient was
C. P. C.L.	admi Y	tted to the hospital Yes		
Coding Scheme:	N	No		
	U	Unknown		
	W	Clinically Undetermined		
	1	Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 c	only)	
Paginning Desitions	352	Invalid	Data Source:	Claim
Beginning Position:	552 1			
Length:	-		Туре:	Alphanumeric
Field 79:		I_DIAG_CODE_22	· · · 1 · 1° · · · · · · · · · · · · · ·	
		wing the third character		and 5th digits if applicable. Decimal is implied
<b>D</b> • • <b>D</b> •/•		wing the third character		
Beginning Position:	353		Data Source:	Claim
Length:	6		Туре:	Alphanumeric
Field 80:		_OTH_DIAG_CODE		
	<b>C</b> 1			
			th_Diag_Code_2	2 code was present at the time the patient was
	admi	tted to the hospital	th_Diag_Code_2	2 code was present at the time the patient was
Coding Scheme:	admi Y	tted to the hospital Yes	th_Diag_Code_2	2 code was present at the time the patient was
Coding Scheme:	admi Y N	tted to the hospital Yes No	th_Diag_Code_2	2 code was present at the time the patient was
Coding Scheme:	admi Y	tted to the hospital Yes No Unknown	th_Diag_Code_2	2 code was present at the time the patient was
Coding Scheme:	admi Y N U	tted to the hospital Yes No		2 code was present at the time the patient was
-	admi Y N U W 1	tted to the hospital Yes No Unknown Clinically Undetermined	only)	
Beginning Position:	admi Y N U W	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of		2 code was present at the time the patient was Claim
Beginning Position: Length:	admi Y N U W 1 359 1	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	only)	
Beginning Position:	admi Y N U W 1 359 1 OTH	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	<sup>only)</sup> Data Source: Type:	Claim Alphanumeric
Beginning Position: Length:	admi Y N U W 1 359 1 OTH	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	<sup>only)</sup> Data Source: Type:	Claim
Beginning Position: Length:	admi Y N U W 1 359 1 OTH ICD-	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	Data Source: Type: including the 4th	Claim Alphanumeric
Beginning Position: Length: Field 81:	admi Y N U W 1 359 1 OTH ICD-	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	Data Source: Type: including the 4th	Claim Alphanumeric
Beginning Position: Length: Field 81: Beginning Position:	admi Y W 1 359 1 OTH ICD- follow	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	Data Source: Type: including the 4th C. Data Source:	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Beginning Position: Length: Field 81: Beginning Position: Length:	admi Y N U W 1 359 1 OTH ICD- folloy 360 6	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>LDIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character	Data Source: Type: including the 4th C. Data Source: Type:	Claim Alphanumeric and 5th digits if applicable. Decimal is implied
Beginning Position: Length: Field 81: Beginning Position:	admi Y N U W 1 359 1 OTH ICD- follor 360 6 POA	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>LDIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character	Data Source: Type: including the 4th Data Source: Type: 223	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 81: Beginning Position: Length:	admi Y N U W 1 359 1 OTH ICD- follov 360 6 POA Code	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>L_DIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character <b>OTH_DIAG_CODE</b>	Data Source: Type: including the 4th Data Source: Type: 223	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82:	admi Y N U W 1 359 1 OTH ICD- follov 360 6 POA Code admi	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>LDIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character	Data Source: Type: including the 4th Data Source: Type: 223	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 81: Beginning Position: Length:	admi Y N U W 1 359 1 OTH ICD- follov 360 6 POA Code	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>L_DIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character <b>S_OTH_DIAG_CODE</b> e identifying whether Of tted to the hospital	Data Source: Type: including the 4th Data Source: Type: 223	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82:	admi Y N U W 1 359 1 OTH ICD- follor 360 6 POA Code admi Y N U	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>L_DIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character <b>OTH_DIAG_CODE</b> bidentifying whether Of tted to the hospital Yes No Unknown	Data Source: Type: including the 4th Data Source: Type: 223	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82:	admi Y N U W 1 359 1 OTH ICD- follov 360 6 POA Code admi Y N U W	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>L_DIAG_CODE_23</b> 9-CM diagnosis code, if wing the third character <b>OTH_DIAG_CODE</b> e identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined	Data Source: Type: including the 4th Data Source: Type: 223 th_Diag_Code_2	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82:	admi Y N U W 1 359 1 OTH ICD- follor 360 6 POA Code admi Y N U	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>LDIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character <b>COTH_DIAG_CODE</b> e identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of	Data Source: Type: including the 4th Data Source: Type: 223 th_Diag_Code_2	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82: Coding Scheme:	admi Y N U W 1 359 1 OTH ICD- follov 360 6 POA Code admi Y N U W 1	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>L_DIAG_CODE_23</b> 9-CM diagnosis code, if wing the third character <b>OTH_DIAG_CODE</b> e identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined	Data Source: Type: including the 4th Data Source: Type: 223 th_Diag_Code_2 only)	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 3 code was present at the time the patient was
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82: Coding Scheme: Beginning Position:	admi Y N U W 1 359 1 OTH ICD- follor 360 6 POA Code admi Y N U W 1 Sof6	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>LDIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character <b>COTH_DIAG_CODE</b> e identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of	Data Source: Type: including the 4th Data Source: Type: 223 th_Diag_Code_2 only) Data Source:	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 3 code was present at the time the patient was Claim
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82: Coding Scheme: Beginning Position: Length:	admi Y N U W 1 359 1 OTH ICD- follor 360 6 POA Code admi Y N U W 1 S66 1	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>LDIAG_CODE_23</b> 9-CM diagnosis code, if wing the third character <b>COTH_DIAG_CODE</b> identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	Data Source: Type: including the 4th Data Source: Type: 223 th_Diag_Code_2 only)	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 3 code was present at the time the patient was
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82: Coding Scheme: Beginning Position: Length:	admi Y N U W 1 359 1 OTH ICD- follov 360 6 POA Code admi Y N U W 1 S66 1 OTH	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>LDIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character <b>COTH_DIAG_CODE</b> e identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	Data Source: Type: including the 4th Data Source: Type: 2-23 th_Diag_Code_2 mly) Data Source: Type: Type:	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 3 code was present at the time the patient was Claim Alphanumeric
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82: Coding Scheme: Beginning Position: Length:	admi Y N U W 1 359 1 OTH ICD- follov 360 6 POA Code admi Y N U W U W 1 S 366 1 OTH ICD- follov 360 6	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid LDIAG_CODE_23 9-CM diagnosis code, i wing the third character COTH_DIAG_CODE e identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	Data Source: Type: including the 4th Data Source: Type: 223 th_Diag_Code_2 only) Data Source: Type: including the 4th	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 3 code was present at the time the patient was Claim
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82: Coding Scheme: Beginning Position: Length: Field 83:	admi Y N U W 1 359 1 OTH ICD- follor 360 6 POA Code admi Y N U W 1 S 366 1 OTH ICD- follor 360 6 OTH ICD- follor 360 6	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>LDIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character <b>COTH_DIAG_CODE</b> e identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	Data Source: Type: including the 4th Data Source: Type: 223 th_Diag_Code_2 only) Data Source: Type: including the 4th r.	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 3 code was present at the time the patient was Claim Alphanumeric and 5th digits if applicable. Decimal is implied
Beginning Position: Length: Field 81: Beginning Position: Length: Field 82: Coding Scheme: Beginning Position:	admi Y N U W 1 359 1 OTH ICD- follov 360 6 POA Code admi Y N U W U W 1 S 366 1 OTH ICD- follov 360 6	tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid <b>L_DIAG_CODE_23</b> 9-CM diagnosis code, i wing the third character <b>COTH_DIAG_CODE</b> e identifying whether Of tted to the hospital Yes No Unknown Clinically Undetermined Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 of Invalid	Data Source: Type: including the 4th Data Source: Type: 223 th_Diag_Code_2 only) Data Source: Type: including the 4th	Claim Alphanumeric and 5th digits if applicable. Decimal is implied Claim Alphanumeric 3 code was present at the time the patient was Claim Alphanumeric

Code identifying whether (	E_24	
	Oth_Diag_Code_2	4 code was present at the time the patient was
admitted to the hospital	-	
Y Yes		
N No		
U Unknown		
W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Otr 2012	only)	
Invalid	(only)	
373	Data Source:	Claim
1	Туре:	Alphanumeric
E_CODE_1		
ICD-9-CM diagnosis code,	, including the 4th	and 5th digits if applicable, of the primary
external cause of injury. A	decimal is implied	l following the third character.
374	Data Source:	Claim
6	Type:	Alphanumeric
POA E CODE 1	<b>V 1</b>	1
	E Code 1 code w	as present at the time the patient was admitted to
		r
Y Yes		
N No		
U Unknown		
W Clinically Undetermined	1 \	
	only)	
	Data Source:	Claim
		Alphanumeric
	Type:	Alphanumeric
		•
		Claim
	Type:	Alphanumeric
	E_Code_2 code w	as present at the time the patient was admitted to
the hospital		
Y Yes		
	only)	
Invalid	57	
387	Data Source:	Claim
1	Туре:	Alphanumeric
E_CODE_3	v 1	*
E CODE 3		
	including the 4th	and 5th digits if applicable, of an additional
ICD-9-CM diagnosis code,		and 5th digits if applicable, of an additional following the third character.
ICD-9-CM diagnosis code, external cause of injury. De	ecimal is implied f	following the third character.
ICD-9-CM diagnosis code, external cause of injury. De 388	ecimal is implied f Data Source:	following the third character. Claim
ICD-9-CM diagnosis code, external cause of injury. De 388 6	ecimal is implied f	following the third character.
ICD-9-CM diagnosis code, external cause of injury. De 388 6 POA_E_CODE_3	ecimal is implied f Data Source: Type:	following the third character. Claim Alphanumeric
ICD-9-CM diagnosis code, external cause of injury. De 388 6 POA_E_CODE_3 Code identifying whether E	ecimal is implied f Data Source: Type:	following the third character. Claim
ICD-9-CM diagnosis code, external cause of injury. De 388 6 <b>POA_E_CODE_3</b> Code identifying whether E the hospital	ecimal is implied f Data Source: Type:	following the third character. Claim Alphanumeric
ICD-9-CM diagnosis code, external cause of injury. De 388 6 POA_E_CODE_3 Code identifying whether E the hospital Y Yes	ecimal is implied f Data Source: Type:	following the third character. Claim Alphanumeric
ICD-9-CM diagnosis code, external cause of injury. De 388 6 POA_E_CODE_3 Code identifying whether E the hospital Y Yes N No	ecimal is implied f Data Source: Type:	following the third character. Claim Alphanumeric
ICD-9-CM diagnosis code, external cause of injury. De 388 6 POA_E_CODE_3 Code identifying whether E the hospital Y Yes N No U Unknown	ecimal is implied f Data Source: Type:	following the third character. Claim Alphanumeric
ICD-9-CM diagnosis code, external cause of injury. De 388 6 POA_E_CODE_3 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined	ecimal is implied f Data Source: Type: E_Code_3 code wa	following the third character. Claim Alphanumeric
ICD-9-CM diagnosis code, external cause of injury. De 388 6 POA_E_CODE_3 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined	ecimal is implied f Data Source: Type: E_Code_3 code wa	following the third character. Claim Alphanumeric
ICD-9-CM diagnosis code, external cause of injury. De 388 6 POA_E_CODE_3 Code identifying whether E the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012	ecimal is implied f Data Source: Type: E_Code_3 code wa	following the third character. Claim Alphanumeric
	Invalid         373         1         E_CODE_1         ICD-9-CM diagnosis code, external cause of injury. A         374         6         POA_E_CODE_1         Code identifying whether H         the hospital         Y       Yes         N       No         U       Unknown         W       Clinically Undetermined         1       Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012         No       Invalid         380       1         E_CODE_2       ICD-9-CM diagnosis code, external cause of injury. Do         381       6         POA_E_CODE_2       Code identifying whether H         the hospital       Y         Y       Yes         N       No         U       Unknown         W       Clinically Undetermined         Y       Yes         N       No         U       Unknown         W       Clinically Undetermined         1       Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012         Noluid       Invalid	Invalid       Data Source:         1       Type:         E_CODE_1       ICD-9-CM diagnosis code, including the 4th external cause of injury. A decimal is implied 374       Data Source:         6       Type:         POA_E_CODE_1       Code identifying whether E_Code_1 code w the hospital         Y       Yes         N       No         U       Unknown         W       Clinically Undetermined         1       Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 only)         `       Invalid         380       Data Source:         1       Type:         E_CODE_2       ICD-9-CM diagnosis code, including the 4th external cause of injury. Decimal is implied to 381         380       Data Source:         6       Type:         POA_E_CODE_2       Code identifying whether E_Code_2 code w the hospital         Y       Yes         N       No         U       Unknown         W       Clinically Undetermined         Y       Yes         N       No         U       Unknown         W       Clinically Undetermined         Y       Yes         N       No         U       Unknown </td

Field 91:	E_CODE_4		
			and 5th digits if applicable, of an additional
		-	following the third character.
<b>Beginning Position:</b>	395	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 92:	POA_E_CODE_4		
	Code identifying whether E	_Code_4 code wa	as present at the time the patient was admitted to
	the hospital		
Coding Scheme:	Y Yes		
8	N No		
	U Unknown W Clinically Undetermined		
	WClinically Undetermined1Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012)	only)	
	Invalid	omy)	
<b>Beginning Position:</b>	401	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 93:	E_CODE_5	- <b>J</b> F**	
		including the 4th	and 5th digits if applicable, of an additional
			following the third character.
<b>Beginning Position:</b>	402	Data Source:	Claim
Length:	402 6	Type:	Alphanumeric
		Type.	Alphandmene
Field 94:	POA_E_CODE_5	Code 5 and a	
		_Code_5 code w	vas present at the time the patient was admitted to
	the hospital		
Coding Scheme:	Y Yes N No		
	U Unknown		
	W Clinically Undetermined		
	1 Space $(1^{st} \& 2^{nd} Qtr 2012)$	only)	
	` Invalid		
Beginning Position:	408	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 95:	E_CODE_6	:	and 5th digits if anylights of an additional
			and 5th digits if applicable, of an additional
			following the third character.
Beginning Position:	409	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 96:	POA_E_CODE_6		
		_Code_6 code w	vas present at the time the patient was admitted to
	the hospital		
Coding Scheme:	Y Yes		
	N No		
	N No U Unknown		
	N No U Unknown W Clinically Undetermined	only)	
	N No U Unknown	only)	
Beginning Position:	N     No       U     Unknown       W     Clinically Undetermined       1     Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012	only) Data Source:	Claim
0 0	N     No       U     Unknown       W     Clinically Undetermined       1     Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012       `     Invalid	Data Source:	
Length:	N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 415	-	Claim Alphanumeric
Beginning Position: Length: Field 97:	N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 415 1 E_CODE_7	Data Source: Type:	Alphanumeric
Length:	N       No         U       Unknown         W       Clinically Undetermined         1       Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012)         `       Invalid         415       I         E_CODE_7       ICD-9-CM diagnosis code,	Data Source: Type: including the 4th	Alphanumeric and 5th digits if applicable, of an additional
Length: Field 97:	N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Navalid 415 1 <b>E_CODE_7</b> ICD-9-CM diagnosis code, external cause of injury. De	Data Source: Type: including the 4th cimal is implied	Alphanumeric and 5th digits if applicable, of an additional following the third character.
Length: Field 97: Beginning Position:	N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 415 1 <b>E_CODE_7</b> ICD-9-CM diagnosis code, external cause of injury. De 416	Data Source: Type: including the 4th cimal is implied Data Source:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim
Length: Field 97: Beginning Position: Length:	N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 415 1 <b>E_CODE_7</b> ICD-9-CM diagnosis code, external cause of injury. De 416 6	Data Source: Type: including the 4th cimal is implied	Alphanumeric and 5th digits if applicable, of an additional following the third character.
Length: Field 97: Beginning Position: Length:	N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6 POA_E_CODE_7	Data Source: Type: including the 4th cimal is implied : Data Source: Type:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric
Length: Field 97: Beginning Position: Length:	N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6 POA_E_CODE_7 Code identifying whether E	Data Source: Type: including the 4th cimal is implied : Data Source: Type:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim
Length: Field 97: Beginning Position: Length: Field 98:	N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6 POA_E_CODE_7 Code identifying whether E the hospital	Data Source: Type: including the 4th cimal is implied : Data Source: Type:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric
Length: Field 97: Beginning Position: Length: Field 98:	N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6 POA_E_CODE_7 Code identifying whether E the hospital Y Yes	Data Source: Type: including the 4th cimal is implied : Data Source: Type:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric
Length:	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Data Source: Type: including the 4th cimal is implied : Data Source: Type:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric
Length: Field 97: Beginning Position: Length: Field 98:	N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 Invalid 415 1 E_CODE_7 ICD-9-CM diagnosis code, external cause of injury. De 416 6 POA_E_CODE_7 Code identifying whether E the hospital Y Yes	Data Source: Type: including the 4th cimal is implied : Data Source: Type:	Alphanumeric and 5th digits if applicable, of an additional following the third character. Claim Alphanumeric

	W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012)	only)	
	` Invalid	-	
Beginning Position:	422	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 99:			and 5th digits if applicable, of an additional following the third character.
<b>Beginning Position:</b>	423	Data Source:	Claim
Length:	6	Type:	Alphanumeric
Field 100:	POA_E_CODE_8	1,100	
Coding Scheme:			vas present at the time the patient was admitted to
<b>Beginning Position:</b>	429	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 101:	E_CODE_9	V L	*
Beginning Position:	ICD-9-CM diagnosis code,		and 5th digits if applicable, of an additional following the third character. Claim
Length:	6	Туре:	Alphanumeric
Field 102:	POA_E_CODE_9	1,100	Thphanamorie
Coding Scheme:	the hospital Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 - Invalid	only)	
<b>Beginning Position:</b>	436	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 103:	E_CODE_10	rype.	T inplication to
	ICD-9-CM diagnosis code, external cause of injury. De	cimal is implied	and 5th digits if applicable, of an additional following the third character.
Beginning Position:	437	Data Source:	Claim
Length:	6	Туре:	Alphanumeric
Field 104: Coding Scheme:	POA_E_CODE_10         Code identifying whether E         the hospital         Y       Yes         N       No         U       Unknown         W       Clinically Undetermined         1       Space (1 <sup>st</sup> & 2 <sup>nd</sup> Qtr 2012 - 1         `       Invalid		was present at the time the patient was admitted to
<b>Beginning Position:</b>	443	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 105:	<b>PRINC_SURG_PROC_C</b> Code for the principal surgibill. ICD-9, HCPCS, or CP	cal or other proce	edure performed during the period covered by the
<b>Beginning Position:</b>	444	Data Source:	Claim
Length:	7	Type:	Alphanumeric
-			

PRINC_SURG_PROC_DAY	Y	
		equals Principal Surgical Procedure Date minus
	r	
	Data Source:	Calculated
		Alphanumeric
	rype.	Alphanumerte
	surgical or othe	ar procedure including the 4th and 5th digits if
		Assigned
		Alphanumeric
	• •	Alphanumenc
		Claim
		Alphanumeric
	procedure equa	uls Other Surgical Procedure Date minus
		Calculated
	Гуре:	Alphanumeric
OTH_ICD9_CODE_1		
		re other than the principal procedure, including
the 4th and 5th digits if application	able. Decimal i	s implied following the third character.
471 I	Data Source:	Assigned
5 7	Гуре:	Alphanumeric
OTH_SURG_PROC_CODE	$\mathbb{Z}_2$	•
Code for surgical or other prod	cedure other that	an the principal procedure performed during the
		Claim
_		Alphanumeric
	V 1	
		als Other Surgical Procedure Date <i>minus</i>
	1	6
	Data Source:	Calculated
	Гуре:	
		Alphanumeric
OTH ICD9 CODE 2	- <b>J F</b>	Alphanumeric
OTH_ICD9_CODE_2	• •	•
ICD-9-CM code for surgical o	or other procedu	re other than the principal procedure, including
ICD-9-CM code for surgical o the 4th and 5th digits if applica	or other procedu able. Decimal i	re other than the principal procedure, including s implied following the third character.
ICD-9-CM code for surgical o the 4th and 5th digits if applica 487	or other procedu able. Decimal i Data Source:	re other than the principal procedure, including s implied following the third character. Assigned
ICD-9-CM code for surgical o the 4th and 5th digits if applica 487 I 5 7	or other procedu able. Decimal i Data Source: Fype:	re other than the principal procedure, including s implied following the third character.
ICD-9-CM code for surgical o the 4th and 5th digits if applica 487 I 5 T OTH_SURG_PROC_CODE	or other procedu able. Decimal i Data Source: Type: 2_3	rre other than the principal procedure, including s implied following the third character. Assigned Alphanumeric
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ICD-9-CM code for surgical of the 4th and 5th digits if applica 487 I 5 7 OTH_SURG_PROC_CODE Code for surgical or other proc period covered by the bill. ICH 492 I	or other procedu able. Decimal i Data Source: Type: C_3 cedure other tha D-9, HCPCS, o Data Source:	are other than the principal procedure, including s implied following the third character. Assigned Alphanumeric an the principal procedure performed during the r CPT code. Claim
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	Day of principal surgical or of Admission/Start of Care Date 451 1 4 PRINC_ICD9_CODE ICD-9-CM code for principal applicable. Decimal is implied 455 1 5 OTH_SURG_PROC_CODE Code for surgical or other pro- period covered by the bill. ICI 460 1 7 0 OTH_SURG_PROC_DAY_ Day of other surgical or other Admission/Start of Care Date 467 1 4 0 OTH_ICD9_CODE_1 ICD-9-CM code for surgical or the 4th and 5th digits if applic 471 5 OTH_SURG_PROC_CODE Code for surgical or other pro- period covered by the bill. ICI 476 1 7 0 OTH_SURG_PROC_CODE Code for surgical or other pro- period covered by the bill. ICI 476 1 7 OTH_SURG_PROC_DAY_ Day of other surgical or other Admission/Start of Care Date 483 1	Day of principal surgical or other procedure of Admission/Start of Care Date451Data Source:4Type:PRINC_ICD9_CODEICD-9-CM code for principal surgical or other applicable. Decimal is implied following the455Data Source:5Type:OTH_SURG_PROC_CODE_1Code for surgical or other procedure other that period covered by the bill. ICD-9, HCPCS, or460Data Source:7Type:OTH_SURG_PROC_DAY_1Day of other surgical or other procedure equateAdmission/Start of Care Date467Data Source:4Type:OTH_ICD9_CODE_1ICD-9-CM code for surgical or other procedure equateAdmission/Start of Care Date467467Data Source:4Type:OTH_ICD9_CODE_1ICD-9-CM code for surgical or other procedure equate471Data Source:5Type:OTH_SURG_PROC_CODE_2Code for surgical or other procedure other thatperiod covered by the bill. ICD-9, HCPCS, or476Data Source:7Type:OTH_SURG_PROC_DAY_2Day of other surgical or other procedure equateAdmission/Start of Care Date483Data Source:

OTH SURG PROC COD	<b>F</b> 4			
		an the principal procedure performed during the		
		Claim		
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		ala Other Sympical Dragodyna Data minus		
		us Other Surgical Procedure Date minus		
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		Assigned		
		Alphanumeric		
	CD-9, HCPCS, o	r CPT code.		
524	Data Source:	Claim		
7	Туре:	Alphanumeric		
OTH_SURG_PROC_DAY	_5			
		als Other Surgical Procedure Date minus		
		-		
531	Data Source:	Calculated		
4	Type:	Alphanumeric		
		1		
ICD-9-CM code for surgical or other procedure other than the principal procedure, including				
		Assigned		
		Alphanumeric		
		Thendrone		
		an the principal procedure performed during the		
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		ale Other Sympical Dragodyna Data minus		
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the 4th and 5th digits if appli	icable. Decimal i	s implied following the third character		
551	Data Source:	Assigned		
551 5	Data Source: Type:			
551 5 OTH_SURG_PROC_COD	Data Source: <u>Type:</u> DE_7	Assigned Alphanumeric		
551 5 OTH_SURG_PROC_COD Code for surgical or other pro-	Data Source: Type: DE_7 ocedure other th	Assigned Alphanumeric an the principal procedure performed during the		
551 5 OTH_SURG_PROC_COD Code for surgical or other pre- period covered by the bill. IC	Data Source: Type: DE_7 ocedure other th CD-9, HCPCS, o	Assigned Alphanumeric an the principal procedure performed during the r CPT code.		
551 5 OTH_SURG_PROC_COD Code for surgical or other pro-	Data Source: Type: DE_7 ocedure other th	Assigned Alphanumeric an the principal procedure performed during the		
551 5 OTH_SURG_PROC_COD Code for surgical or other pre- period covered by the bill. IC	Data Source: Type: DE_7 ocedure other th CD-9, HCPCS, o	Assigned Alphanumeric an the principal procedure performed during the r CPT code.		
551 5 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 556	Data Source: <u>Type:</u> DE_7 occedure other th CD-9, HCPCS, o Data Source: Type:	Assigned Alphanumeric an the principal procedure performed during the r CPT code. Claim		
551 5 OTH_SURG_PROC_COD Code for surgical or other pro- period covered by the bill. IC 556 7 OTH_SURG_PROC_DAY	Data Source: Type: DE_7 ocedure other th CD-9, HCPCS, o Data Source: Type: _7	Assigned Alphanumeric an the principal procedure performed during the r CPT code. Claim Alphanumeric		
551 5 OTH_SURG_PROC_COD Code for surgical or other pro- period covered by the bill. IC 556 7 OTH_SURG_PROC_DAY	Data Source: Type: DE_7 ocedure other th CD-9, HCPCS, o Data Source: Type: 7 er procedure equa	Assigned Alphanumeric an the principal procedure performed during the r CPT code. Claim		
551 5 OTH_SURG_PROC_COD Code for surgical or other pro- period covered by the bill. IC 556 7 OTH_SURG_PROC_DAY Day of other surgical or other	Data Source: Type: DE_7 ocedure other th CD-9, HCPCS, o Data Source: Type: 7 er procedure equa	Assigned Alphanumeric an the principal procedure performed during the r CPT code. Claim Alphanumeric		
	Code for surgical or other pr period covered by the bill. IC 508 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 515 4 OTH_ICD9_CODE_4 ICD-9-CM code for surgical the 4th and 5th digits if appli 519 5 OTH_SURG_PROC_COD Code for surgical or other pr period covered by the bill. IC 524 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Dat 531 4 OTH_ICD9_CODE_5 ICD-9-CM code for surgical the 4th and 5th digits if appli 535 5 OTH_SURG_PROC_COD Code for surgical or other pr period covered by the bill. IC 540 7 OTH_SURG_PROC_COD Code for surgical or other pr period covered by the bill. IC 540 7 OTH_SURG_PROC_COD Code for surgical or other pr period covered by the bill. IC 540 7	7Type:OTH_SURG_PROC_DAY_4Day of other surgical or other procedure equalAdmission/Start of Care Date515Data Source:Type:OTH_ICD9_CODE_4ICD-9-CM code for surgical or other procedurthe 4 th and 5th digits if applicable. Decimal it519Data Source:5Type:OTH_SURG_PROC_CODE_5Code for surgical or other procedure other theperiod covered by the bill. ICD-9, HCPCS, or524Data Source:7Type:OTH_SURG_PROC_DAY_5Day of other surgical or other procedure equalAdmission/Start of Care Date531Data Source:5Type:OTH_ICD9_CODE_5ICD-9-CM code for surgical or other procedure equalAdmission/Start of Care Date5Type:OTH_SURG_PROC_CODE_6Code for surgical or other procedure other theperiod covered by the bill. ICD-9, HCPCS, or5Type:OTH_SURG_PROC_CODE_6Code for surgical or other procedure other theperiod covered by the bill. ICD-9, HCPCS, or </td		

Field 128:	OTH_ICD9_CODE_7				
		or other procedu	ure other than the principal procedure, including		
			s implied following the third character.		
<b>Beginning Position:</b>	567	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 129:	OTH_SURG_PROC_COD		•		
	Code for surgical or other procedure other than the principal procedure performed during the				
	period covered by the bill. IC				
<b>Beginning Position:</b>	572	Data Source:	Claim		
Length:	7	Туре:	Alphanumeric		
Field 130:	OTH_SURG_PROC_DAY		L		
			als Other Surgical Procedure Date minus		
	Admission/Start of Care Dat	1 1	C		
Beginning Position:	579	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 131:	OTH_ICD9_CODE_8	• •	•		
		or other procedu	ure other than the principal procedure, including		
			s implied following the third character.		
<b>Beginning Position:</b>	583	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 132:	OTH_SURG_PROC_COD				
			an the principal procedure performed during the		
	period covered by the bill. IC	CD-9. HCPCS. o	r CPT code.		
<b>Beginning Position:</b>	588	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 133:	OTH_SURG_PROC_DAY	11			
	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>				
	Admission/Start of Care Dat				
<b>Beginning Position:</b>	595	Data Source:	Calculated		
Length:	4	Туре:	Alphanumeric		
Field 134:	OTH_ICD9_CODE_9	rype.	Tiphulumene		
		or other procedu	are other than the principal procedure, including		
			is implied following the third character.		
<b>Beginning Position:</b>	599	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 135:	OTH SURG PROC COD		Alphanumerie		
Ficiu 155.			an the principal procedure performed during the		
	period covered by the bill. IC				
Beginning Position:	604	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 136:	OTH_SURG_PROC_DAY	• •	Alphanumerie		
rielu 150.			als Other Surgical Procedure Date minus		
	Admission/Start of Care Dat		us other Surgical Procedure Date minus		
Beginning Position:	611	Data Source:	Calculated		
	4		Alphanumeric		
Length: Field 137:	OTH ICD9 CODE 10	Туре:	Alphanumenc		
riela 157:		or other proceed	ire other than the principal procedure including		
			are other than the principal procedure, including is implied following the third character.		
Doginning Dogidio-					
Beginning Position:	615	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 138:	OTH_SURG_PROC_COD				
			an the principal procedure performed during the		
	period covered by the bill. IC	JD-9, HCPCS, o	r CPT code.		
Beginning Position: Length:	620 7	Data Source: Type:	Claim Alphanumeric		

Field 139:	OTH_SURG_PROC_DAY	7 11		
			als Other Surgical Procedure Date minus	
	Admission/Start of Care Dat		6	
<b>Beginning Position:</b>	627	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 140:	OTH_ICD9_CODE_11	_ <b>JF</b> = 0		
		l or other proced	ure other than the principal procedure, including	
			is implied following the third character.	
<b>Beginning Position:</b>	631	Data Source:	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 141:	OTH_SURG_PROC_COL		<b>A</b>	
			an the principal procedure performed during the	
	period covered by the bill. I			
<b>Beginning Position:</b>	636	<b>Data Source:</b>	Claim	
Length:	7	Туре:	Alphanumeric	
Field 142:	OTH_SURG_PROC_DAY	/_12		
	Day of other surgical or othe	er procedure equ	als Other Surgical Procedure Date minus	
	Admission/Start of Care Dat	te.		
<b>Beginning Position:</b>	643	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 143:	OTH_ICD9_CODE_12			
	ICD-9-CM code for surgical	l or other proced	ure other than the principal procedure, including	
	the 4th and 5th digits if appl	icable. Decimal	is implied following the third character.	
<b>Beginning Position:</b>	647	Data Source:	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 144:	OTH_SURG_PROC_COL			
	Code for surgical or other procedure other than the principal procedure performed during the			
	period covered by the bill. I		or CPT code.	
<b>Beginning Position:</b>	652	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 145:	OTH_SURG_PROC_DAY			
			als Other Surgical Procedure Date minus	
	Admission/Start of Care Dat		~	
Beginning Position:	659	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 146:	OTH_ICD9_CODE_13			
	e	-	ure other than the principal procedure, including	
<b></b>			is implied following the third character.	
Beginning Position:	663	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Field 147:	OTH_SURG_PROC_COL			
			an the principal procedure performed during the	
Desimulas Desitions	period covered by the bill. I			
Beginning Position:	668 7	Data Source:	Claim	
Length:		<u>Type:</u>	Alphanumeric	
Field 148:	OTH_SURG_PROC_DAY		als Other Surgical Procedure Data minus	
	Admission/Start of Care Dat		als Other Surgical Procedure Date minus	
Reginning Desition	675	Data Source:	Calculated	
Beginning Position: Length:	4	Type:	Alphanumeric	
Field 149:	OTH_ICD9_CODE_14	rype.	Aphanumene	
r iciu 147;		or other proceed	ure other than the principal procedure, including	
			is implied following the third character.	
Beginning Position:	679	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Luigui.	5	1 ypc.	n primi uni crite	

Field 150:	OTH_SURG_PROC_COD	)F. 15		
riciu 150.	Code for surgical or other procedure other than the principal procedure performed during the			
	period covered by the bill. IC			
<b>Beginning Position:</b>	684	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 151:	OTH_SURG_PROC_DAY		Alphalumene	
riela 151:			ala Othan Sumaiaal Dragaduma Data minua	
	Admission/Start of Care Date		als Other Surgical Procedure Date minus	
D			Calmilated	
Beginning Position:	691	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 152:	OTH_ICD9_CODE_15			
			ure other than the principal procedure, including	
			s implied following the third character.	
<b>Beginning Position:</b>	695	Data Source:	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 153:	OTH_SURG_PROC_COD			
	Code for surgical or other pre-	ocedure other th	an the principal procedure performed during the	
	period covered by the bill. IC	CD-9, HCPCS, o	r CPT code.	
<b>Beginning Position:</b>	700	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 154:	<b>OTH SURG PROC DAY</b>	16	•	
			als Other Surgical Procedure Date minus	
	Admission/Start of Care Date		6	
<b>Beginning Position:</b>	707	Data Source:	Calculated	
Length:	4	Type:	Alphanumeric	
Field 155:	OTH_ICD9_CODE_16	i ype:	Alphanumerte	
riciu 155.		or other procedu	are other than the principal procedure, including	
			is implied following the third character.	
Doginaing Dogitions	711	Data Source:	Assigned	
Beginning Position:			0	
Length:	5	Type:	Alphanumeric	
Field 156:	OTH_SURG_PROC_COD			
			an the principal procedure performed during the	
	period covered by the bill. IC			
Beginning Position:	716	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 157:	OTH_SURG_PROC_DAY			
			als Other Surgical Procedure Date minus	
	Admission/Start of Care Date			
<b>Beginning Position:</b>	723	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 158:	OTH_ICD9_CODE_17			
	ICD-9-CM code for surgical or other procedure other than the principal procedure, including			
			is implied following the third character.	
<b>Beginning Position:</b>	727	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Field 159:	OTH_SURG_PROC_COD		<b>r</b>	
- 1010 1071			an the principal procedure performed during the	
	period covered by the bill. IC			
	732	Data Source:	Claim	
Roginning Docition	134		Alphanumeric	
	7		AUDIANUMERIC	
Length:	7	Type:	<i>T</i> uphanamene	
Length:	OTH_SURG_PROC_DAY	_18		
Length:	<b>OTH_SURG_PROC_DAY</b> Day of other surgical or othe	<b>18</b> r procedure <i>equ</i>	als Other Surgical Procedure Date minus	
Beginning Position: Length: Field 160:	<b>OTH_SURG_PROC_DAY</b> Day of other surgical or othe Admission/Start of Care Date	<b>18</b> or procedure <i>equ</i> e.	als Other Surgical Procedure Date minus	
Length:	<b>OTH_SURG_PROC_DAY</b> Day of other surgical or othe	<b>18</b> r procedure <i>equ</i>		

Field 161:	OTH_ICD9_CODE_18			
	ICD-9-CM code for surgical or other procedure other than the principal procedure, including			
	the 4th and 5th digits if applicable. Decimal is implied following the third character.			
<b>Beginning Position:</b>	0 11	Data Source:	Assigned	
Length:		Туре:	Alphanumeric	
Field 162:	OTH_SURG_PROC_COD		•	
			an the principal procedure performed during the	
	period covered by the bill. IC			
<b>Beginning Position:</b>		Data Source:	Claim	
Length:		Type:	Alphanumeric	
Field 163:	<b>OTH SURG PROC DAY</b>		1	
			uls Other Surgical Procedure Date minus	
	Admission/Start of Care Date		C	
<b>Beginning Position:</b>	755	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 164:	OTH_ICD9_CODE_19	•	•	
		or other procedu	re other than the principal procedure, including	
			s implied following the third character.	
<b>Beginning Position:</b>		Data Source:	Assigned	
Length:		Type:	Alphanumeric	
Field 165:	OTH_SURG_PROC_COD		•	
			an the principal procedure performed during the	
	period covered by the bill. IC			
<b>Beginning Position:</b>	-	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 166:	OTH_SURG_PROC_DAY	20	•	
	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>			
	Admission/Start of Care Date.			
<b>Beginning Position:</b>	771	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 167:	OTH_ICD9_CODE_20	*	•	
	ICD-9-CM code for surgical	or other procedu	re other than the principal procedure, including	
			s implied following the third character.	
<b>Beginning Position:</b>	775	Data Source:	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 168:	OTH_SURG_PROC_COD	E_21		
	Code for surgical or other pro-	ocedure other that	an the principal procedure performed during the	
	period covered by the bill. IC	D-9, HCPCS, or	r CPT code.	
<b>Beginning Position:</b>	780	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 169:	OTH CHIDG DDOG DAV	A1		
r ieiu 109:	OTH_SURG_PROC_DAY	_21		
riela 109:			als Other Surgical Procedure Date minus	
riela 109:		r procedure <i>equc</i>	als Other Surgical Procedure Date minus	
	Day of other surgical or other Admission/Start of Care Date	r procedure <i>equc</i>	als Other Surgical Procedure Date minus	
Beginning Position:	Day of other surgical or other Admission/Start of Care Date 787	r procedure <i>equc</i> e. <b>Data Source:</b>	C	
Beginning Position: Length:	Day of other surgical or other Admission/Start of Care Date 787 4	r procedure <i>equc</i> e.	Calculated	
Beginning Position: Length:	Day of other surgical or other Admission/Start of Care Date 787 4 OTH_ICD9_CODE_21	r procedure <i>equa</i> e. Data Source: Type:	Calculated	
Beginning Position: Length:	Day of other surgical or other Admission/Start of Care Date 787 4 OTH_ICD9_CODE_21 ICD-9-CM code for surgical	r procedure <i>equa</i> e. <b>Data Source:</b> <b>Type:</b> or other procedu	Calculated Alphanumeric	
Beginning Position: <u>Length:</u> Field 170:	Day of other surgical or other Admission/Start of Care Date 787 4 OTH_ICD9_CODE_21 ICD-9-CM code for surgical the 4th and 5th digits if applie	r procedure <i>equa</i> e. <b>Data Source:</b> <b>Type:</b> or other procedu	Calculated Alphanumeric rre other than the principal procedure, including s implied following the third character.	
Beginning Position: Length: Field 170: Beginning Position:	Day of other surgical or other Admission/Start of Care Date 787 4 OTH_ICD9_CODE_21 ICD-9-CM code for surgical the 4th and 5th digits if applie 791	r procedure <i>equa</i> e. <b>Data Source:</b> <b>Type:</b> or other procedu cable. Decimal i <b>Data Source:</b>	Calculated Alphanumeric re other than the principal procedure, including s implied following the third character. Assigned	
Beginning Position: Length: Field 170: Beginning Position: Length:	Day of other surgical or other Admission/Start of Care Date 787 4 OTH_ICD9_CODE_21 ICD-9-CM code for surgical the 4th and 5th digits if applie 791 5	r procedure <i>equa</i> e. <b>Data Source:</b> <b>Type:</b> or other procedu cable. Decimal i <b>Data Source:</b> <b>Type:</b>	Calculated Alphanumeric rre other than the principal procedure, including s implied following the third character.	
Beginning Position: Length: Field 170: Beginning Position: Length:	Day of other surgical or other Admission/Start of Care Date 787 4 OTH_ICD9_CODE_21 ICD-9-CM code for surgical the 4th and 5th digits if applie 791 5 OTH_SURG_PROC_CODE	r procedure <i>equa</i> e. <b>Data Source:</b> <b>Type:</b> or other procedu cable. Decimal i <b>Data Source:</b> <b>Type:</b> E_22	Calculated Alphanumeric rre other than the principal procedure, including s implied following the third character. Assigned Alphanumeric	
Beginning Position: Length: Field 170: Beginning Position: Length:	Day of other surgical or other Admission/Start of Care Date 787 4 OTH_ICD9_CODE_21 ICD-9-CM code for surgical the 4th and 5th digits if applie 791 5 OTH_SURG_PROC_CODE Code for surgical or other pro-	r procedure <i>equa</i> <b>Data Source:</b> <b>Type:</b> or other procedu cable. Decimal i <b>Data Source:</b> <b>Type:</b> E_22 ocedure other that	Calculated Alphanumeric ure other than the principal procedure, including s implied following the third character. Assigned Alphanumeric an the principal procedure performed during the	
Beginning Position: Length: Field 170: Beginning Position: Length: Field 171: Beginning Position:	Day of other surgical or other Admission/Start of Care Date 787 4 OTH_ICD9_CODE_21 ICD-9-CM code for surgical the 4th and 5th digits if applie 791 5 OTH_SURG_PROC_CODE Code for surgical or other pro period covered by the bill. IC	r procedure <i>equa</i> <b>Data Source:</b> <b>Type:</b> or other procedu cable. Decimal i <b>Data Source:</b> <b>Type:</b> E_22 ocedure other that	Calculated Alphanumeric ure other than the principal procedure, including s implied following the third character. Assigned Alphanumeric an the principal procedure performed during the	

Field 172:	OTH_SURG_PROC_DAY	<b>22</b>		
	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>			
	Admission/Start of Care Date.			
<b>Beginning Position:</b>	803	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 173:	OTH_ICD9_CODE_22	**	*	
		l or other proced	ure other than the principal procedure, including	
			is implied following the third character.	
Beginning Position:	807	Data Source:	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 174:	OTH_SURG_PROC_COI	DE_23		
			an the principal procedure performed during the	
	period covered by the bill. I	CD-9, HCPCS, o	or CPT code.	
Beginning Position:	812	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 175:	OTH_SURG_PROC_DAY	ζ_ <b>23</b>		
	Day of other surgical or other	er procedure equ	als Other Surgical Procedure Date minus	
	Admission/Start of Care Da	te.	-	
Beginning Position:	819	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 176:	OTH_ICD9_CODE_23	· ·	*	
		l or other proced	ure other than the principal procedure, including	
			is implied following the third character.	
Beginning Position:	823	Data Source:	Assigned	
Length:	5	Туре:	Alphanumeric	
Field 177:	OTH_SURG_PROC_COI		*	
			an the principal procedure performed during the	
	period covered by the bill.			
<b>Beginning Position:</b>	828	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 178:	OTH_SURG_PROC_DAY		*	
			als Other Surgical Procedure Date minus	
	Admission/Start of Care Da		ç	
<b>Beginning Position:</b>	835	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 179:	OTH_ICD9_CODE_24	· ·	*	
	ICD-9-CM code for surgical or other procedure other than the principal procedure, including			
			is implied following the third character.	
<b>Beginning Position:</b>	839	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Field 180:	MS-MDC		*	
	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services			
			ministration (HCFA)) for hospital payment for	
	Medicare beneficiaries. Firs	0		
<b>Beginning Position:</b>	844	Data Source:	Assigned	
Length:	2	Type:	Alphanumeric	
Field 181:	MS-DRG	× *	•	
	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as			
	assigned for hospital payment for Medicare beneficiaries.			
<b>Beginning Position:</b>	846	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 182:	MS_GROUPER_VERSIO			
r 1014 102.			Grouper (formerly CMS DRG Grouper and	
			VERSION_NBR) version used to assign MS DRG	
	and, MS MDC codes		ERSIGIA_INDIC) version used to assign wild DRO	

iment	
rincipal Diagnosis	
Incipal Diagnosis	
ac = 0 and at least one HAC	
ivalid or exempt	
ac is invalid and at least one	
A is N or U	
ac is invalid and at least one	
A is invalid or exempt	
ac = 0 and at least one HAC	
xempt	
ac is invalid and at least one	
A is exempt	
ac = 0 and there are multiple	
at have different HAC POA	
at are not Y, W, N, U	
ac is invalid and there are	
HACs that have different	
A values that are not Y or W	
Grouper.	
Grouper.	
gned by 3M APR-DRG	
glied by SM AFR-DRO	
Assigned Alphanumeric	
d (APR) Diagnosis Related	
ihood of dying.	
ed (APR) Diagnosis Related	
nt of physiologic	
1 9 8	
to assign APR DRG codes	
ss rankings	

Beginning Position: Length:	864 5	Data Source: Type:	Assigned Alphanu	
Field 189:		GROUPER_ERROR_CODE	Alphanui	licite
rielu 109:		codes identify potential variations with		G code assignment
Coding Scheme:	00	No errors. DRG successfully	12	Gestational age/birth weight conflict
Couning Scheme:	00	assigned.	12	(APR only)
	01	.;		
	01	Diagnosis code cannot be used as	19	DisableHac = $0$ and at least one HAC
	~~~~	principal diagnosis		POA is invalid or exempt
	02	Record does not meet criteria for any	/ 20	DisableHac is invalid and at least one
		DRG		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
		C		HAC POA is exempt
	06	Invalid birthweight (AP & APR		DisableHac $= 0$ and there are multiple
		only)		HACs that have different HAC POA
				values that are not Y, W, N, U
	09	Invalid discharge age in days (AP &		DisableHac is invalid and there are
		APR only)	-	multiple HACs that have different
		/ ii it oliny)		HAC POA values that are not Y or W
	11	Invalid Principal Diagnosis		TIAC FOR values that are not F or w
	11	nivanu Emicipai Diagnosis		
D	960	D-4- 6	Anningal	
8 8	869	Data Source:	Assigned	
Length:	2 ATTE Attendi expecte patient	Data Source: Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a	Alphanun ue identifi ces render n is an ind	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine
Length:	2 ATTE Attendi expecte patient under t patients includi podiatr	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of service 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit	Alphanuu ue identifi es render n is an ind in individu ic or thera s, nurse p or treat p	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits apeutic procedures to inpatients, ractitioners, nurse midwives, and atients.
Beginning Position: Length: Field 190: Suppression:	2 ATTE Attendi expecte patient under t patients includi podiatr Suppre	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of service 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re	Alphanuu ue identifi es render n is an ind in individu ic or thera s, nurse p or treat p	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine al other than a physician who admits upeutic procedures to inpatients, ractitioners, nurse midwives, and
<u>Length:</u> Field 190: Suppression:	2 ATTE Attendi expecte patient under t patients includi podiatr Suppre minimu	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of service 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five.	Alphanun ue identifi ces renderen n is an ind in individu ic or thera s, nurse p or treat p presented	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits appeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the
<u>Length:</u> Field 190: Suppression: Beginning Position:	2 ATTE Attendi expecte patient under t patients includi podiatr Suppre minimu 871	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of service 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source:	Alphanuu ue identifi ces renderen n is an ind in individu ic or thera s, nurse p or treat p presented Assigned	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits apeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the
Length: Field 190: Suppression: Beginning Position: Length:	2 Attendi expected patient under ti patients includir podiatr Suppre minimu 871 10	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of service 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re um cell size of five. Data Source: Type:	Alphanun ue identifi ces renderen n is an ind in individu ic or thera s, nurse p or treat p presented	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits apeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the
Length: Field 190: Suppression: Beginning Position: Length:	2 ATTE Attendi expecte patient under t patients includi podiatr Suppre minimu 871 10 <b>OPER</b> Operati the ope	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi rating physician or physician other that	Alphanuu ue identifi ces render n is an ind in individu ic or thera s, nurse p or treat p presented Alphanuu er (if appl n the atter	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits opeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an
Length: Field 190: Suppression: Beginning Position: Length:	2 ATTE Attendi expecte patient under t patients includi podiatr Suppre minimu 871 10 <b>OPER</b> Operati the ope individ	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi- rating physician or physician other that ual licensed to practice medicine under	Alphanuu ue identifi ees render n is an ind n individu ic or thera as, nurse p or treat p presented Alphanuu eer (if appl n the atter the Medi	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits opeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an cal Practice Act. Can include an
Length: Field 190: Suppression: Beginning Position: Length:	2 Attendi expected patient under ti patients includi podiatr Suppre minimu 871 10 <b>OPER</b> Operati the ope individ	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi- rating physician or physician other that ual licensed to practice medicine under ual other than a physician who admits p	Alphanuu ue identifi ees render in is an ind in individu ic or thera is, nurse p or treat p presented Alphanuu eer (if appl n the atter the Medi patients to	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine al other than a physician who admits upeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to ading physician. Physician is an cal Practice Act. Can include an o hospitals or who provides diagnostic or
Length: Field 190: Suppression: Beginning Position: Length:	2 Attendi expected patient under ti patients includi podiatr Suppre minimu 871 10 <b>OPER</b> Operati the ope individ therape	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of service 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi rating physician or physician other that ual licensed to practice medicine under ual other than a physician who admits p- putic procedures to inpatients, including	Alphanuu ue identifi ess renderen n is an individu ic or thera s, nurse p or treat p presented Assigned Alphanuu er (if appl n the atter t the Medi patients to g psycholo	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits appeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an ical Practice Act. Can include an o hospitals or who provides diagnostic o ogists, chiropractors, dentists, nurse
Length: Field 190: Suppression: Beginning Position: Length:	2 Attendi expected patient under ti patients includi podiatr Suppre minimu 871 10 <b>OPER</b> Operati the ope individ therape	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi- rating physician or physician other that ual licensed to practice medicine under ual other than a physician who admits p	Alphanuu ue identifi ess renderen n is an individu ic or thera s, nurse p or treat p presented Assigned Alphanuu er (if appl n the atter t the Medi patients to g psycholo	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits appeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an ical Practice Act. Can include an o hospitals or who provides diagnostic op ogists, chiropractors, dentists, nurse
Length: Field 190: Suppression: Beginning Position: Length:	2 Attendi expected patient under ti patients includir podiatr Suppre minimu 871 10 <b>OPER</b> Operati the oper individ therape practiti patients	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of service 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi rating physician or physician other that ual licensed to practice medicine under ual other than a physician who admits p sutic procedures to inpatients, including oners, nurse midwives, and podiatrists s.	Alphanuu ue identifi ces renderen n is an individu ic or thera s, nurse p or treat p presented Assigned Alphanuu er (if appl n the atter r the Medi patients to g psycholo authorized	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine tal other than a physician who admits apeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an cal Practice Act. Can include an o hospitals or who provides diagnostic o ogists, chiropractors, dentists, nurse d by the hospital to admit or treat
Length: Field 190: Suppression: Beginning Position: Length: Field 191:	2 Attendi expected patient under ti patients includir podiatr Suppre minimu 871 10 <b>OPER</b> Operati the oper individ therape practiti patients	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of service 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi rating physician or physician other that ual licensed to practice medicine under ual other than a physician who admits p sutic procedures to inpatients, including oners, nurse midwives, and podiatrists s.	Alphanuu ue identifi ces renderen n is an individu ic or thera s, nurse p or treat p presented Assigned Alphanuu er (if appl n the atter r the Medi patients to g psycholo authorized	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits appeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an ical Practice Act. Can include an o hospitals or who provides diagnostic op ogists, chiropractors, dentists, nurse
Length: Field 190: Suppression: Beginning Position: Length: Field 191:	2 Attendi expected patient under ti patients includir podiatr Suppre minimu 871 10 OPER Operati the ope individ therape practiti patients Suppre	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of service 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi rating physician or physician other that ual licensed to practice medicine under ual other than a physician who admits p sutic procedures to inpatients, including oners, nurse midwives, and podiatrists s.	Alphanuu ue identifi ces renderen n is an individu ic or thera s, nurse p or treat p presented Assigned Alphanuu er (if appl n the atter r the Medi patients to g psycholo authorized	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine tal other than a physician who admits apeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an cal Practice Act. Can include an o hospitals or who provides diagnostic or ogists, chiropractors, dentists, nurse d by the hospital to admit or treat
Length: Field 190: Suppression: Beginning Position: Length: Field 191: Suppression:	2 Attendi expected patient under ti patients includir podiatr Suppre minimu 871 10 OPER Operati the ope individ therape practiti patients Suppre	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi- rating physician or physician other tha- ual licensed to practice medicine under ual other than a physician who admits p- succent of the physicians re- sed when the number of physicians re- sed when the number of physicians re- in cell size of five. 998 Cell size less than 5	Alphanuu ue identifi ees renderen n is an individu ic or thera as, nurse p or treat p presented Assigned Alphanuu eer (if appl n the atter the Medi patients to g psycholo authorized	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits appeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an cal Practice Act. Can include an b hospitals or who provides diagnostic or ogists, chiropractors, dentists, nurse d by the hospital to admit or treat in a DRG for a hospital is less than the
Length: Field 190: Suppression: Beginning Position: Length: Field 191: Suppression: Coding Scheme:	2 Attendi expected patient under ti patients includir podiatr Suppre minimu 871 10 OPER Operati the ope individ therape practiti patients Suppre	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi- rating physician or physician other tha- ual licensed to practice medicine under ual other than a physician who admits p- suic procedures to inpatients, including oners, nurse midwives, and podiatrists s. ssed when the number of physicians re- im cell size of five. 998 Cell size less than 5 999 Temporary license or license numb	Alphanuu ue identifi ees renderen n is an individu ic or thera s, nurse p or treat p presented Assigned Alphanuu eer (if appl n the atter the Medi patients to g psycholo authorized presented	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine ual other than a physician who admits appeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an cal Practice Act. Can include an o hospitals or who provides diagnostic or ogists, chiropractors, dentists, nurse d by the hospital to admit or treat in a DRG for a hospital is less than the the matched
Length: Field 190: Suppression: Beginning Position: Length: Field 191: Suppression: Coding Scheme: Beginning Position:	2 Attendi expected patient under ti patients includir podiatr Suppre minimu 871 10 OPER Operati the ope individ therape practiti patients Suppre minimu 9999999 881	Type:         NDING_PHYSICIAN_UNIF_ID         ing Physician Uniform Identifier. Uniqued to certify medical necessity of service?         's medical care and treatment. Physicia         he Medical Practice Act. Can include as to hospitals or who provides diagnost         ing psychologists, chiropractors, dentist         ists authorized by the hospital to admit         ssed when the number of physicians return cell size of five.         Data Source:         Type:         ATING_PHYSICIAN_UNIF_ID         ing or other Physician Uniform Identifier         and the number of physician other that         ual licensed to practice medicine under         ual other than a physician who admits protectore         protectores to inpatients, including         oners, nurse midwives, and podiatrists         s.         ssed when the number of physicians return cell size of five.         998       Cell size less than 5         999       Temporary license or license number         Data Source:	Alphanuu ue identifi ees renderen n is an individu ic or thera as, nurse p or treat p presented Assigned Alphanuu er (if appl n the atter r the Medi patients to g psycholo authorized presented	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits appeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an cal Practice Act. Can include an b hospitals or who provides diagnostic of ogists, chiropractors, dentists, nurse d by the hospital to admit or treat in a DRG for a hospital is less than the
Length: Field 190: Suppression: Beginning Position: Length: Field 191: Suppression: Coding Scheme: Beginning Position: Length:	2 Attendi expecte patient under ti patients includir podiatr Suppre minimu 871 10 OPER Operati the ope individ therape practiti patients Suppre minimu 9999999 881 10	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi- rating physician or physician other that ual licensed to practice medicine under ual other than a physician who admits p- peutic procedures to inpatients, including oners, nurse midwives, and podiatrists s. ssed when the number of physicians re- im cell size of five. 998 Cell size less than 5 999 Temporary license or license numb Data Source: Type:	Alphanuu ue identifi ees renderen n is an individu ic or thera s, nurse p or treat p presented Assigned Alphanuu eer (if appl n the atter the Medi patients to g psycholo authorized presented	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits appeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to adding physician. Physician is an cal Practice Act. Can include an b hospitals or who provides diagnostic of ogists, chiropractors, dentists, nurse d by the hospital to admit or treat in a DRG for a hospital is less than the
Length: Field 190: Suppression: Beginning Position: Length: Field 191: Suppression: Coding Scheme: Beginning Position: Length:	2 Attendi expecte patient under ti patients includii podiatr Suppre minimu 871 10 OPER Operati the ope individ therape practiti patients Suppre minimu 9999999 881 10 ENCO	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi rating physician or physician other that ual licensed to practice medicine under ual other than a physician who admits poutic procedures to inpatients, including oners, nurse midwives, and podiatrists s. ssed when the number of physicians re- im cell size of five. 998 Cell size less than 5 999 Temporary license or license numb Data Source: Type: UNTER_INDICATOR	Alphanuu ue identifi ces renderen n is an individu ic or thera as, nurse p or treat p presented Assigned Alphanuu er (if appl n the atter the Medi patients to g psycholo authorized presented	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits opeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to hding physician. Physician is an cal Practice Act. Can include an o hospitals or who provides diagnostic o ogists, chiropractors, dentists, nurse d by the hospital to admit or treat in a DRG for a hospital is less than the the matched meric
Length: Field 190: Suppression: Beginning Position: Length: Field 191: Suppression: Coding Scheme: Beginning Position: Length: Field 192:	2 Attendi expecte patient under ti patients includii podiatr Suppre minimu 871 10 OPER Operati the ope individ therape practiti patients Suppre minimu 9999999 881 10 ENCO	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi- rating physician or physician other that ual licensed to practice medicine under ual other than a physician who admits p- peutic procedures to inpatients, including oners, nurse midwives, and podiatrists s. ssed when the number of physicians re- im cell size of five. 998 Cell size less than 5 999 Temporary license or license numb Data Source: Type:	Alphanuu ue identifi ces renderen n is an individu ic or thera as, nurse p or treat p presented Assigned Alphanuu er (if appl n the atter the Medi patients to g psycholo authorized presented	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits opeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to hding physician. Physician is an cal Practice Act. Can include an o hospitals or who provides diagnostic or ogists, chiropractors, dentists, nurse d by the hospital to admit or treat in a DRG for a hospital is less than the the matched meric
Length: Field 190: Suppression: Beginning Position: Length: Field 191: Suppression:	2 Attendi expecte patient under ti patients includii podiatr Suppre minimu 871 10 OPER Operati the ope individ therape practiti patients Suppre minimu 9999999 881 10 ENCO	Type: NDING_PHYSICIAN_UNIF_ID ing Physician Uniform Identifier. Uniq ed to certify medical necessity of servic 's medical care and treatment. Physicia he Medical Practice Act. Can include a s to hospitals or who provides diagnost ng psychologists, chiropractors, dentist ists authorized by the hospital to admit ssed when the number of physicians re- im cell size of five. Data Source: Type: ATING_PHYSICIAN_UNIF_ID ing or other Physician Uniform Identifi rating physician or physician other that ual licensed to practice medicine under ual other than a physician who admits poutic procedures to inpatients, including oners, nurse midwives, and podiatrists s. ssed when the number of physicians re- im cell size of five. 998 Cell size less than 5 999 Temporary license or license numb Data Source: Type: UNTER_INDICATOR	Alphanuu ue identifi ces renderen n is an individu ic or thera as, nurse p or treat p presented Assigned Alphanuu er (if appl n the atter the Medi patients to g psycholo authorized presented	meric ier assigned to the licensed physician ed, with primary responsibility for the dividual licensed to practice medicine hal other than a physician who admits opeutic procedures to inpatients, ractitioners, nurse midwives, and atients. in a DRG for a hospital is less than the meric licable). Unique identifier assigned to ading physician. Physician is an cal Practice Act. Can include an o hospitals or who provides diagnostic or ogists, chiropractors, dentists, nurse d by the hospital to admit or treat in a DRG for a hospital is less than the the matched meric nter

Field 193:	CERT_STATUS			
	Assignment of a code to indicate the certification of data and submission of comments by the			
	hospital. First available 3 <sup>rd</sup> quarter 1999.			
Coding Scheme:	1 Certified, without comment			
8	2 Certified, with comment			
	3	3 Certified, with comment, comment not received by deadline		
	4	Hospital elected not to certify		
	5	Hospital closed, data not certified		
	6	6 Hospital out of compliance, did not certify data		
<b>Beginning Position:</b>	893	Data Source: Assigned		
Length:	1	Туре:	Alphanumeric	
Field 194:	FILLE	ER_SPACE		
Description:	Indicates the number of claims used to create the encounter			
<b>Beginning Position:</b>	894	Data Source:	Calculated	
Length:	57	Туре:	Alphanumeric	

#### **BASE DATA #2 FILE**

T: 114				
Field 1:	RECORD_ID			
Description:	Record Identification Number. Unique number assigned to identify the record. First available			
	1 <sup>st</sup> quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).			
<b>Beginning Position:</b>		Data Source:	Assigned	
Length:		Туре:	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 11X, 14X			
<b>Beginning Position:</b>	13	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 3:	SEMI_PRIVATE_AMOUN	Т		
	Accommodation Charge, Sen	ni-private Room	Charge Amount. Calculated using MEDPAR	
	algorithm. Sum of charges as	sociated with re	venue codes 0100-0219, revenue center 10X, 12X-	
	14X, 16X-19X			
<b>Beginning Position:</b>	25	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 4:	WARD_AMOUNT			
		rd Charge Amo	unt. Calculated using MEDPAR algorithm. Sum of	
	charges associated with reven	ue codes 0100-	0219, revenue center 15X.	
<b>Beginning Position:</b>	37	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 5:	ICU AMOUNT	*		
	—	ensive Care Unit	t Charge Amount. Calculated using MEDPAR	
	algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 20X.			
<b>Beginning Position:</b>		Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 6:	CCU_AMOUNT	<b>71</b>		
		onary Care Uni	t Charge Amount. Calculated using MEDPAR	
			venue codes 0100-0219, revenue center 21X.	
<b>Beginning Position:</b>	•	Data Source:	Calculated	
Length:		Type:	Numeric	

Field 7:	OTHER_AMOUNT			
		ther Charge Am	ount. Calculated using MEDPAR algorithm. Sum	
			er than 0100-0219, revenue center 002-099, 22X-	
	24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X.			
<b>Beginning Position:</b>	73	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 8:	PHARM_AMOUNT	- <b>J</b> F <sup></sup>		
		harmacy Charge	Amount. Calculated using MEDPAR algorithm.	
			es other than 0100-0219, revenue center 25X, 26X,	
	and 63X.			
<b>Beginning Position:</b>	85	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 9:	MEDSURG_AMOUNT	•		
		Iedical/Surgical	Supply Charge Amount. Calculated using	
			ated with revenue codes other than 0100-0219,	
	revenue center 27X, 62X.	C		
<b>Beginning Position:</b>	97	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 10:	DME_AMOUNT			
	Ancillary Service Charge, D	urable Medical H	Equipment Charge Amount. Calculated using	
	MEDPAR algorithm. Sum o	of charges associa	ated with revenue codes other than 0100-0219,	
	revenue centers 290-292, 29	4-299.		
<b>Beginning Position:</b>	109	<b>Data Source:</b>	Calculated	
Length:	12	Туре:	Numeric	
Field 11:	USED_DME_AMOUNT			
	Ancillary Service Charge, U	sed Durable Med	dical Equipment Charge Amount. Calculated	
	using MEDPAR algorithm.	Sum of charges a	associated with revenue codes other than 0100-	
	0219, revenue center 293.			
<b>Beginning Position:</b>	121	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 12:	PT_AMOUNT			
			Charge Amount. Calculated using MEDPAR	
		ssociated with re	venue codes other than 0100-0219, revenue center	
	42X.			
<b>Beginning Position:</b>	133	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 13:	OT_AMOUNT		~ . ~	
			rapy Charge Amount. Calculated using MEDPAR	
	6	ssociated with re	venue codes other than 0100-0219, revenue center	
<b>n · ·  n · ·</b>	42X.			
Beginning Position:	145	Data Source:	Calculated	
Length:	10	<b>T</b>	N	
T* 1114	12	Туре:	Numeric	
Field 14:	SPEECH_AMOUNT			
Field 14:	<b>SPEECH_AMOUNT</b> Ancillary Service Charge, Sp	peech Pathology	Charge Amount. Calculated using MEDPAR	
Field 14:	<b>SPEECH_AMOUNT</b> Ancillary Service Charge, Sp algorithm. Sum of charges a	peech Pathology		
	<b>SPEECH_AMOUNT</b> Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X.	peech Pathology ssociated with re	Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center	
Beginning Position:	<b>SPEECH_AMOUNT</b> Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 157	peech Pathology ssociated with re Data Source:	Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated	
Beginning Position: Length:	<b>SPEECH_AMOUNT</b> Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 157 12	peech Pathology ssociated with re	Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center	
	SPEECH_AMOUNT Ancillary Service Charge, Sp algorithm. Sum of charges a 44X, 47X. 157 12 IT_AMOUNT	peech Pathology issociated with re Data Source: Type:	Charge Amount. Calculated using MEDPAR venue codes other than 0100-0219, revenue center Calculated Numeric	
Beginning Position: Length:	SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 157 12 IT_AMOUNT Ancillary Service Charge, Ir	peech Pathology ssociated with re <b>Data Source:</b> <b>Type:</b> nhalation Therapy	Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric y Charge Amount. Calculated using MEDPAR	
Beginning Position: Length:	SPEECH_AMOUNT Ancillary Service Charge, Sp algorithm. Sum of charges a 44X, 47X. 157 12 IT_AMOUNT Ancillary Service Charge, Ir algorithm. Sum of charges a	peech Pathology ssociated with re <b>Data Source:</b> <b>Type:</b> nhalation Therapy	Charge Amount. Calculated using MEDPAR venue codes other than 0100-0219, revenue center Calculated Numeric	
Beginning Position: Length: Field 15:	SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 157 12 IT_AMOUNT Ancillary Service Charge, Ir algorithm. Sum of charges a 41X, 46X.	peech Pathology issociated with re <b>Data Source:</b> <b>Type:</b> nhalation Therapy issociated with re	Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center	
Beginning Position: Length:	SPEECH_AMOUNT Ancillary Service Charge, Sp algorithm. Sum of charges a 44X, 47X. 157 12 IT_AMOUNT Ancillary Service Charge, Ir algorithm. Sum of charges a	peech Pathology ssociated with re <b>Data Source:</b> <b>Type:</b> nhalation Therapy	Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric y Charge Amount. Calculated using MEDPAR	
Field 16:	BLOOD_AMOUNT			
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		Calculated using I	MEDPAR algorithm. Sum of charges associated	
	with revenue codes other th			
<b>Beginning Position:</b>	181	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 17:	BLOOD_ADMIN_AMOU	INT		
	Ancillary Service Charge. C	Calculated using I	MEDPAR algorithm. Sum of charges associated	
	with revenue codes other the			
<b>Beginning Position:</b>	193	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 18:	OR_AMOUNT			
			Charge amount. Calculated using MEDPAR	
	5	associated with re	evenue codes other than 0100-0219, revenue center	
	36X, 71X-72X.			
<b>Beginning Position:</b>	205	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 19:	LITH_AMOUNT			
			e Amount. Calculated using MEDPAR algorithm.	
			es other than 0100-0219, revenue center 79X.	
<b>Beginning Position:</b>	217	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 20:	CARD_AMOUNT			
			e Amount. Calculated using MEDPAR algorithm.	
	6		es other than 0100-0219, revenue center 48X, 73X.	
Beginning Position:	229	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 21:	ANES_AMOUNT			
			e Amount. Calculated using MEDPAR algorithm.	
D			es other than 0100-0219, revenue center 37X.	
Beginning Position:	241 12	Data Source:	Calculated Numeric	
Length: Field 22:	LAB_AMOUNT	Туре:	Numeric	
riela 22:		aboratory Charg	e Amount. Calculated using MEDPAR algorithm.	
			es other than 0100-0219, revenue center 30X-31X,	
	74X-75X.		es other than 0100-0219, revenue center 50X-51X,	
<b>Beginning Position:</b>	253	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 23:	RAD_AMOUNT	Type.	Tumono	
1 iciu 25.		adiology Charge	Amount. Calculated using MEDPAR algorithm.	
			es other than 0100-0219, revenue center 28X, 32X-	
	35X, 40X.			
<b>Beginning Position:</b>	265	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 24:	MRI_AMOUNT			
		IRI Charge Amo	ount. Calculated using MEDPAR algorithm. Sum of	
			than 0100-0219, revenue center 61X.	
<b>Beginning Position:</b>	277	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 25:	OP_AMOUNT	* *		
		Outpatient Service	es Charge Amount. Calculated using MEDPAR	
			evenue codes other than 0100-0219, revenue center	
	49X-50X.			
<b>Beginning Position:</b>	289	Data Source:	Calculated	
Length:	12	Type:	Numeric	

Field 26:	ER_AMOUNT					
r leiu 20.		ge Emergency Room	Charge A	Amount. Calculated using MEDPAR		
				des other than 0100-0219, revenue cente		
	45X.	Ses associated with re	venue eo			
<b>Beginning Position:</b>	301	Data Source:	Calcula	ted		
Length:	12	Type:	Numeri			
Field 27:	AMBULANCE_AMO					
			e Amoun	t. Calculated using MEDPAR algorithm.		
				an 0100-0219, revenue center 54X.		
<b>Beginning Position:</b>	313	Data Source:	Calcula			
Length:	12	Туре:	Numeri	с		
Field 28:	PRO_FEE_AMOUN					
	Ancillary Service Char	ge, Professional Fee C	Charge Ar	nount. Calculated using MEDPAR		
	algorithm. Sum of char	ges associated with re	evenue co	des other than 0100-0219, revenue cente		
	96X-98X.					
Beginning Position:	325	Data Source:	Calcula	ted		
Length:	12	Type:	Numeri	c		
Field 29:	ORGAN_AMOUNT					
				Amount. Calculated using MEDPAR		
		ges associated with re	evenue co	des other than 0100-0219, revenue cente		
	81X, 89X.					
<b>Beginning Position:</b>	337	Data Source:	Calcula			
Length:	12	Type:	Numeri	с		
Field 30:	ESRD_AMOUNT					
	Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using					
	-	-	ated with	revenue codes other than 0100-0219,		
	revenue center 80X, 82					
<b>Beginning Position:</b>	349	Data Source:	Calcula			
Length:	12	Type:	Numeri	с		
Field 31:	CLINIC_AMOUNT					
				t. Calculated using MEDPAR algorithm		
				nan 0100-0219, revenue center 51X.		
Beginning Position:	361	Data Source:	Calcula			
Length:	12	Туре:	Numeri	c		
r ieiu 100;	OCCUR_CODE_1	· · · · · · · · · · · · · · · · · · ·				
	Code describing a sign	ificant event relating t				
	Code describing a sign 1 Auto accident	-	o the clai 40 41	Scheduled date of admission		
	Code describing a sign 1 Auto accident 2 No Fault Insurance 1 Accident/Other	Involved - Including Auto	40 41	Scheduled date of admission Date of first test of pre-admission testing		
	Code describing a sign 1 Auto accident 2 No Fault Insurance I Accident/Other 3 Accident/ Tort Liabi	Involved - Including Auto	40 41 42	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only)		
	Code describing a sign         1       Auto accident         2       No Fault Insurance I         Accident/Other         3       Accident/ Tort Liabit         4       Accident/ Employm	Involved - Including Auto	40 41 42 43	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery		
	Code describing a sign         1       Auto accident         2       No Fault Insurance I         Accident/Other         3       Accident/Tort Liabit         4       Accident/ Employm         5       Other accident	Involved - Including Auto	40 41 42 43 44	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT		
	Code describing a sign         1       Auto accident         2       No Fault Insurance I         Accident/Other         3       Accident/ Tort Liabit         4       Accident/ Employm	Involved - Including Auto lity ent Related	40 41 42 43	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST		
	Code describing a sign1Auto accident2No Fault Insurance IAccident/Other3Accident/Tort Liabi4Accident/Employm5Other accident6Crime Victim9Start of Infertility Tr10Last Menstrual Period	Involved - Including Auto lity ent Related reatment Cycle	40 41 42 43 44 45 46 47	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins		
	Code describing a sign1Auto accident2No Fault Insurance IAccident/Other3Accident/Tort Liabi4Accident/Employm5Other accident6Crime Victim9Start of Infertility Tr10Last Menstrual Period11Onset of Symptoms/	Involved - Including Auto lity ent Related reatment Cycle od / Illness	40 41 42 43 44 45 46 47 A1	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A		
	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Other3Accident/Tort Liabit4Accident/Employm5Other accident6Crime Victim9Start of Infertility Tr10Last Menstrual Perior11Onset of Symptoms/12Date of Onset for a display	Involved - Including Auto lity ent Related reatment Cycle	40 41 42 43 44 45 46 47	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins		
	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Other3Accident/Tort Liabit4Accident/ Employm5Other accident6Crime Victim9Start of Infertility Th10Last Menstrual Periot11Onset of Symptoms12Date of Onset for a G Individual	Involved - Including Auto lity ent Related reatment Cycle od (Illness Chronically Dependent	40 41 42 43 44 45 46 47 A1 A2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy		
	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Other3Accident/Tort Liabit4Accident/Employm5Other accident6Crime Victim9Start of Infertility Tri10Last Menstrual Period11Onset of Symptoms/12Date of Onset for a G Individual16Date of Last Therap	Involved - Including Auto lity ent Related reatment Cycle od (Illness Chronically Dependent	40 41 42 43 44 45 46 47 A1	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A		
	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Other3Accident/Tort Liabid4Accident/ Employm5Other accident6Crime Victim9Start of Infertility Tri10Last Menstrual Period11Onset of Symptoms/12Date of Onset for a G Individual16Date of Last Therap17Date Outpatient OT Reviewed	Involved - Including Auto lity ent Related reatment Cycle od / Illness Chronically Dependent y Plan Established or Last	40 41 42 43 44 45 46 47 A1 A2 A3 A4	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date		
	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Other3Accident/Tort Liabid4Accident/Employm5Other accident6Crime Victim9Start of Infertility Tr10Last Menstrual Period11Onset of Symptoms/12Date of Onset for a G Individual16Date of Last Therap17Date Outpatient OT Reviewed18Date of Retirement	Involved - Including Auto lity ent Related reatment Cycle od (Illness Chronically Dependent y Plan Established or Last • Patient/Beneficiary	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B		
	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Tort Liabid4Accident/ Tort Liabid4Accident/ Employm5Other accident6Crime Victim9Start of Infertility Tr10Last Menstrual Period11Onset of Symptoms/12Date of Onset for a Grid16Date of Last Therapy17Date Outpatient OT Reviewed18Date of Retirement19Date of Retirement	Involved - Including Auto lity ent Related reatment Cycle od / Illness Chronically Dependent y Plan Established or Last - Patient/Beneficiary - Spouse	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy		
	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Other3Accident/Tort Liabid4Accident/ Tort Liabid4Accident/ Employm5Other accident6Crime Victim9Start of Infertility Th10Last Menstrual Periol11Onset of Symptoms12Date of Onset for a G Individual16Date of Last Therap17Date Outpatient OT Reviewed18Date of Retirement -20Date Guarantee of P	Involved - Including Auto lity ent Related reatment Cycle od 'Illness Chronically Dependent y Plan Established or Last • Patient/Beneficiary • Spouse ayment Began	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted		
	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Tort Liabid4Accident/Employm5Other accident6Crime Victim9Start of Infertility Tr10Last Menstrual Period11Onset of Symptoms12Date of Onset for a Grindvidual16Date of Last Therap17Date Outpatient OT Reviewed18Date of Retirement -20Date UR Notice Rec	Involved - Including Auto lity ent Related reatment Cycle od 'Illness Chronically Dependent y Plan Established or Last • Patient/Beneficiary • Spouse ayment Began reived	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C		
	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Tort Liabid4Accident/Employm5Other accident6Crime Victim9Start of Infertility Tr10Last Menstrual Perior11Onset of Symptoms/12Date of Onset for a G Individual16Date of Last Therap17Date Outpatient OT Reviewed18Date of Retirement -20Date Guarantee of P21Date UR Notice Rec22Date Active Care Er	Involved - Including Auto lity ent Related reatment Cycle od 'Illness Chronically Dependent y Plan Established or Last - Patient/Beneficiary - Spouse ayment Began reived ided	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy		
	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Tort Liabid4Accident/Employm5Other accident6Crime Victim9Start of Infertility Tr10Last Menstrual Perior11Onset of Symptoms/12Date of Onset for a G Individual16Date of Last Therap17Date Outpatient OT Reviewed18Date of Retirement -20Date Guarantee of P21Date UR Notice Rec22Date Active Care Er24Date Insurance Dent	Involved - Including Auto lity ent Related reatment Cycle od / Illness Chronically Dependent y Plan Established or Last - Patient/Beneficiary - Spouse ayment Began reived oded ided ided	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted		
Field 186: Coding Scheme:	Code describing a sign1Auto accident2No Fault Insurance I Accident/Other3Accident/Tort Liabid4Accident/Employm5Other accident6Crime Victim9Start of Infertility Tr10Last Menstrual Perior11Onset of Symptoms/12Date of Onset for a G Individual16Date of Last Therap17Date Outpatient OT Reviewed18Date of Retirement -20Date Guarantee of P21Date UR Notice Rec22Date Active Care Er24Date Insurance Dent	Involved - Including Auto lity ent Related reatment Cycle od / Illness Chronically Dependent y Plan Established or Last - Patient/Beneficiary - Spouse ayment Began reived oded ied nated by Primary Payer	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabiliation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy		

	27 Date Home Health Plan E	stablished or Last	E2	Effective date - Insured D Policy
	28 Reviewd 28 Date Comprehensive Outp		E3	Payer D benefits exhausted
	Plan Established or Last R 29 Date Outpatient PT Plan e		F1	Birthdate - Insured E
	reviewed 30 Date Outpatient ST Plan e reviewed	stablished or last	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 covered transplant patient	discharge for non-	G2	Effective date - Insured F Policy
	38 Date treatment started for	home IV therapy	G3	Payer F benefits exhausted
	39 Date discharged on a cont therapy	inuous course if IV		
Beginning Position:	373 2	Data Source:	Claim	
Length:		Туре:	Alphanu	lilleric
Field 33:	OCCUR_DAY_1		A 1 ·	
<b>р · · р ·</b> /·	Occurrence Day <i>equals</i> Occ			
Beginning Position:	375	Data Source:	Calculat	
Length:	4	Туре:	Alphanu	Imeric
Field 34:	OCCUR_CODE_2			
Cadina Sahamar	Code describing a significant Same as Field 186.	nt event relating t	o the claim	11.
Coding Scheme:	379	Data Common	Claim	
Beginning Position:	2	Data Source:		
Length:		Туре:	Alphanu	imeric
Field 35:	OCCUR_DAY_2	numan an Data wi		noion/Start of Core Data
Doginning Dogition.	Occurrence Day <i>equals</i> Occ 381	Data Source:	Calculat	
Beginning Position: Length:	4	Type:	Alphanu	
Field 36:	OCCUR_CODE_3	Type:	Alphant	imeric
rielu 50:	Code describing a signification	nt avant relating t	o the clair	n
Coding Scheme:	Same as Field 186.	in event relating t		11.
Beginning Position:	385	Data Source:	Claim	
Length:	2	Type:	Alphanu	imeric
Field 37:	OCCUR DAY 3	турс.	7 upnane	
Ficiu 57.	Occurrence Day <i>equals</i> Occ	ourrence Date <i>min</i>	ws Admis	sion/Start of Care Date
<b>Beginning Position:</b>	387	Data Source:	Calculat	
Length:	4	Type:	Alphanu	
Field 38:	OCCUR_CODE_4	Type	1	
11010 501	Code describing a signification	nt event relating t	o the clair	n
Coding Scheme:	Same as Field 186.	in event relating t		
Beginning Position:	391	Data Source:	Claim	
Length:	2	Type:	Alphanu	imeric
Field 39:	OCCUR_DAY_4	J 1	1	
	Occurrence Day <i>equals</i> Occ	currence Date mir	<i>us</i> Admis	ssion/Start of Care Date.
<b>Beginning Position:</b>	393	Data Source:	Calculat	
Length:	4	Туре:	Alphanu	
Field 40:	OCCUR_CODE_5		1	
	Code describing a significant	nt event relating t	the claim	n.
Coding Scheme:	Same as Field 186.			
<b>Beginning Position:</b>	397	Data Source:	Claim	
Length:	2	Type:	Alphanu	imeric
Field 41:	OCCUR_DAY_5		-	
	Occurrence Day <i>equals</i> Occ	currence Date mir	<i>ius</i> Admis	ssion/Start of Care Date.
<b>Beginning Position:</b>	399	Data Source:	Calculat	
Length:	4	Туре:	Alphanu	imeric
0		* 1		

Field 42:	OCCUR_CODE_6							
a w a w	Code describing a significan	nt event relating t	to the claim.					
Coding Scheme:	Same as Field 186.	_ ~	~					
<b>Beginning Position:</b>	403	Data Source:	Claim					
Length:	2	Туре:	Alphanumeric					
Field 43:	OCCUR_DAY_6							
	Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.							
<b>Beginning Position:</b>	405	Data Source:	Calculated					
Length:	4	Туре:	Alphanumeric					
Field 44:	OCCUR_CODE_7							
	Code describing a significant	nt event relating t	to the claim.					
Coding Scheme:	Same as Field 186.	•						
Beginning Position:	409	Data Source:	Claim					
Length:	2	Туре:	Alphanumeric					
Field 45:	OCCUR_DAY_7							
		urrence Date <i>mir</i>	nus Admission/Start of Care Date.					
<b>Beginning Position:</b>	411	Data Source:	Calculated					
Length:	4	Type:	Alphanumeric					
Field 46:	OCCUR_CODE_8	- , pc.						
1 iciu 40.	Code describing a significat	nt avant ralating t	to the claim					
Coding Scheme:	Same as Field 186.	n event relating t						
Beginning Position:	415	Data Source:	Claim					
	2							
Length:		Туре:	Alphanumeric					
Field 47:	OCCUR_DAY_8							
<b>р · · р ·</b> /·			nus Admission/Start of Care Date.					
Beginning Position:	417	Data Source:	Calculated					
Length:	4	Туре:	Alphanumeric					
Field 48:	OCCUR_CODE_9							
	Code describing a significan	it event relating t	to the claim.					
Coding Scheme:	Same as Field 186.	<b>D</b> ( )						
Beginning Position:	421	Data Source:	Claim					
Length:	2	Туре:	Alphanumeric					
Field 49:	OCCUR_DAY_9							
			nus Admission/Start of Care Date.					
<b>Beginning Position:</b>	423	Data Source:	Calculated					
Length:	4	Туре:	Alphanumeric					
Field 50:	OCCUR_CODE_10							
	Code describing a significant	nt event relating t	to the claim.					
Coding Scheme:	Same as Field 186.							
<b>Beginning Position:</b>	427	Data Source:	Claim					
Length:	2	Туре:	Alphanumeric					
Field 51:	OCCUR_DAY_10							
		urrence Date min	nus Admission/Start of Care Date.					
<b>Beginning Position:</b>	429	Data Source:	Calculated					
Length:	4	Туре:	Alphanumeric					
Field 52:	OCCUR_CODE_11							
	Code describing a significat	nt event relating t	to the claim.					
Coding Scheme:	Same as Field 186.	e						
Beginning Position:	433	Data Source:	Claim					
Length:	2	Type:	Alphanumeric					
Field 53:	OCCUR_DAY_11	J I	1					
		urrence Date min	nus Admission/Start of Care Date.					
<b>Beginning Position:</b>	435	Data Source:	Calculated					
Length:	4	Type:	Alphanumeric					
Longin,		- J PC.	i iphanumene					

Field 54:	OCCUR_CODE_12	
	Code describing a significant event relating	to the claim.
Coding Scheme:	Same as Field 186.	Claim
Beginning Position:	439 Data Source:	Claim
Length: Tield 55:	2 Type: OCCUR_DAY_12	Alphanumeric
leia 55:		nue Admission/Start of Cara Data
Doginaling Dogitions	Occurrence Day <i>equals</i> Occurrence Date <i>mi</i> 441 <b>Data Source:</b>	Calculated
Beginning Position:		Alphanumeric
Length: Field 56:	4 Type: OCCUR_SPAN_CODE_1	Alphanumeric
leiu 50:		to the claim that may affect payer processing.
Coding Scheme:	70 Qualifying stay dates (for SNF use only)	78 SNF prior stay dates
Journg Scheme.	71 Prior stay dates	79 Payer use codes
	72 First/Last Visit	DR Katrina disaster related
	73 Benefit eligibility period	M0 PRO/UR approved stay dates
	<ul><li>74 Noncovered level of care/Leave of absence</li><li>75 SNF level of care</li></ul>	M1 Provider liability - no utilization 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:	445Data Source:	Claim
length:	2 <b>Type:</b>	Alphanumeric
Field 57:	OCCUR_SPAN_FROM_1	
	Occurrence Span From equals Beginning Da	ate of Event minus Admission/Start of Care Date.
Beginning Position:	447 <b>Data Source:</b>	Calculated
Length:	6 <b>Type:</b>	Alphanumeric
Field 58:	OCCUR_SPAN_THRU_1	*
	Occurrence Span Thru equals Ending Date of	of Event minus Admission/Start of Care Date.
Beginning Position:		
beginning i Usidon.	453 Data Source:	Calculated
-		Alphanumeric
Length: Field 59:	6 <b>Type:</b>	
length:	6 Type: OCCUR_SPAN_CODE_2	Alphanumeric
Length: Field 59:	6 Type: OCCUR_SPAN_CODE_2	
Length: Field 59: Coding Scheme:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relating	Alphanumeric
Length: Field 59: Coding Scheme: Beginning Position:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.	Alphanumeric to the claim that may affect payer processing.
Length: Field 59: Coding Scheme:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:	Alphanumeric to the claim that may affect payer processing. Claim
Length: Field 59: Coding Scheme: Beginning Position: Length:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric
Length: Field 59: Coding Scheme: Beginning Position: Length: Field 60:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relating Same as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date.
Zength: Field 59: Coding Scheme: Beginning Position: Zength: Field 60: Beginning Position:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:461Data Source:	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated
Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:461Data Source:6Type:	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date.
Zength: Field 59: Coding Scheme: Beginning Position: Zength: Field 60: Beginning Position:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_20ccurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_2OCCUR_SPAN_THRU_2	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric
Length:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relating Same as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data 4616Type:OCCUR_SPAN_TRU_2OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated
Zength:         Coding Scheme:         Beginning Position:         Zength:         Field 60:         Beginning Position:         Zength:         Field 61:         Beginning Position:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relating Same as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data 461461Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Data of 467	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric of Event <i>minus</i> Admission/Start of Care Date. Calculated
Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric of Event <i>minus</i> Admission/Start of Care Date.
Zength:         Coding Scheme:         Beginning Position:         Zength:         Field 60:         Beginning Position:         Zength:         Field 61:         Beginning Position:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of467Data Source:6Type:OCCUR_SPAN_CODE_3	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric
Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 62:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of467Data Source:6Type:OCCUR_SPAN_CODE_3	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric of Event <i>minus</i> Admission/Start of Care Date. Calculated
Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 62:         Coding Scheme:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of467Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of467Data Source:6Type:OCCUR_SPAN_CODE_3Code describing a significant event relatingSame as Field 210.	Alphanumeric         to the claim that may affect payer processing.         Claim         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         to the claim that may affect payer processing.
Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 62:         Coding Scheme:         Beginning Position:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data461Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equalsOCCUR_SPAN_THRU_2Data Source:6Type:OCCUR_SPAN_CODE_3Code describing a significant event relatingSame as Field 210.473473Data Source:	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. Claim
Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 62:         Coding Scheme:         Beginning Position:         Length:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of 4676Type:OCCUR_SPAN_CODE_3Code describing a significant event relatingSame as Field 210.Afa Source:2Data Source:2Type:	Alphanumeric         to the claim that may affect payer processing.         Claim         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         to the claim that may affect payer processing.
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Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 62:         Coding Scheme:         Beginning Position:         Length:         Field 63:         Beginning Position:         Length:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of467Data Source:6Type:OCCUR_SPAN_CODE_3Code describing a significant event relatingSame as Field 210.473473Data Source:2Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:2Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:2Type:	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date.
Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 62:         Coding Scheme:         Beginning Position:         Length:         Field 63:         Beginning Position:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of467Data Source:6Type:OCCUR_SPAN_CODE_3Code describing a significant event relatingSame as Field 210.473473Data Source:2Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:2Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:2Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_3	Alphanumeric         to the claim that may affect payer processing.         Claim         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         to the claim that may affect payer processing.         Claim         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric
Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 62:         Coding Scheme:         Beginning Position:         Length:         Field 63:         Beginning Position:         Length:         Field 63:         Beginning Position:         Length:         Field 63:         Beginning Position:         Length:         Field 64:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of the data Source:6Type:OCCUR_SPAN_CODE_3Code describing a significant event relatingSame as Field 210.473473Data Source:2Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_3Occurrence Span Thru equals Ending Data Source:6Type:OCCUR_SPAN_THRU_3Occurrence Span Thru equals Ending Data Source:	Alphanumeric         to the claim that may affect payer processing.         Claim         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         to the claim that may affect payer processing.         Claim         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric
Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 62:         Coding Scheme:         Beginning Position:         Length:         Field 63:         Beginning Position:         Length:         Field 63:         Beginning Position:         Length:         Field 63:         Beginning Position:         Length:         Field 64:         Beginning Position:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2OCCUR_SPAN_FROM_2OCCUR_SPAN_FROM_2OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of 467Data Source:6Type:OCCUR_SPAN_CODE_3Code describing a significant event relatingSame as Field 210.473Data Source:2Type:OCCUR_SPAN_CODE_3Code describing a significant event relatingSame as Field 210.473473Data Source:2Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data475Data Source:6Type:OCCUR_SPAN_THRU_3Occurrence Span Thru equals Beginning Data of 475Data Source:6Type:OCCUR_SPAN_THRU_3Occurrence Span Thru equals Ending Data of 481Data Source:	Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric to the claim that may affect payer processing. Claim Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric ate of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric
Length:         Field 59:         Coding Scheme:         Beginning Position:         Length:         Field 60:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 61:         Beginning Position:         Length:         Field 62:         Coding Scheme:         Beginning Position:         Length:         Field 63:         Beginning Position:         Length:         Field 63:         Beginning Position:         Length:         Field 63:         Beginning Position:         Length:         Field 64:	6Type:OCCUR_SPAN_CODE_2Code describing a significant event relatingSame as Field 210.459Data Source:2Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_2Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_2Occurrence Span Thru equals Ending Date of the data Source:6Type:OCCUR_SPAN_CODE_3Code describing a significant event relatingSame as Field 210.473473Data Source:2Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_FROM_3Occurrence Span From equals Beginning Data Source:6Type:OCCUR_SPAN_THRU_3Occurrence Span Thru equals Ending Data Source:6Type:OCCUR_SPAN_THRU_3Occurrence Span Thru equals Ending Data Source:	Alphanumeric         to the claim that may affect payer processing.         Claim         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         to the claim that may affect payer processing.         Claim         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric         ate of Event minus Admission/Start of Care Date.         Calculated         Alphanumeric

Coding Scheme:	Same as Field 210.			
Beginning Position:	487	Data Source:	Claim	
Length:	2	Туре:	Alphanu	Imeric
Field 66:	OCCUR_SPAN_FRO	M_4		
	Occurrence Span From	equals Beginning Dat	e of Ever	nt minus Admission/Start of Care Date.
Beginning Position:	489	Data Source:	Calculat	ed
Length:	6	Туре:	Alphanu	imeric
Field 67:	OCCUR_SPAN_THR			
			f Event m	inus Admission/Start of Care Date.
<b>Beginning Position:</b>	495	Data Source:	ta Source: Calculated	
Length:	6	Type:	Alphanu	imeric
Field 68:	CONDITION_CODE			
	Code describing a cond		aim.	
Coding Scheme:	1 Military service rela		76	Back-up in facility dialysis
8	2 Condition is employ	ment related	77	Provider accepts or is obligated/required due to contractual arrangement or law to accept payment by a primary payer as payment
	3 Patient covered by in	nsurance not reflected here	78	New coverage not implemented by HMO
	4 Information only bil		79	CORF services provided offsite
	5 Lien has been filed		80	Home dialysis - nursing facility
	covered by EGHP	t 18 months of entitlement rminal condition for hospice	A0 A1	CHAMPUS external partnership program EPSDT/CHAP
	patient	ot provide information	A2	Physically handicapped children's program
	concerning other ins	urance coverage		
		ouse is employed e is employed but no EGHP	A3 A4	Special Federal Funding Family planning
	exists 11 Disabled beneficiary exists	but no LGHP coverage	A5	Disability
	17 Patient is homeless		A6	Vaccines/Medicare 100% payment
	18 Maiden name retaine	ed	A7	Induced abortion - danger to life
	19 Child retains mother	's name	A8	Induced abortion - victim rape/incest
	20 Beneficiary requeste	ed billing	A9	Second opinion surgery
	21 Billing for denial no	tice	AA	Abortion performed due to rape
	22 Patient on multiple d	lrug regimen	AB	Abortion performed due to incest
	23 Home care giver ava	ulable	AC	Abortion performed due to serious fatal genetic
	24 Home IV patient also	o receiving HHA services	AD	defect, deformity, or abnormality Abortion performed due to life endangering physical condition caused by, arising from or
	25 Patient is non-US re	sident	AE	exacerbated by the pregnancy itself Abortion performed due to physical health of
	26 VA eligible patient of a Medicare certified	chooses to receive services i	n AF	mother that is not life endangering Abortion performed due to emotional/psychological health of mother
		sole community hospital for	AG	Abortion performed due to social or economic reasons
	28 Patient and/or spous Medicare	e's EGHP is secondary to	AH	Elective abortion
	LGHP is secondary		AI	Sterilization
	<ul> <li>30 Non-research service enrolled in a qualifie</li> <li>31 Patient is student (fu</li> </ul>		AJ AJ	Payer responsible for co-payment Payer responsible for co-payment
		operative/work study	AJ	Air ambulance required
	<ul><li>32 Patient is student (ct program)</li><li>33 Patient is student (fu</li></ul>	1 2	AL	Specialized treatment/bed unavailable
	34 Patient is student (pa		AM	Non-emergency medically necessary stretcher transport required
	36 General care patient	in a special unit	AN	Pre-admission screening not required
	37 Ward accommodation	-	B0	Medicare coordinated care demonstration claim
	38 Semi-private room n		B1	Beneficiary is ineligible for demonstration program

# - Page 42 \_\_\_\_\_ DSHS Document #

	39	Private room medically nece	essary	B2	Critical access hospital ambulance attestation
	40	Same day transfer		B3	Pregnancy indicator
	41	Partial hospitalization		B4	Admission unrelated to discharge on same day
	42	Continuing care not related t admission	-	C1	Approved as billed
	43	Continuing care not provided within prescribed postdischarge window		C2	Automatic approval as billed based on focused review
	44	Inpatient admission changed to outpatient		C3	Partial approval
	45	Reserved		C4	Admission/services denied
	46	Non-availability statement o	on file	C5	Postpayment review applicable
	47	Reserved for CHAMPUS		C6	Admission Preauthorization
	48	Psychiatric residential treatm children and adolescents (R7		C7	Extended Authorization
	49	Product replacement within	product lifecycle	D0	Changes to Service Dates
	55	SNF bed not available		D1	Changes to Charges
	56	Medical appropriateness		D2	Changes in Revenue Codes/HCPCS/HIPPS rate code
	57	SNF readmission		D3	Second or Subsequent Interim PPS Bill
	58	Terminated Medicare+Choic enrollee	ce organization	D4	Change in ICD-9-CM diagnosis and/or procedure codes.
	59	Non-primary ESRD facility		D5	Cancel to correct HICN or Provider ID
	60	Day outlier		D6	Cancel Only to Repay a Duplicate or OIG Overpayment
	61	Cost outlier		D7	Change to Make Medicare the Secondary Payer
	66	Provider does not wish cost	outlier payment	D8	Change to Make Medicare the Primary Payer
	67	Beneficiary elects not to use life time reserve (LTR) days		D9	Any Other Change
	68	Beneficiary elects to use life days	e time reserve (LTR)	) DR	Katrina disaster related
	69	IME/DGME/N&AH Paymer	nt Only	E0	Changes in Patient Status
	70	Self-administered anemia m	anagement drug	G0	Distinct Medical Visit
	71	Full care in unit		H0	Delayed Filing, Statement of Intent Submitted
	72	Self care in unit		<b>M</b> 0	All inclusive rate for outpatient services
	73	Self care training		M1	Roster billed influenza virus vaccine or pneumococcal pneumonia vaccine (PPV)
	74	Home		M2	HHA payment significantly exceeds total charges
	75	Home - 100% reimbursemen	nt	P1	Do not Resuscitate Order (DNR)
				WO	United Mine Workers of America (UMWA) Demonstration Indicator
<b>Beginning Position:</b>	501		Data Source:	Claim	
Length:	2		Туре:	Alphanu	meric
Field 69:		DITION_CODE_2			
		describing a condition r	elating to the cla	aim.	
Coding Scheme:		e as Field 178.			
Beginning Position:	503		Data Source:	Claim	
Length:	2		Туре:	Alphanu	meric
Field 70:		DITION_CODE_3	1		
		describing a condition r	elating to the cl	aim.	
Coding Scheme:		e as Field 178.			
Beginning Position:	505		Data Source:	Claim	
Length:	2		Туре:	Alphanu	meric
Field 71:		<b>DITION_CODE_4</b> describing a condition r	elating to the cl	aim.	
Coding Scheme:	Same	e as Field 178.			
<b>Beginning Position:</b>	507		Data Source:	Claim	
Length:	2		Туре:	Alphanu	meric
Field 72:	CON	DITION_CODE_5			
	Code	describing a condition r	elating to the cla	aim.	
Coding Scheme:	Same	e as Field 178.			

**Coding Scheme:** Same as Field 178. Data Source: Claim **Beginning Position:** 509

Length:	2	Туре:	Alphanu	imeric
Field 73:	CONDITION_CODE			
		dition relating to the cla	aim.	
Coding Scheme:	Same as Field 178.			
Beginning Position:	511	Data Source:	Claim	
Length:	2	Type:	Alphanu	meric
Field 74:	CONDITION_CODE		Aipitanu	
riciu /4.		dition relating to the cla	im	
Cadina Sahamaa	Same as Field 178.	union relating to the ch	um.	
Coding Scheme:		Data Common	Claim	
Beginning Position:	513	Data Source:	Claim	
Length:	2	Туре:	Alphanu	Imeric
Field 75:	CONDITION_CODE			
a 11 a 1	-	dition relating to the cla	um.	
Coding Scheme:	Same as Field 178.	_ ~	~ .	
<b>Beginning Position:</b>	515	Data Source:	Claim	
Length:	2	Type:	Alphanu	imeric
Field 76:	VALUE_CODE_1			
	Code describing inform	mation that may affect p	bayer pro	
Coding Scheme:	1 Most common semi	i-private rate	66	Medicaid spenddown amount
	<ol> <li>Hospital has no sen</li> <li>Inpatient profession</li> </ol>	n1-private rooms nal component charges which	67 68	Peritoneal dialysis EPO-drug
	are combined billed		08	EPO-diug
		nent included in charges and	69	State charity care percentage
	also billed separatel			
	6 Medicare blood ded		72	Flat rate surgery charge
		reserve amount in the first	73	Drug deductible
	calendar year 9 Medicare coinsuran	nce amount in the first	74	Drug coinsurance
	calendar year	lee uniount in the first	, ,	Drug comburance
	10 Medicare lifetime r	eserve amount in the second	77	New technology add-on payment
	calendar year			
	11 Medicare coinsuran calendar year	nce amount in the second	A0	Special zip code reporting
		ficiary/spouse with employer	· A1	Deductible payer A
	group health plan	inenarj, spouse wini emprojer		
		n a Medicare coordination	A2	Coinsurance payer A
		loyer group health plan	12	
	14 No fault, including		A3	Estimated responsibility payer A
	15 Worker's compensa		A4	Covered self-administrable drugs - emergency
	16 Public health servic agency	ce (PHS) or other federal	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
	21 Catastrophic		A6	Covered self-administrable drugs - diagnostic
	· · · · · · · · · · · · · · · · · · ·			study and other
	22 Surplus		A7	Co-payment payer A
	23 Recurring monthly	income	A8	Patient weight
	24 Medicaid Rate Cod	e	A9	Patient height
	1	t - payment amount -	AA	Regulatory surcharges, assessments, allowances
	prescription drugs			or health care related taxes - payer A
	26 Offset to the patient and ear services	t - payment amount - hearing	AB	Other assessments or allowances (e.g., medical
		t - payment amount - vision	B1	eduction) - payer A Deductible payer B
	and eye services	r pujinent uniount vision	21	
	28 Offset to the patient	t - payment amount - dental	B2	Coinsurance payer B
	services		50	
	29 Offset to the patient chiropractic service	t - payment amount -	B3	Estimated responsibility payer B
	30 Preadmission testin		B7	Co-payment payer B
	31 Patient Liability An	•	BA	Regulatory surcharges, assessments, allowances
				or health care related taxes - payer B
	32 Multiple patient am	bulance transport	BB	Other assessments or allowances (e.g., medical
	22 Offect to the set	t normant amount	a C1	eduction) - payer B
	33 Offset to the patient services	t - payment amount - podiatri	c C1	Deductible payer C
	501 1005			

	34	Offset to the patient - payme	ent amount - other	C2	Coinsurance payer C
	35	medical services Offset to the patient - payme	ent amount - health	C3	Estimated responsibility payer C
	37	insurance premiums Pints of blood furnished		C7	Co-payment payer C
	38	Blood deductible pints		CA	Regulatory surcharges, assessments, allowances
	39	Pints of blood replaced		СВ	or health care related taxes - payer C Other assessments or allowances (e.g., medical eduction) - payer C
	40	New coverage not implement	nted by HMO	D3	Patient estimated responsibility
	41	41 Black lung		DR	Katrina disaster related
	42	VA		E1	Deductible Payer D
	43 Disabled beneficiary under age 65 with LGHP			E2	Coinsurance Payer D
	44	Amount provider agreed to a payer when this amount is le higher than payment receive	ess than charges but		Coinsurance Payer D
	45	Accident hour	u	E7	Co-payment payer D
	46	Number of grace days		EA	Regulatory surcharges, assessments, allowances
	47	Any liability insurance		EB	or health care related taxes - payer D Other assessments or allowances (e.g. medical
	48	Hemoglobin reading		F1	education) - payer D Deductible Payer E
	49	Hematocrit reading		F2	Coinsurance Payer E
	50	PT visits		F3	Coinsurance Payer E
	51	OT visits		F7	Co-payment payer E
	52 ST visits			FA	Regulatory surcharges, assessments, allowances
	53				or health care related taxes - payer E Other assessments or allowances (e.g. medical
	54				education) - payer E Deductible Payer F
	55	Eligibility threshold for char		G1 G1	Deductible Payer F
	56	Skilled nurse - home visit ho	•	G2	Coinsurance Payer F
	57	Home health aide - home vis		G2 G3	Coinsurance Payer F
	58	Arterial blood gas	in nours	G7	Co-payment payer F
	59	Oxygen saturation		GA	Regulatory surcharges, assessments, allowances
	60	HHA branch MSA		GB	or health care related taxes - payer F Other assessments or allowances (e.g. medical
	61	Location where service is fur	rnished (HHA and	P1	education) - payer F Do not resuscitate order (DNR)
		hospice)		Y1	Part A Demonstration Payment
				Y2	Part B Demonstration Payment
				Y3	Part B Coinsurance
				Y3 Y4	Part B Coinsurance Conventional Provider Payment Amount for Non-Demonstration Claims
Beginning Position:	517		Data Source:	Y4 Claim	Conventional Provider Payment Amount for Non-Demonstration Claims
Length:	2		Data Source: Type:	Y4	Conventional Provider Payment Amount for Non-Demonstration Claims
	2 VAL	UE_AMOUNT_1	Туре:	Y4 Claim	Conventional Provider Payment Amount for Non-Demonstration Claims
Length: Field 77:	2 VAL Dolla	UE_AMOUNT_1 ar amount that may be af	Type:	Y4 Claim Alphanu	Conventional Provider Payment Amount for Non-Demonstration Claims
Length: Field 77: Beginning Position:	2 VAL Dolla 519	<b>UE_AMOUNT_1</b> ar amount that may be af	Type: fected. Data Source:	Y4 Claim Alphanu Claim	Conventional Provider Payment Amount for Non-Demonstration Claims meric
Length: Field 77: Beginning Position: Length:	2 VAL Dolla 519 9	<b>UE_AMOUNT_1</b> ar amount that may be af	Type:	Y4 Claim Alphanu	Conventional Provider Payment Amount for Non-Demonstration Claims meric
Length: Field 77: Beginning Position:	2 VAL Dolla 519 9 VAL	UE_AMOUNT_1 ar amount that may be af UE_CODE_2	Type: fected. Data Source: Type:	Y4 Claim Alphanu Claim Alphanu	Conventional Provider Payment Amount for Non-Demonstration Claims meric
Length: Field 77: Beginning Position: Length: Field 78:	2 VAL Dolla 519 9 VAL Code	UE_AMOUNT_1 ar amount that may be af UE_CODE_2 describing information	Type: fected. Data Source: Type:	Y4 Claim Alphanu Claim Alphanu	Conventional Provider Payment Amount for Non-Demonstration Claims meric
Length: Field 77: Beginning Position: Length: Field 78: Coding Scheme:	2 VAL Dolla 519 9 VAL Code Same	UE_AMOUNT_1 ar amount that may be af UE_CODE_2 describing information as Field 222.	Type: fected. Data Source: Type: that may affect j	Y4 Claim Alphanu Claim Alphanu payer proc	Conventional Provider Payment Amount for Non-Demonstration Claims meric
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Field 80:	VALUE_CODE_3						
	Code describing information	n that may affect	payer processing.				
Coding Scheme:	Same as Field 222.						
<b>Beginning Position:</b>	539	Data Source:	Claim				
Length:	2	Туре:	Alphanumeric				
Field 81:	VALUE_AMOUNT_3						
	Dollar amount that may be affected.						
<b>Beginning Position:</b>	541	Data Source:	Claim				
Length:	9	Type:	Alphanumeric				
Field 82:	VALUE_CODE_4	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
11010 02.	Code describing information	n that may affect	naver processing				
Coding Scheme:	Same as Field 222.	if that may affect	payer processing.				
Beginning Position:	550	Data Source:	Claim				
Length:	2	Type:	Alphanumeric				
Field 83:	VALUE_AMOUNT_4	Type.	Alphandmenc				
rielu 85:	Dollar amount that may be a	ffeeted					
D D							
Beginning Position:	552	Data Source:	Claim				
Length:	<u>9</u>	Туре:	Alphanumeric				
Field 84:	VALUE_CODE_5						
	Code describing information	n that may affect	payer processing.				
Coding Scheme:	Same as Field 222.						
<b>Beginning Position:</b>	561	Data Source:	Claim				
Length:	2	Туре:	Alphanumeric				
Field 85:	VALUE_AMOUNT_5						
	Dollar amount that may be a	affected.					
<b>Beginning Position:</b>	563	<b>Data Source:</b>	Claim				
Length:	9	Туре:	Alphanumeric				
		I ypc.	Infilmitatione				
Field 86:		i ype.					
	VALUE_CODE_6		*				
Field 86:			*				
Field 86: Coding Scheme:	<b>VALUE_CODE_6</b> Code describing information Same as Field 222.	n that may affect	*				
Field 86: Coding Scheme: Beginning Position:	<b>VALUE_CODE_6</b> Code describing information Same as Field 222. 572	n that may affect Data Source:	payer processing. Claim				
Field 86: Coding Scheme: Beginning Position: Length:	VALUE_CODE_6 Code describing information Same as Field 222. 572 2	n that may affect	payer processing.				
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Field 92:	VALUE CODE 9		
r iciu 72.	Code describing information	n that may affect	naver processing
Coding Scheme:	Same as Field 222.	in that may arrect	payer processing.
Beginning Position:	605	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 93:	VALUE AMOUNT 9	туре.	Aiphanumene
rielu 95:	Dollar amount that may be a	offected	
<b>Beginning Position:</b>	607	Data Source:	Claim
Length:	9	Type:	Alphanumeric
Field 94:	VALUE_CODE_10	турс.	Aiphanumerie
r ielu 74.	Code describing information	n that may affact	nover processing
Coding Scheme:	Same as Field 222.	ii that may arrest	payer processing.
Beginning Position:	616	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 95:	VALUE_AMOUNT_10	турс.	Aiphanumene
rielu 33.	Dollar amount that may be a	offected	
<b>Beginning Position:</b>	618	Data Source:	Claim
Length:	9	Type:	Alphanumeric
Field 96:	VALUE_CODE_11	Type.	Alphallumenc
rielu 90.	Code describing information	n that may affact	never processing
Coding Scheme:	Same as Field 222.	ii tilat illay allect	payer processing.
Beginning Position:	627	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 97:	VALUE AMOUNT 11	турс.	T inplairumerie
riciu 77.	Dollar amount that may be a	affected	
<b>Beginning Position:</b>	629	Data Source:	Claim
Length:	9	Type:	Alphanumeric
Field 98:	VALUE CODE 12	1 ypc.	<i>i</i> iphananene
riciu 70.	Code describing information	n that may affect	naver processing
Coding Scheme:	Same as Field 222.	in that may arrest	payer processing.
Beginning Position:	638	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 99:	VALUE_AMOUNT_12	-JP**	
	Dollar amount that may be a	affected.	
<b>Beginning Position:</b>	640	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 100:	FILLER_SPACE		*
<b>Beginning Position:</b>	649	Data Source:	Claim
Length:	52		Alphanumeric
Length	34	Туре:	Alphanument

**References:** 

### CHARGES DATA FILE

Field 1:	REC	ORD_ID					
Description:	Recor	d Identification Number. Unique number	assigne	d to identify the record. First available			
-	1 <sup>st</sup> qua	arter 2002. Does NOT match the RECOL	RD_ID ii	n THCIC Research Data Files (RDF's).			
<b>Beginning Position:</b>	1	Data Source:	Assign	ed			
Length:	12	Туре:	Alphan	umeric			
Field 2:	REV	ENUE CODE	*				
Description:	Code corresponding to each specific accommodation, ancillary service or billing calculation						
<b>T</b>		related to the services being billed.					
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0516	Clinic - urgent care			
coung seneme	0101	All-inclusive room charges	0517	Clinic - family practice			
	0110	Room charges for private rooms - general	0519	Clinic - other			
	0111	Room charges for private rooms - medical/surgical/GYN	0520	Freestanding Clinic - general			
	0112	Room charges for private rooms - obstetrics	0521	Freestanding Clinic - Clinic Visit by Member to			
				RHC/FQHC			
	0113	Room charges for private rooms - pediatric	0522	Freestanding Clinic - Home Visit by			
				RHC/FQHC Practitioner			
	0114 0115	Room charges for private rooms - psychiatric Room charges for private rooms - hospice	0523 0524	Freestanding Clinic - family practice Freestanding Clinic - Visit by RHC/FQHC			
	0115	Koom charges for private rooms - hospice	0324	Practitioner to a Member in a Covered Part A			
				Stay at SNF			
	0116	Room charges for private rooms - detoxification	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			
	0117	Room charges for private rooms - oncology	0526	Residential Facility Freestanding Clinic - urgent care			
	0118	Room charges for private rooms - rehabilitation	0520	Freestanding Clinic - Visiting Nurse Services(s)			
		0 1		to a Member's Home when in a Home Health			
				Shortage Area			
	0119	Room charges for private rooms - other	0528	Freestanding Clinic – Visit by RHC/FQHC			
				Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)			
	0120	Room charges for semi-private rooms - general	0529	Freestanding Clinic - other			
	0121	Room charges for semi-private rooms -	0530	Osteopathic service - general			
		medical/surgical/GYN					
	0122	Room charges for semi-private rooms -	0531	Osteopathic service - therapy			
	0123	obstetrics Room charges for semi-private rooms -	0539	Osteopathic service - other			
	0120	pediatric	0007	obeopaule service ouler			
	0124	Room charges for semi-private rooms -	0540	Ambulance service - general			
	0125	psychiatric	0541				
	0125	Room charges for semi-private rooms - hospice	0541	Ambulance service - supplies			
	0126	Room charges for semi-private rooms - detoxification	0542	Ambulance service - medical transport			
	0127	Room charges for semi-private rooms -	0543	Ambulance service - heart mobile			
	0127	oncology	0010				
	0128	Room charges for semi-private rooms -	0544	Ambulance service - oxygen			
	0120	rehabilitation	0545	Ambulance carvice oir ambulance			
	0129	Room charges for semi-private rooms - other	0545	Ambulance service - air ambulance			
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0546	Ambulance service - neonatal			
	0131	Room charges for semi-private - 3/4 beds -	0547	Ambulance service - pharmacy			
		rooms - medical/surgical/GYN					
	0132	Room charges for semi-private - 3/4 beds -	0548	Ambulance service - telephone transmission			
	0133	rooms - obstetrics Room charges for semi-private - 3/4 beds -	0549	EKG Ambulance service - other			
	0155	rooms - pediatric	0547	A moutance service - Outer			
	0134	Room charges for semi-private - 3/4 beds -	0550	Skilled nursing - general			
		rooms - psychiatric					
	0135	Room charges for semi-private - 3/4 beds -	0551	Skilled nursing - visit charge			
	0126	rooms - hospice	0552	Skilled nursing hourly shares			
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0552	Skilled nursing - hourly charge			
	0137	Room charges for semi-private - 3/4 beds -	0559	Skilled nursing - other			
		rooms - oncology		c			

0138	Room charges for semi-private - 3/4 beds -	0560	Medical social services - general
0139	rooms - rehabilitation Room charges for semi-private - 3/4 beds - rooms - other	0561	Medical social services - visit charge
0140	Room charges for private (deluxe) rooms - general	0562	Medical social services - hourly charge
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0569	Medical social services - other
0142	Room charges for private (deluxe) rooms - obstetrics	0570	Home health aide - general
0143	Room charges for private (deluxe) rooms -	0571	Home health aide - visit charge
0144	pediatric Room charges for private (deluxe) rooms -	0572	Home health aide - hourly charge
0145	psychiatric Room charges for private (deluxe) rooms -	0579	Home health aide - other
0146	hospice Room charges for private (deluxe) rooms - detoxification	0580	Other visits (home health) - general
0147	Room charges for private (deluxe) rooms -	0581	Other visits (home health) - visit charge
0148	oncology Room charges for private (deluxe) rooms -	0582	Other visits (home health) - hourly charge
0149	rehabilitation Room charges for private (deluxe) rooms -	0583	Other visits (home health) - assessment
0150	other Room charges for ward rooms - general	0589	Other visits (home health) - other
0150	Room charges for ward rooms -	0590	Units of service (home health) - general
0101	medical/surgical/GYN	0570	Childs of service (nome neural) general
0152	Room charges for ward rooms - obstetrics	0599	Units of service (home health) - other
0153	Room charges for ward rooms - pediatric	0600	Oxygen (home health) - general
0154	Room charges for ward rooms - psychiatric	0601	Oxygen (home health) - stat/equip/supply or contents
0155	Room charges for ward rooms - hospice	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0156	Room charges for ward rooms - detoxification	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0157	Room charges for ward rooms - oncology	0604	Oxygen (home health) - portable add-in
0158	Room charges for ward rooms - rehabilitation	0610	MRI - general
0159	Room charges for ward rooms - other	0611	MRI - brain (including brain stem)
0160	Room charges for other rooms - general	0612	MRI - spinal cord (including spine)
0161	Room charges for other rooms - medical/surgical/GYN	0619	MRI - other
0162	Room charges for other rooms - obstetrics	0621	Medical/surgical supplies - incident to radiology
0163	Room charges for other rooms - pediatric	0622	Medical/surgical supplies - incident to other diagnostic services
0164	Room charges for other rooms - psychiatric	0623	Medical/surgical supplies - surgical dressings
0165	Room charges for other rooms - hospice	0624	Medical/surgical supplies - FDA investigational devices
0166	Room charges for other rooms - detoxification	0630	Drugs requiring specific identification - general
0167	Room charges for other rooms - oncology	0631	Drugs requiring specific identification - single source
0168	Room charges for other rooms - rehabilitation	0632	Drugs requiring specific identification - multiple source
0169	Room charges for other rooms - other	0633	Drugs requiring specific identification - restrictive prescription
0170	Room charges for nursery - general	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0171	Room charges for nursery - newborn level I	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0172	Room charges for nursery - newborn level II	0636	Drugs requiring specific identification - requiring detailed coding
0173	Room charges for nursery - newborn level III	0637	Drugs requiring specific identification - self- adminstrable nto requiring detailed coding
0174	Room charges for nursery - newborn level IV	0640	Home IV therapy services - general
0179	Room charges for nursery - other	0641	Home IV therapy services - nonroutine nursing, central line
0180	Room charges for LOA - general	0642	Home IV therapy services - IV site care, central line

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0183         Room           0184         Room           0185         Room           0185         Room           0187         Room           0189         Room           0190         Room           0191         Room           0192         Room           0193         Room           0194         Room           0199         Room           0190         Room           0200         Room           0201         Room           0202         Room           0203         Room           0204         Room           0205         Room           0206         Room           0207         Room	a charges for LOA - therapeutic leave a charges for LOA - ICF mentally retarded reason a charges for LOA - hospitalization a charges for LOA - other a charges for subacute care - general a charges for subacute care - Level I a charges for subacute care - Level II bed care) a charges for subacute care - Level III orehensive care) a charges for subacute care - Level III bex care) a charges for subacute care - Level III bex care) a charges for subacute care - Level IV sive care) a charges for subacute care - Level IV sive care) a charges for subacute care - other a charges for intensive care - general a charges for intensive care - medical a charges for intensive care - pediatric a charges for intensive care - pediatric a charges for intensive care - pychiatric a charges for intensive care - intermediate sive care unit (ICU)	0645 0646 0647 0648 0649 0650 0651 0655 0655 0655 0655 0655 0655	<ul> <li>Home IV therapy services - nonroutine nursing, peripheral line</li> <li>Home IV therapy services - training patient/caregiver, central line</li> <li>Home IV therapy services - training, disabled patient, central line</li> <li>Home IV therapy services - training, patient/caregiver, peripheral</li> <li>Home IV therapy services - training, disabled patient, central services - training, disabled patient, peripheral</li> <li>Home IV therapy services - training, disabled patient, peripheral</li> <li>Home IV therapy services - training, disabled patient, peripheral</li> <li>Home IV therapy services - other</li> <li>Hospice services - general</li> <li>Hospice services - continuous home care</li> <li>Hospice services - inpatient respite care</li> <li>Hospice services - general inpatient care (nonrespite)</li> <li>Hospice services - noom and board - nursing facility</li> <li>Hospice services - other</li> </ul>
0184         Room - any 0185         Room - any 0189           0189         Room           0190         Room           0191         Room (skilld           0192         Room (comj           0193         Room (comj           0194         Room (comj           0195         Room (comj           0196         Room           0200         Room           0201         Room           0202         Room           0203         Room           0204         Room           0205         Room           0206         Room           0207         Room	a charges for LOA - ICF mentally retarded reason a charges for LOA - hospitalization a charges for LOA - other a charges for subacute care - general a charges for subacute care - Level I a charges for subacute care - Level II orchensive care) a charges for subacute care - Level III plex care) a charges for subacute care - Level III plex care) a charges for subacute care - Level IV sive care) a charges for subacute care - Level IV sive care) a charges for subacute care - other a charges for intensive care - general a charges for intensive care - surgical a charges for intensive care - medical a charges for intensive care - pediatric a charges for intensive care - pediatric a charges for intensive care - posphiatric a charges for intensive care - intermediate sive care unit (ICU)	0645 0646 0647 0648 0649 0650 0651 0655 0655 0655 0655 0655 0655	peripheral line Home IV therapy services - training patient/caregiver, central line Home IV therapy services - training, disabled patient, central line Home IV therapy services - training, patient/caregiver, peripheral Home IV therapy services - training, disabled patient, peripheral Home IV therapy services - training, disabled patient, peripheral Home IV therapy services - other Hospice services - general Hospice services - routine home care Hospice services - continuous home care Hospice services - inpatient respite care Hospice services - general inpatient care (nonrespite) Hospice services - nom and board - nursing facility Hospice services - other Respite care - general
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0203 Room 0204 Room 0206 Room intens 0207 Room	a charges for intensive care - pediatric a charges for intensive care - psychiatric a charges for intensive care - intermediate sive care unit (ICU)	0659 0660 0661	facility Hospice services - other Respite care - general
0204 Room 0206 Room intens 0207 Room	a charges for intensive care - psychiatric a charges for intensive care - intermediate sive care unit (ICU)	0660 0661	Respite care - general
0206 Room intens 0207 Room	a charges for intensive care - intermediate sive care unit (ICU)	0661	
intens 0207 Room	sive care unit (ICU)		Respite care - hourly charge/skilled nursing
	h charges for intensive care - burn care	0.000	
0208 D.		0662	Respite care - hourly charge/aide/homemaker/companion
0208 Room	h charges for intensive care - trauma	0663	Respite care - daily charge
0209 Room	h charges for intensive care - other	0669	Respite care - other
0210 Room	h charges for coronary care - general	0670	Outpatient special residence - general
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	n charges for coronary care - heart Mant	0679	Outpatient special residence - other
0214 Room	a charges for coronary care - intermediate ary care unit (CCU)	0681	Trauma response - level I
	a charges for coronary care - other	0682	Trauma response - level II
	al charges - general	0683	Trauma response - level III
0221 Speci	al charges - admission charge	0684	Trauma response - level IV
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0223 Speci	al charges - UR service charge	0700	Cast Room services - general
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	al charges - other	0710	Recovery Room services - general
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0233 Increm	nental nursing care - ICU (includes tional care)	0722	Labor/Delivery Room services - delivery
0234 Increa	nental nursing care - CCU (includes tional care)	0723	Labor/Delivery Room services - circumcision
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	clusive ancillary - other	0731	EKG/ECG services - holter monitor
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	nacy - generic drugs	0739	EKG/ECG services - other

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0254	Pharmacy - drugs incident to other diagnostic services	0750	Gastrointestinal services - general
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0256	Pharmacy - experimental drugs	0760	Treatment or observation room services -
0257	Pharmacy - nonprescription	0761	general Specialty Room - Treatment/ Observation Room
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0269	IV Therapy - other	0789	Telemedicine services - other
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0271	Medical surgical supplies and devices - nonsterile	0799	Extra-corporeal shockwave therapy - other
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0273	Medical surgical supplies and devices - take- home		
0274	Medical surgical supplies and devices - prosthetic/orthotic	0800	Inpatient renal dialysis services - general
0275	Medical surgical supplies and devices - pacemaker	0801	Inpatient renal dialysis services - hemodialysis
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0277	Medical surgical supplies and devices - oxygen	0803	Inpatient renal dialysis services - continuous
0278	<ul> <li>take-home</li> <li>Medical surgical supplies and devices - other implants</li> </ul>	0804	ambulatory peritoneal dialysis (CAPD) Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0279	Medical surgical supplies and devices - other	0809	Inpatient renal dialysis services - other
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0289	Oncology - other	0811	Organ acquisition - living donor
0290	DME - general	0812	Organ acquisition - cadaver donor
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0293	DME - purchase of used	0819	Organ acquisition - other donor
0294	DME - supplies/drugs for DME effectiveness	0820	Hemodialysis - outpatient or home - general
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0302	Laboratory - immunology	0830	Peritoneal dialysis - outpatient or home - general
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0304	Laboratory - nonroutine dialysis	0835	Peritoneal dialysis - outpatient or home - support services
0305	Laboratory - hemotology	0839	Peritoneal dialysis - outpatient or home - other
0306	Laboratory - bacteriology and microbiology	0840	CAPD - outpatient or home - general
0307	Laboratory - urology	0841	CAPD - outpatient or home - composite or other rate
0309	Laboratory - other	0845	CAPD - outpatient or home - support services
0310	Laboratory pathological - general	0849	CAPD - outpatient or home - other
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0312	Laboratory pathological - histology	0851	CCPD - outpatient or home - composite or other

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0319	Laboratory pathological - other	0859	CCPD - outpatient or home - other
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			electroshock
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0333	adminstration - chemotherapy - oral Radiology - therapeutic and/or chemotherapy	0905	therapy Behavior health treatments/services - intensive
0333	administration - radiation therapy	0905	outpatient services - psychiatric
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	adminstration - chemotherapy - IV		outpatient services - chemical dependency
0339		0907	Behavior health treatments/services -
0340	adminstration - other Nuclear medicine - general	0909	community behavioral health program Behavior health treatments - other
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0342		0910	Behavior health treatment/services -
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0344	Nuclear medicine - therapeutic radiopharmaceuticals	0913	Behavior health treatment/services - partial hospitalization - intensive
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0350	CT scan - general	0915	Behavior health treatment/services - group
0351	CT scan - head	0916	therapy Behavior health treatment/services - family
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0362	other than kidney	0921	Other diagnostic services - peripheral vascular lab
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0371	Anesthesia - incident to radiology	0925	Other diagnostic services - pregnancy test
0372	Anesthesia - incident to other diagnostic services	0929	Other diagnostic services - other
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0383		0943	Other therapeutic services - cardiac
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0385		0945	Other therapeutic services - alcohol
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0387	Blood - other derivatives (cryoprecipitates)	0947	Other therapeutic services - complex medical equipment - ancillary
0389	Blood - other	0949	Other therapeutic services - other

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0391	storage and processing - general Blood and blood component administration,	0961	Professional fees - psychiatric
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0402	Other imaging services - screening	0970	Professional fees - general
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0404	Other imaging services - PET	0971	Professional fees - laboratory
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0439	Occupational therapy - other	0988	Professional fees - consultation
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0452	Emergency room - beyond EMTALA screening	0997	Patient convenience items - admission kits
0456	Emergency room - urgent care	0998	Patient convenience items - beauty shop/barber
0459	Emergency room - other	0999	Patient convenience items - other
0460	Pulmonary function - general	1000	Behavior health accommodations - general
0469	Pulmonary function - other	1001	Behavior health accommodations - residential treatment - psychiatric
0470	Audiology - general	1002	Behavior health accommodations - residential treatment - chemical dependency
0471	Audiology - diagnostic	1003	Behavior health accommodations - supervised living
0472	Audiology - treatment	1004	Behavior health accommodations - halfway house
0479	Audiology - other	1005	Behavior health accommodations - group home
0480	Cardiology - general	2100	Alternative therapy services - general
0481	Cardiology - cardiac cath lab	2101	Alternative therapy services - acupuncture
0482	Cardiology - stress test	2102	Alternative therapy services - acupressure
0 1 0 0	Cardiology - echocardiology	2103	Alternative therapy services - massage
0483 0489	Cardiology - other	2103	Alternative therapy services - reflexology

	0490	Ambulatory surgical care - general	2105	1.0
	0499	Ambulatory surgical care - other	2106	6 Alternative therapy services - hypnosis
	0500	Outpatient services - general	2109	Alternative therapy services - other
	0509	Outpatient services - other	3101	Adult day care, medical and social - hourly
	0510	Clinic - general	3102	2 Adult day care, social - hourly
	0511	Clinic - chronic pain	3103	3 Adult day care, medical and social - daily
	0512	Clinic - dental	3104	4 Adult day care, social - daily
	0513	Clinic - psychiatric	3105	5 Adult foster care - daily
	0514	Clinic - OB/GYN	3109	Adult foster care - other
	0515	Clinic - pediatric		
Beginning Position:	13	Data So	ource: Clain	n
Length:	4	Туре:	Alpha	anumeric
Field 3:	HCP	CS_QUALIFIER		
Description:				
Beginning Position:	17	Data So	ource: Clain	n
Length:	2	Туре:		anumeric
Field 4	HCP	CS_PROCEDURE_CODE	· ·	
Description:			ystem (HCPCS)	code applicable to ancillary services or
-		nmodations.	, , , , , , , , , , , , , , , , , , , ,	
Coding Scheme:			ReleaseCodeSet	s/ANHCPCS/list.asp for complete list.
Beginning Position:	19	Data So		· ·
Length:	5	Type:		anumeric
Field 5:		DIFIER 1		
Description:		ifies special circumstances relate	ed to the perform	nance of the service
Coding Scheme:	0	No assessment completed	F2	Left hand, third digit
county seneme.	1	Medicare 5 day assessment (full)	F3	Left hand, fourth digit
	2	Medicare 30 day assessment (full)	F4	Left hand, fifth digit
	3	Medicare 60 day assessment (full)	F5	Right hand, thumb
	4 7	Medicare 90 day assessment (full) Medicare 14 day assessment (compreh	F6 rensive or F7	Right hand, second digit Right hand, third digit
	/	full)	ensive of 1.7	Kight hand, third dight
	8	Other Medicare required assessment (C	OMRA) F8	Right hand, fourth digit
	11	Admission assessment - Medicare 5 da	ay F9	Right hand, fifth digit
	25	assessment (comprehensive)		
	25	Significant, separately identifiable eval management service by the same physi		Left hand, thumb
		the same day of the procedure o		
	31	SCSA or OMRA/Medicare 5 day asses	ssment G1	Most recent URR of less than 60%
	22	(replacement)		
	32	SCSA or OMRA/Medicare 30 day asse (replacement)	essment G2	Most recent URR of 60% to 64%
	33	SCSA or OMRA/Medicare 60 day asse	essment G3	Most recent URR of 65% to 69.9%
		(replacement)		
	34	SCSA or OMRA/Medicare 90 day asse	essment G4	Most recent URR of 70% to 74.9%
	37	(replacement)	assmant C5	Most recent LIDD of 75% or greater
	37	SCSA or OMRA/Medicare 14 day asso (replacement)	essment G5	Most recent URR of 75% or greater
	38	Significant change in status assessmen	t (SCSA) GN	Service delivered personally by a speech-
				language pathologist or under an outpatient
	4.1	Significant according of the 11	<u> </u>	speech-language pathology plan of care.
	41	Significant correction of prior full assessment/Medicare 5 day assessment	GO	Service delivered personally by an occupationa therapist or under an outpatient occupational
		assessment methodicate of day assessment	-	therapy plan of care.
	42	Significant correction of prior full	GP	Service delivered personally by an physical
		assessment/Medicare 30 day assessment	nt	therapist or under an outpatient physical therap
	12	Significant correction of mice full	10	plan of care.
	43	Significant correction of prior full assessment/Medicare 60 day assessment	LC nt	Left circulflex coronary artery
		assessment medicale of day assessible		
	44	•	1.17	Left anterior descending coronary artery
	44	Significant correction of prior full assessment/Medicare 90 day assessment	LD	Left anterior descending coronary artery
	44 47	Significant correction of prior full assessment/Medicare 90 day assessmen Significant correction of prior full	nt LT	Left anterior descending coronary artery Left side of the body procedure
		Significant correction of prior full assessment/Medicare 90 day assessment	nt LT	Left side of the body procedure

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	50	Bilateral procedure		QN	Ambulance service furnished directly by a
	52	Reduced services		QP	provider of services Documentation exists showing that the
					laboratory test(s) was ordered individually, or as CPT-recognized panel other than profil
	53	Discontinued procedure		RC	Right coronary artery
	54	Quarterly review assessme assessment (full)	ent - Medicare 90	RT	Right side of the body procedure
	58	Staged or related procedur same physician during the		T1	Left foot, second digit
	59	Distinct procedural service	1 1 1	T2	Left foot, third digit
	76	Repeat procedure by same	physician	T3	Left foot, fourth digit
	77	Repeat procedure by anoth	ner physician	T4	Left foot, fifth digit
	78	Return to the operating roo procedure during the poste	operative period	T5	Right foot, great toe
	79	Unrelated procedure of ser physician during the posto		T6	Right foot, second digit
	E1	Upper left eyelid		T7	Right foot, third digit
	E2	Lower left eyelid		T8	Right foot, fourth digit
	E3	Upper right eyelid		T9	Right foot, fifth digit
	E4	Lower right eyelid		TA	Left foot, great toe
	F1	Left hand, second digit			
<b>Beginning Position:</b>	24		Data Source:	Claim	
Length:	2		Туре:	Alphar	numeric
Field 6:		DIFIER_2	1 . 11	c	C.4
Description:		ifies special circumstar	nces related to the	performa	ance of the service.
Coding Scheme:		e as Field 5		<b>C1</b> ·	
Beginning Position:	26		Data Source:	Claim	
Length:	2		Туре:	Alphar	numeric
Field 7:		DIFIER_3	age related to the	norform	anal of the correlation
Description:		ifies special circumstar e as Field 5	nces related to the	periorma	ance of the service.
Coding Scheme: Beginning Position:	28	e as field J	Data Source:	Claim	
Length:	28		Type:		numeric
Field 8:		DIFIER_4	Type.	7 npna	
Description:		ifies special circumstar	nces related to the	perform	ance of the service
Coding Scheme:		e as Field 5	lees related to the	perioriia	ance of the service.
Beginning Position:	30		Data Source:	Claim	
Length:	2		Type:		numeric
Field 9:		T_MEASUREMENT		I	
Description:		specifying the units in		being exr	pressed.
Coding Scheme:	DA F2 UN	Days International unit Unit			
<b>Beginning Position:</b>	32		Data Source:	Claim	
Length:	2		Туре:	Alphar	numeric
Field 10:		TS_OF_SERVICE			
Description:		eric value of quantity			
<b>Beginning Position:</b>	34		Data Source:	Claim	
Length:	7		Type:	Numer	ic
Field 11:		Γ_RATE			
Description:		per unit	_ ~		
<b>Beginning Position:</b>	41		Data Source:	Claim	
Length:	12		Туре:	Numer	10
Field 12:		RGS_LINE_ITEM			
Description:		amount of the charge			
Beginning Position:	53		Data Source:	Assign	
Length:	14		Туре:	Numer	10

Field 13:	CHRGS_NON_COV		
Description:	Total non-covered amount of	of the charge	
<b>Beginning Position:</b>	67	Data Source:	Assigned
Length:	14	Туре:	Numeric

**Facility Type Indicator File** Facility type indicators provided by the facilities. Provide the data user with information on the type of facility providing the outpatient service.

providing the outpatien			
Field 1:	THCIC_ID		
Description:	Provider ID. Unique id		
<b>Beginning Position:</b>	1	Data Source:	Assigned
Length:	6	Туре:	Alphanumeric
Field 2	PROVIDER_NAME		
Description:	Hospital name provide	d by the hospital.	
<b>Beginning Position:</b>	7	Data Source:	Provider
Length:	55	Туре:	Alphanumeric
Field 3:	FAC_TEACHING_I		
Description:	Teaching Facility Indic		
Suppression:			) discharges (Provider ID equals '999999').
Coding Scheme:	A Member, Council of		
	X Other teaching facili		
<b>Beginning Position:</b>	62	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 4:	FAC_PSYCH_IND		
Description:	Psychiatric Facility Inc		
Suppression:			) discharges (Provider ID equals '999999').
<b>Beginning Position:</b>	63	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 5:	FAC_REHAB_IND		
Description:	Rehabilitation Facility		
Suppression:	11 1		) discharges (Provider ID equals '999999').
<b>Beginning Position:</b>	64	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 6:	FAC_ACUTE_CARI		
Description:	Acute Care Facility Inc		
Suppression:			) discharges (Provider ID equals '999999').
Beginning Position:	65	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 7:	FAC_SNF_IND		
Description:			facility type indicator provided by the hospital.
Suppression:			) discharges (Provider ID equals '999999').
<b>Beginning Position:</b>	66	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 8:			
	FAC_LONG_TERM		
-	Long Term Acute Care	e Facility Indicator.	
Suppression:	Long Term Acute Care Suppressed for hospita	e Facility Indicator. ls with fewer than 50	) discharges (Provider ID equals '999999').
Suppression: Beginning Position:	Long Term Acute Care Suppressed for hospita 67	e Facility Indicator. Is with fewer than 50 Data Source:	Provider
Suppression: Beginning Position: Length:	Long Term Acute Care Suppressed for hospita 67 1	e Facility Indicator. ls with fewer than 50 Data Source: Type:	
Suppression: Beginning Position: Length: Field 9:	Long Term Acute Care Suppressed for hospita 67 1 FAC_OTHER_LTC_	e Facility Indicator. ls with fewer than 50 Data Source: Type: IND	Provider
Suppression: Beginning Position: Length: Field 9: Description:	Long Term Acute Care Suppressed for hospita 67 1 FAC_OTHER_LTC_ Other Long Term Care	e Facility Indicator. Is with fewer than 50 <b>Data Source:</b> <b>Type:</b> IND Facility Indicator.	Provider Alphanumeric
Beginning Position: Length: Field 9: Description: Suppression:	Long Term Acute Care Suppressed for hospita 67 1 FAC_OTHER_LTC_ Other Long Term Care Suppressed for hospita	e Facility Indicator. Is with fewer than 50 <b>Data Source:</b> <b>Type:</b> <b>IND</b> Facility Indicator. Is with fewer than 50	Provider Alphanumeric ) discharges (Provider ID equals '999999').
Suppression: Beginning Position: Length: Field 9: Description: Suppression: Beginning Position:	Long Term Acute Care Suppressed for hospita 67 1 FAC_OTHER_LTC_ Other Long Term Care	e Facility Indicator. Is with fewer than 50 Data Source: Type: IND Facility Indicator. Is with fewer than 50 Data Source:	Provider Alphanumeric ) discharges (Provider ID equals '999999'). Provider
Suppression: Beginning Position: Length: Field 9: Description: Suppression: Beginning Position: Length:	Long Term Acute Care Suppressed for hospita 67 1 FAC_OTHER_LTC_ Other Long Term Care Suppressed for hospita 68 1	e Facility Indicator. Is with fewer than 50 <b>Data Source:</b> <b>Type:</b> <b>IND</b> Facility Indicator. Is with fewer than 50	Provider Alphanumeric ) discharges (Provider ID equals '999999').
Suppression: Beginning Position: Length: Field 9: Description: Suppression: Beginning Position:	Long Term Acute Care Suppressed for hospita 67 1 FAC_OTHER_LTC_ Other Long Term Care Suppressed for hospita 68	e Facility Indicator. Is with fewer than 50 Data Source: Type: IND Facility Indicator. Is with fewer than 50 Data Source:	Provider Alphanumeric ) discharges (Provider ID equals '999999'). Provider

Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999Coding Scheme:C Member, National Association of Children's Hospitals and Related Institutions (I					
	X Facilities that also trea				
<b>Beginning Position:</b>	69	Data Source:	Provider		
Length:	1	Type:	Alphanumeric		



### Texas Hospital Inpatient Discharge Public Use Data File

Base Data #1 File, Base Data #2 File, Charges Data File, and Facility Type Indicator File

**Data Fields** 

Fields that are shaded are not available in this release of data.

#### **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	PROVIDER_NAME	25	55	Alphanumeric
5	TYPE_OF_ADMISSION	80	1	Alphanumeric
6	SOURCE_OF_ADMISSION	81	1	Alphanumeric
7	SPEC_UNIT_1	82	1	Alphanumeric
8	SPEC_UNIT_2	83	1	Alphanumeric
9	SPEC_UNIT_3	84	1	Alphanumeric
10	SPEC_UNIT_4	85	1	Alphanumeric
11	SPEC_UNIT_5	86	1	Alphanumeric
12	PAT_STATE	87	2	Alphanumeric
13	PAT_ZIP	89	5	Alphanumeric
14	PAT_COUNTRY	94	2	Alphanumeric
15	COUNTY	96	3	Alphanumeric
16	PUBLIC_HEALTH_REGION	99	2	Alphanumeric
17	PAT_STATUS	101	2	Alphanumeric
18	SEX_CODE	103	1	Alphanumeric
19	RACE	104	1	Alphanumeric
20	ETHNICITY	105	1	Alphanumeric
21	ADMIT_WEEKDAY	106	1	Alphanumeric
22	LENGTH_OF_STAY	107	4	Alphanumeric
23	PAT_AGE	111	2	Alphanumeric
24	FIRST_PAYMENT_SRC	113	2	Alphanumeric
25	SECONDARY_PAYMENT_SRC	115	2	Alphanumeric
26	TYPE_OF_BILL	117	3	Alphanumeric
27	TOTAL_CHARGES	120	12	Numeric
28	TOTAL_NON_COV_CHARGES	132	12	Numeric
29	TOTAL_CHARGES_ACCOMM	144	12	Numeric
30	TOTAL_NON_COV_CHARGES_ACCOMM	156	12	Numeric
31	TOTAL_CHARGES_ANCIL	168	12	Numeric
32	TOTAL_NON_COV_CHARGES_ANCIL	180	12	Numeric
33	POA_PROVIDER_INDICATOR	192	1	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
34	ADMITTING_DIAGNOSIS	193	6	Alphanumeric
35	PRINC_DIAG_CODE	199	6	Alphanumeric
36	POA_PRINC_DIAG_CODE	205	1	Alphanumeric
37	OTH_DIAG_CODE_1	206	6	Alphanumeric
38	POA_OTH_DIAG_CODE_1	212	1	Alphanumeric
39	OTH_DIAG_CODE_2	213	6	Alphanumeric
40	POA_OTH_DIAG_CODE_2	219	1	Alphanumeric
41	OTH_DIAG_CODE_3	220	6	Alphanumeric
42	POA_OTH_DIAG_CODE_3	226	1	Alphanumeric
43	OTH_DIAG_CODE_4	227	6	Alphanumeric
44	POA_OTH_DIAG_CODE_4	233	1	Alphanumeric
45	OTH_DIAG_CODE_5	234	6	Alphanumeric
46	POA_OTH_DIAG_CODE_5	240	1	Alphanumeric
47	OTH_DIAG_CODE_6	241	6	Alphanumeric
48	POA_OTH_DIAG_CODE_6	247	1	Alphanumeric
49	OTH_DIAG_CODE_7	248	6	Alphanumeric
50	POA_OTH_DIAG_CODE_7	254	1	Alphanumeric
51	OTH_DIAG_CODE_8	255	6	Alphanumeric
52	POA_OTH_DIAG_CODE_8	261	1	Alphanumeric
53	OTH_DIAG_CODE_9	262	6	Alphanumeric
54	POA_OTH_DIAG_CODE_9	268	1	Alphanumeric
55	OTH_DIAG_CODE_10	269	6	Alphanumeric
56	POA_OTH_DIAG_CODE_10	275	1	Alphanumeric
57	OTH_DIAG_CODE_11	276	6	Alphanumeric
58	POA_OTH_DIAG_CODE_11	282	1	Alphanumeric
59	OTH_DIAG_CODE_12	283	6	Alphanumeric
60	POA_OTH_DIAG_CODE_12	289	1	Alphanumeric
61	OTH_DIAG_CODE_13	290	6	Alphanumeric
62	POA_OTH_DIAG_CODE_13	296	1	Alphanumeric
63	OTH_DIAG_CODE_14	297	6	Alphanumeric
64	POA_OTH_DIAG_CODE_14	303	1	Alphanumeric
65	OTH_DIAG_CODE_15	304	6	Alphanumeric
66	POA_OTH_DIAG_CODE_15	310	1	Alphanumeric
67	OTH_DIAG_CODE_16	311	6	Alphanumeric
68	POA_OTH_DIAG_CODE_16	317	1	Alphanumeric
69	OTH_DIAG_CODE_17	318	6	Alphanumeric
70	POA_OTH_DIAG_CODE_17	324	1	Alphanumeric
71	OTH_DIAG_CODE_18	325	6	Alphanumeric
72	POA_OTH_DIAG_CODE_18	331	1	Alphanumeric
73	OTH_DIAG_CODE_19	332	6	Alphanumeric
74	POA_OTH_DIAG_CODE_19	338	1	Alphanumeric
75	OTH_DIAG_CODE_20	339	6	Alphanumeric
76	POA_OTH_DIAG_CODE_20	345	1	Alphanumeric
77	OTH_DIAG_CODE_21	346	6	Alphanumeric
78	POA_OTH_DIAG_CODE_21	352	1	Alphanumeric
79	OTH_DIAG_CODE_22	353	6	Alphanumeric
80	POA_OTH_DIAG_CODE_22	359	1	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
81	OTH_DIAG_CODE_23	360	6	Alphanumeric
82	POA_OTH_DIAG_CODE_23	366	1	Alphanumeric
83	OTH_DIAG_CODE_24	367	6	Alphanumeric
84	POA_OTH_DIAG_CODE_24	373	1	Alphanumeric
85	E_CODE_1	374	6	Alphanumeric
86	POA_E_CODE_1	380	1	Alphanumeric
87	E_CODE_2	381	6	Alphanumeric
88	POA_E_CODE_2	387	1	Alphanumeric
89	E_CODE_3	388	6	Alphanumeric
90	POA_E_CODE_3	394	1	Alphanumeric
91	E_CODE_4	395	6	Alphanumeric
92	POA_E_CODE_4	401	1	Alphanumeric
93	E_CODE_5	402	6	Alphanumeric
94	POA_E_CODE_5	408	1	Alphanumeric
95	E_CODE_6	409	6	Alphanumeric
96	POA_E_CODE_6	415	1	Alphanumeric
97	E_CODE_7	416	6	Alphanumeric
98	POA_E_CODE_7	422	1	Alphanumeric
99	E_CODE_8	423	6	Alphanumeric
100	POA_E_CODE_8	429	1	Alphanumeric
101	E_CODE_9	430	6	Alphanumeric
102	POA_E_CODE_9	436	1	Alphanumeric
103	E_CODE_10	437	6	Alphanumeric
104	POA_E_CODE_10	443	1	Alphanumeric
105	PRINC_SURG_PROC_CODE	444	7	Alphanumeric
106	PRINC_SURG_PROC_DAY	451	4	Alphanumeric
107	PRINC_ICD9_CODE	455	5	Alphanumeric
108	OTH_SURG_PROC_CODE_1	460	7	Alphanumeric
109	OTH_SURG_PROC_DAY_1	467	4	Alphanumeric
110	OTH_ICD9_CODE_1	471	5	Alphanumeric
111	OTH_SURG_PROC_CODE_2	476	7	Alphanumeric
112	OTH_SURG_PROC_DAY_2	483	4	Alphanumeric
113	OTH_ICD9_CODE_2	487	5	Alphanumeric
114	OTH_SURG_PROC_CODE_3	492	7	Alphanumeric
115	OTH_SURG_PROC_DAY_3	499	4	Alphanumeric
116	OTH_ICD9_CODE_3	503	5	Alphanumeric
117	OTH_SURG_PROC_CODE_4	508	7	Alphanumeric
118	OTH_SURG_PROC_DAY_4	515	4	Alphanumeric
119	OTH_ICD9_CODE_4	519	5	Alphanumeric
120	OTH_SURG_PROC_CODE_5	524	7	Alphanumeric
121	OTH_SURG_PROC_DAY_5	531	4	Alphanumeric
122	OTH_ICD9_CODE_5	535	5	Alphanumeric
123	OTH_SURG_PROC_CODE_6	540	7	Alphanumeric
124	OTH_SURG_PROC_DAY_6	547	4	Alphanumeric
125	OTH_ICD9_CODE_6	551	5	Alphanumeric
126	OTH_SURG_PROC_CODE_7	556	7	Alphanumeric
127	OTH_SURG_PROC_DAY_7	563	4	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
128	OTH_ICD9_CODE_7	567	5	Alphanumeric
129	OTH_SURG_PROC_CODE_8	572	7	Alphanumeric
130	OTH_SURG_PROC_DAY_8	579	4	Alphanumeric
131	OTH_ICD9_CODE_8	583	5	Alphanumeric
132	OTH_SURG_PROC_CODE_9	588	7	Alphanumeric
133	OTH_SURG_PROC_DAY_9	595	4	Alphanumeric
134	OTH_ICD9_CODE_9	599	5	Alphanumeric
135	OTH_SURG_PROC_CODE_10	604	7	Alphanumeric
136	OTH_SURG_PROC_DAY_10	611	4	Alphanumeric
137	OTH_ICD9_CODE_10	615	5	Alphanumeric
138	OTH_SURG_PROC_CODE_11	620	7	Alphanumeric
139	OTH_SURG_PROC_DAY_11	627	4	Alphanumeric
140	OTH_ICD9_CODE_11	631	5	Alphanumeric
141	OTH_SURG_PROC_CODE_12	636	7	Alphanumeric
142	OTH_SURG_PROC_DAY_12	643	4	Alphanumeric
143	OTH_ICD9_CODE_12	647	5	Alphanumeric
144	OTH_SURG_PROC_CODE_13	652	7	Alphanumeric
145	OTH_SURG_PROC_DAY_13	659	4	Alphanumeric
146	OTH_ICD9_CODE_13	663	5	Alphanumeric
147	OTH_SURG_PROC_CODE_14	668	7	Alphanumeric
148	OTH_SURG_PROC_DAY_14	675	4	Alphanumeric
149	OTH_ICD9_CODE_14	679	5	Alphanumeric
150	OTH_SURG_PROC_CODE_15	684	7	Alphanumeric
151	OTH_SURG_PROC_DAY_15	691	4	Alphanumeric
152	OTH_ICD9_CODE_15	695	5	Alphanumeric
153	OTH_SURG_PROC_CODE_16	700	7	Alphanumeric
154	OTH_SURG_PROC_DAY_16	707	4	Alphanumeric
155	OTH_ICD9_CODE_16	711	5	Alphanumeric
156	OTH_SURG_PROC_CODE_17	716	7	Alphanumeric
157	OTH_SURG_PROC_DAY_17	723	4	Alphanumeric
158	OTH_ICD9_CODE_17	727	5	Alphanumeric
159	OTH_SURG_PROC_CODE_18	732	7	Alphanumeric
160	OTH_SURG_PROC_DAY_18	739	4	Alphanumeric
161	OTH_ICD9_CODE_18	743	5	Alphanumeric
162	OTH_SURG_PROC_CODE_19	748	7	Alphanumeric
163	OTH_SURG_PROC_DAY_19	755	4	Alphanumeric
164	OTH_ICD9_CODE_19	759	5	Alphanumeric
165	OTH_SURG_PROC_CODE_20	764	7	Alphanumeric
166	OTH_SURG_PROC_DAY_20	771	4	Alphanumeric
167	OTH_ICD9_CODE_20	775	5	Alphanumeric
168	OTH_SURG_PROC_CODE_21	780	7	Alphanumeric
169	OTH_SURG_PROC_DAY_21	787	4	Alphanumeric
170	OTH_ICD9_CODE_21	791	5	Alphanumeric
171	OTH_SURG_PROC_CODE_22	796	7	Alphanumeric
172	OTH_SURG_PROC_DAY_22	803	4	Alphanumeric
173	OTH_ICD9_CODE_22	807	5	Alphanumeric
174	OTH_SURG_PROC_CODE_23	812	7	Alphanumeric

Number	FIELD NAME (Base Data #1 File)	Position	Length	Field Type
175	OTH_SURG_PROC_DAY_23	819	4	Alphanumeric
176	OTH_ICD9_CODE_23	823	5	Alphanumeric
177	OTH_SURG_PROC_CODE_24	828	7	Alphanumeric
178	OTH_SURG_PROC_DAY_24	835	4	Alphanumeric
179	OTH_ICD9_CODE_24	839	5	Alphanumeric
180	MS_MDC	844	2	Alphanumeric
181	MS_DRG	846	3	Alphanumeric
182	MS_GROUPER_VERSION_NBR	849	5	Alphanumeric
183	MS_GROUPER_ERROR_CODE	854	2	Alphanumeric
184	APR_MDC	856	2	Alphanumeric
185	APR_DRG	858	4	Alphanumeric
186	RISK_MORTALITY	862	1	Alphanumeric
187	ILLNESS_SEVERITY	863	1	Alphanumeric
188	APR_GROUPER_VERSION_NBR	864	5	Alphanumeric
189	APR_GROUPER_ERROR_CODE	869	2	Alphanumeric
190	ATTENDING_PHYSICIAN_UNIF_ID	871	10	Alphanumeric
191	OPERATING_PHYSICIAN_UNIF_ID	881	10	Alphanumeric
192	ENCOUNTER_INDICATOR	891	2	Alphanumeric
193	CERT_STATUS	893	1	Alphanumeric
194	FILLER_SPACE	894	57	Alphanumeric
	RECORD_LENGTH		950	

#### 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	1	12	Alphanumeric
	THCIC Research Data Files (RDF's).			
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

Number	FIELD NAME (Base Data #2 File)	Position	Length	Field Type
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
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

Number	FIELD NAME (Base Data #2 File)	Position	Length	Field Type
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
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
100	FILLER_SPACE	649	52	Alphanumeric
	RECORD_LENGTH		700	

#### **Charges Data File**

Number	FIELD NAME	Position	Length	Field Type
	RECORD_ID Does NOT match the RECORD_ID in			
1	THCIC Research Data Files (RDF's).	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	PROVIDER_NAME	7	55	Alphanumeric
3	FAC_TEACHING_IND	62	1	Alphanumeric
4	FAC_PSYCH_IND	63	1	Alphanumeric
5	FAC_REHAB_IND	64	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	65	1	Alphanumeric
7	FAC_SNF_IND	66	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	67	1	Alphanumeric
9	FAC_OTHER_LTC_IND	68	1	Alphanumeric
10	FAC_PEDS_IND	69	1	Alphanumeric
	RECORD_LENGTH		69	



## **Texas Hospital Inpatient Discharge Data**

**Public Use Data File** 

#### **Reporting Status of Texas Hospitals, 2012**

	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
Abilene	With		Comment		Comment		Comment		Comment
091001 Abilene Regional Medical Center		x							
500000 Hendrick Medical Center		X							
688000 Hendrick Center–Extended Care		X							-
846000 Acadia Abilene		X							-
920000 Reliant Rehab Hospital Abilene		X	X						
Addison		A	•						
750000 Methodist Hospital for Surgery		v							
Alice		X							
689401 CHRISTUS Spohn Hospital Alice		X							
Allen									
724200 Texas Health Presbyterian Hospital Allen		X	X						-
854000 Twin Creeks Hospital		X							<b></b>
Alpine									
711900 Big Bend Regional Medical Center		Х	X						
Amarillo									
001000 Baptist St Anthonys Health System–Baptist		х							
Campus									
318000 Northwest Texas Hospital		х							
318001 The Pavilion	318000								
714000 Northwest Texas Surgery Center		x <sup>lv</sup>							
796000 Plum Creek Specialty Hospital		х							
818000 Kindred Hospital Amarillo		х							
841400 Kindred Rehabilitation Hospital Amarillo		х							
852900 Physicians Surgical Hospital–Quail Creek		х							
852901 Physicians Surgical Hospital–Panhandle		х							
Campus									
Anahuac									
442000 Bayside Community Hospital		*							
Andrews									
187000 Permian Regional Medical Center		*							
Angleton									
126000 Angleton Danbury Medical Center		х							
Anson									
016000 Anson General Hospital		*							
Aransas Pass									
239001 Care Regional Medical Center		x							1
Arlington		Λ							
100084 Sundance Hospital		x							
422000 Texas Health Arlington Memorial Hospital		X	X						+
502000 Medical Center–Arlington									+
660000 HEALTHSOUTH Rehab Hospital–		X	X						+
		х							
Arlington									<u> </u>

	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
690000 Kindred Hospital–Tarrant County	With	X	Comment		Comment		Comment		Comment
730001 Texas Health Heart & Vascular Hospital		X	X						-
765001 Millwood Hospital		X	A						-
799001 USMD Hospital–Arlington		X							
831800 Kindred Rehabilitation Hospital Arlington		X							
936000 Baylor Orthopedic and Spine Hospital–		X							
Arlington		л							
Aspermont									
666000 Stonewall Memorial Hospital		*							
Athens									
374000 East Texas Medical Center–Athens		X							
Atlanta		л							
131000 Atlanta Memorial Hospital		*							
Aubrey									
873200 Baylor Emergency Medical Center at Aubrey		x <sup>lv</sup>							
Austin		Λ							
000100 Austin State Hospital		v	v						
000119 UTMB Austin Womens Hospital		X X	X						
035000 St Davids Hospital									-
335000 University Medical Center–Brackenridge		X	v						-
497000 Seton Medical Center		X	X						-
		X	X						
602000 St Davids South Austin Hospital 622001 Texas NeuroRehab Center		X							
		X							
649000 St Davids Rehab Center		X							
663000 HEALTHSOUTH Rehab Hospital–Austin		Х							-
700000 Cornerstone Hospital–Austin		Х							
739001 Texas NeuroRehab Center		Х							-
770000 Seton Shoal Creek Hospital		Х							
794000 Northwest Hills Surgical Hospital		Х							
797500 Seton Southwest Hospital		Х	X						
797600 Seton Northwest Hospital		Х	X						
798500 Austin Surgical Hospital		Х							
822800 Westlake Medical Center		X							
829000 Heart Hospital–Austin		Х							
829900 North Austin Medical Center		X							
852000 Dell Childrens Medical Center		Х	X						
854400 Central Texas Rehab Hospital		Х	Х						
855200 Austin Lakes Hospital		Х							
970200 Lakeway Regional Medical Center									
First reports 2 <sup>nd</sup> quarter 2012 970800 Reliant Austin									
970800 Reliant Austin First reports 3 <sup>rd</sup> quarter 2012									
Azle									
469000 Texas Health Harris Methodist Hospital Azle		X	X						
Ballinger		Λ	Λ						
234000 Ballinger Memorial Hospital District		*x							
Bay City		Λ							
006000 Matagorda Regional Medical Center		X	X						
006000 Matagorda Regional Medical Center		x <sup>lv</sup>	X						
Baytown		Λ	Λ						
405000 San Jacinto Methodist Hospital		v							
405000 San Jacinto Methodist Hospital 405002 San Jacinto Methodist Hospital–Alexander	405000	X							
Campus	+05000								
720401 Kindred Hospital Baytown		v							
120701 Killulu Hospital Daylowii		Х	1		1		1		1

	Reports With	1Q12	With Comment	2Q12	With Comment	3Q12	With Comment	4Q12	With Comment
Beaumont	, , , , , , , , , , , , , , , , , , ,		comment		Comment		Comment		comment
389000 Baptist Hospitals of Southeast Texas		x							
389002 Baptist Hospitals of Southeast Texas Fannin	389000								
Behavioral Ctr									
444001 CHRISTUS St Elizabeth Hospital		x <sup>OC</sup>							
671000 HEALTHSOUTH Rehab Hospital–Beaumont		X							
708000 CHRISTUS Dubuis Hospital–Beaumont		X							
826500 Beaumont Bone & Joint Institute		***							
861900 Kate Dishman Rehab Hospital		Х							
Bedford		Α							
182000 Texas Health Harris Methodist HEB		X	X						
700003 Reliant Rehab Hospital Mid–Cities		X	X						
778000 Texas Health Springwood Hospital		X	X						
Beeville		Λ	Λ						
429001 CHRISTUS Spohn Hospital–Beeville		v							
Bellaire		X							
831900 Houston Orthopedic & Spine Hospital		X				-		-	
840100 First Street Hospital		X							
Bellville		*							
552000 Bellville General Hospital		*							
Belton									
806002 Cedar Crest Hospital		X							
Big Lake									
343000 Reagan Memorial Hospital		*							
Big Spring									
000101 Big Spring State Hospital		Х	Х						
221000 Scenic Mountain Medical Center		Х							
Bonham									
106001 Red River Regional Hospital		Х							
Borger									
654000 Golden Plains Community Hospital		Х							
Bowie									
440000 Bowie Memorial Hospital		*							
Brady									
362000 Heart of Texas Healthcare System		*							
Breckenridge									
430000 Stephens Memorial Hospital		*							
Brenham									
066000 Scott & White Hospital-Brenham		х							
Bridgeport									
868700 North Texas Community Hospital		х							
Brownfield									
078000 Brownfield Regional Medical Center		*							
Brownsville									
019000 Valley Regional Medical Center		х							
314001 Valley Baptist Medical Center–Brownsville		х							
314002 Valley Baptist Medical Center–Brownsville	314001								
Psych Unit									
724900 Brownsville Doctors Hospital		Х							
821100 South Texas Rehab Hospital		X							
847500 Solara Hospital–Brownsville Campus		X					1		
Brownwood		Λ							
058000 Brownwood Regional Medical Center		X							
osooo biownwood Regional Medical Center		Λ							

	Reports	1Q12	With	2Q12	With	3012	With	4Q12	With
Bryan	With		Comment		Comment		Comment		Comment
002001 St Joseph Regional Health Center		x	X						-
002002 St Joseph Regional Rehab Center	002001	A	Λ						
717500 Physicians Centre Hospital	002001	x							
864800 CHRISTUS Dubuis Hospital–Bryan									
Burnet		X							
				-		-			
559000 Seton Highland Lakes Hospital		X	X						
Caldwell									
679000 Burleson St Joseph Health Center–Caldwell		X	X						
Cameron		OC							
665000 Central Texas Hospital		x <sup>OC</sup>							
Canadian									
457000 Hemphill County Hospital		*							
Carrizo Springs									
156000 Dimmit Regional Hospital		*							
Carrollton									
042000 Baylor Medical Center at Carrollton		х	Х						
969500 Carrollton Springs									
First reports 2 <sup>nd</sup> quarter 2012									
Carthage									
484000 East Texas Medical Center-Carthage		х							
Cedar Park									
858300 Cedar Park Regional Medical Center		х							
Center									
860500 Shelby Regional Medical Center		x <sup>OC</sup>							
Channelview									
720400 Kindred Hospital East Houston		х							
Childress									
026000 Childress Regional Medical Center		*							-
Chillicothe									
523000 Chillicothe Hospital		*							
Clarksville									
292000 East Texas Medical Center–Clarksville		x							
Cleburne		А							
323000 Texas Health Harris Methodist Hospital		v	X						
Cleburne		Х	А						
Cleveland									
108000 Cleveland Regional Medical Center		v							
840400 Doctors Diagnostic Hospital		X X <sup>OC</sup>							
Clifton		X							
		*		-					
070000 Goodall–Witcher Healthcare Foundation									
Coleman									
049000 Coleman County Medical Center		*							
College Station									
071000 College Station Medical Center		X							
Colorado City									
075000 Mitchell County Hospital		X							
Columbus									
014000 Columbus Community Hospital		*							
Comanche									
495001 Comanche County Medical Center		Х							
Commerce									
087000 Hunt Regional Community Hospital		x <sup>lv</sup>							

	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
Conroe	With		Comment		Comment		Comment		Comment
100087 Montgomery County Mental Health	-	x							
Treatment Facility									
508001 Conroe Regional Medical Center	1	x <sup>OC</sup>							
695000 HEALTHSOUTH Rehab Hospital The		х							-
Woodlands									
854100 Solara Hospital Conroe		х							
915000 Aspire Behavioral Health–Conroe		х							-
Corpus Christi									
398000 CHRISTUS Spohn Hospital Corpus Christi		х							
398001 CHRISTUS Spohn Hospital Corpus Christi-		х							
Shoreline									
398002 CHRISTUS Spohn Hospital Corpus Christi-		х							
South									
488000 Driscoll Childrens Hospital		x <sup>OC</sup>							
699000 Corpus Christi Specialty Hospital		х							
703000 Corpus Christi Medical Center-Bay Area		х							
703002 Corpus Christi Medical Center–Doctors		х							
Regional									
703003 Corpus Christi Medical Center-Heart		х							
Hospital									
703005 Bayview Behavioral Hospital		х							
704004 Corpus Christi Medical Center–Northwest		х							
797001 Dubuis Hospital–Corpus Christi		х							
804100 Kindred Hospital–Corpus Christi		х							
931000 South Texas Surgical Hospital		х							
970700 Esplanade Rehab Hospital									
First reports 3 <sup>rd</sup> quarter 2012									
Corsicana									-
141000 Navarro Regional Hospital		X							
Crane		*							
467000 Crane Memorial Hospital		T.							
Crockett 185000 East Texas Medical Center–Crockett									
		X							
Crosbyton		*							
176000 Crosbyton Clinic Hospital		-1-							
074000 Cuero Community Hospital		*							
Cypress	-	·							
114100 Lone Star Behavioral Health Cypress		v							
843200 North Cypress Medical Center		X							
Dalhart		X							
262000 Coon Memorial Hospital & Home		*							
Dallas									
008001 Baylor Medical Center at Uptown		x							
028000 Kindred Hospital–Dallas		X	X						
054000 Texas Scottish Rite Hospital for Children		л *	Λ						
142000 Methodist Charlton Medical Center	+	x							+
142000 Methodist Charlton Medical Center 143000 Childrens Medical Center–Dallas	+	X							+
255000 Methodist Dallas Medical Center		X							
331000 Baylor University Medical Center		X	X						
340000 Medical City Dallas Hospital	+	X							+
431000 Texas Health Presbyterian Hospital Dallas	+	X	X X						+
448001 UT Southwestern University Hospital–St Paul		X	X						
TTOOL OI Soumwestern Oniversity Hospital-St Faul	_L	Λ	Λ		1		1		

	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
449000 Dallas Medical Center	With	X	Comment		Comment		Comment		Comment
474000 Parkland Memorial Hospital		X	x						
511000 Doctors Hospital–White Rock Lake		X							
586000 Baylor Specialty Hospital		X							
642000 Baylor Institute for Rehab		X							
653001 UT Southwestern University Hospital–Zale		X	х						
Lipshy			~						
661001 Texas Specialty Hospital–Dallas		x <sup>lv</sup>							
672000 Select Specialty Hospital–Dallas		X							
680001 Reliant Rehab Hospital Dallas		X	x						
710000 Our Childrens House Baylor		X	~						
717000 LifeCare Hospital–Dallas		X							
719400 Kindred Hospital–White Rock		X	X						
752000 Timberlawn Mental Health System		X	A						
766000 Green Oaks Hospital		X	X						
784400 Baylor Heart & Vascular Center		X	Λ						
813100 Texas Institute for Surgery–Texas Health		x <sup>lv</sup>	X						
Presbyterian–D		л	л						
818200 Pine Creek Medical Center		Х							
839100 Vibra Specialty Hospital		X							
860600 North Central Surgical Center		X							
862000 Methodist Rehab Hospital									
872100 Global Rehab		X							
900000 Forest Park Medical Center		X							
908000 South Hampton Community Hospital		X							
914000 Kindred Hospital Dallas Central		X							
De Soto		X							
785900 Select Specialty Hospital–South Dallas		X							
837800 Hickory Trail Hospital Decatur		X	X						
		x <sup>lv</sup>							
254000 Wise Regional Health System			X						
254001 Wise Regional Health System		X	X						
462000 Val Verde Regional Medical Center		X							
Denison									
847000 Texoma Medical Center	0.47000	Х	X						
847001 Reba McEntire Center–Rehab	847000	lv							
864600 Carrus Specialty Hospital		x <sup>lv</sup>	X						
Denton									
336001 Denton Regional Medical Center		X	X						
816500 North Texas Hospital		Х							
820800 Texas Health Presbyterian Hospital–Denton		Х	X						
826800 University Behavioral Health–Denton		Х							
831700 Mayhill Hospital		Х							
844200 Integrity Transitional Hospital		Х							
847200 Atrium Medical Center–Corinth		Х							
871500 Select Rehab Hospital–Denton		Х							<u> </u>
Denver City									
485000 Yoakum County Hospital		*							
Dilley		00							
803000 Community General Hospital DilleyTexas		x <sup>oc</sup>							
Dimmitt									
260000 Plains Memorial Hospital		*							

DumasJamJamJamJam19000 Memorial Hospital**Eagle Lake560000 Rice Medical CenterxEagle PassEagle PassS47001 Fort Duncan Regional Medical CenterxEagle Pass*222000 Eastland Memorial Hospital*Eden*202000 Concho County Hospital*Edinburg*14002 Edinburg Regional Medical Centerx797100 Doctors Hospital-Renaissance797100797103 Behavioral Medicine-Renaissance797100797103 Behavioral Medicine-Renaissance797100797103 Behavioral Medicine-Renaissance797100830000 Cornerstone Regional Hospitalx840000 Cathers and Hospitalx816301 Solara Hospitalx816301 Solara Hospitalx816301 Solara Hospitalx816301 Solara Hospitalx816301 Solara Hospitalx816301 Solara Mogitalx817000 Las Panas Reab Hospitalx818000 Las Palmas Reab Hospitalx819000 Las Palmas Redicial Centerx819000 Las Palmas Redicial Centerx819000 Las Palmas Redicial Centerx819000 Las Palmas Redicial Centerx819000 Del Sol Medical Centerx819000 Del Sol Medical Centerx819000 Del Sol Medical Centerx819000 Del Sol Medical Centerx <th></th> <th>Reports</th> <th>1Q12</th> <th>With</th> <th>2Q12</th> <th>With</th> <th>3Q12</th> <th>With</th> <th>4Q12</th> <th>With</th>		Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
199000 Memorial Hospital     *x         Eagle Lake          So000 Rice Medical Center     x         Eagle Pass          St7001 Fort Duncan Regional Medical Center     x         Eastand           22000 Eastand Memorial Hospital     *          Eden            20200 Concho County Hospital     *          P7101 Duncan Regional Medical Center     x          797100 Directors Hospital-Renaissance     797100          797101 Womens Hospital     Renaissance     797100          797102 Behavioral Hespital     x           802004 Concrestone Regional Hospital     x           816301 Solara Hospital     x           816300 Carbon Frash Behavioral Hospital     x     x         816301 Solara Hospital     x          816300 Di arkson Healticare Center     x     x         180000	Dumas	With		Comment		Comment		Comment	2	Comment
Eagle Lake     x     x       S0000 Rice Medical Center     x     x       Eagle Pass     x     x       S47001 Fort Duncan Regional Medical Center     x     x       Eastland     x     x       222000 Concho County Hospital     x     x       Edinburg     x     x       202000 Concho County Hospital     x     x       P7100 Doctors Hospital-Renaissance     797100     x       797100 Doctors Hospital-Renaissance     797100     x       797102 Behavioral Medicine-Renaissance     797100     x       802000 Concrost Rospital-Renaissance     797100     x       802000 Concrostone Regional Hospital     x     x       802000 Concrostone Regional Hospital     x     x       802001 Carab Conter & Centarissance     797100     x       802000 Carab Conter & Centarissance     797100     x       816301 Solara Hospital     x     x       Ename     x     x     x       816301 Solara Hospital     x     x     x       El Paso     x     x     x       190000 Las Palmas Medicial Center     x     x       1800001 Las Planas Medicial Center     x     x       1800000 Las Palmas Medicial Center     x       1800000 L			*x							
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059000 Glen Rose Medical Center     *     *     *       Gonzales     *     *     *       13000 Memorial Hospital     *     *     *       Graham     *     *     *       Graham Regional Medical Center     *     *     *       Grand Saline     ****     *     *       115100 Texas General Hospital     ****     ****     *       Grand Saline     ****     *     *       118000 Corby -Germany Hospital     ****     *     *       Grapevine     *     *     *       138000 Baylor Regional Medical Center-Grapevine     x     *     *       85200 Ethicsus Hospital DFW     x     *     *       Groeves     *     *     *     *       907000 Renaissance Hospital-Groves     x     *     *       907000 Renaissance Hospital-Groves     x     *     *       127000 Lavaca Medical Center     *     *     *       907000 Renaissance Hospital     *     *     *       127000 Lavaca Medical Center     *     *     *       127000 Lavaca Medical Center     *     *     *       128000 Hamilin General Hospital     *     *     *       129000 Uavaca Medical Center	Clen Rose	With	1.612	Comment	2412	Comment		Comment	1.212	Comment
Gonzales       x       x       x         103000 Memorial Hospital       *       x       x         094000 Graham Regional Medical Center       *       x       x         Granbury       x       x       x       x         Q42000 Lake Granbury Medical Center       x       x       x       x         Grand Paritie       x       x       x       x       x         115100 Texas General Hospital       ***       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x			*							
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Graham       94000 Graham Regional Medical Center       *           Grandury       i       i       i       i         424000 Lake Granhury Medical Center       x       i       i       i         Grand Parifie       i       i       i       i       i         115100 Texas General Hospital       ***       i       i       i       i         Grand Safine       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i </td <td></td> <td></td> <td>*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			*							
094000 Graham Regional Medical Center     *          Granbury     x          Grand Prairie     x          Grand Saline     ****          Grand Saline     ****          Grand Saline     ****          Grand Saline     ***          Grand Saline     x          Granevine     x          S8200 Ethicus Hospital DFW     X          S8200 Ethicus Hospital Center Greenville     X          S92000 Linestone Medical Center Greenville     X          S92000 Linestone Medical Center     *          S92000 Linestone Medical Center     *          Groesbeck            S97000 Ranissance Hospital Hospital     *	-									
Granbury       x       x         424000 Lake Granbury Medical Center       x       x         Grand Prairie       **       x         115100 Texas General Hospital       ***       x         Grand Saline       x       x         138000 Cozby-Germany Hospital       x <sup>0C</sup> x         Grapevine       x       x         513000 Baylor Regional Medical Center-Grapevine       x       x         K88200 Ethicus Hospital DFW       x       x         Greenville       x       x       x         085000 Hunt Regional Medical Center Greenville       x       x       x         754000 Glen Oaks Hospital       x       x       x       x         907000 Renaissance Hospital-Groves       x       x       x       x         907000 Renaissance Hospital-Groves       x       x       x       x         907000 Renaissance Hospital       *       x       x       x         907000 Renaissance Hospital       *       x       x       x         907000 Renaissance Hospital       *       x       x       x         907000 Seton Medical Center       *       x       x       x         91000 Seton Medical Center H			ala							
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Grand Prairie       *** <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>										
115100 Texas General Hospital###Image: Constraint of the second se			X							
Grand Saline       x <sup>OC</sup> Image: Constraint of the second se										
138000 Cozby-Germany Hospital       x <sup>0C</sup> Image: Constraint of the second	-		***							
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754000 Glen Oaks Hospital       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x<			x							
Groesbeck       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *										
052000 Limestone Medical Center       * <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>										
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907000 Renaissance Hospital-GrovesxxHallettsville </td <td></td>										
Hallettsville       *                                                                                                                                  <										
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HamlinImage: state of the state										
305000 Hamlin Memorial Hospital* </td <td></td> <td></td> <td>*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			*							
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971000 Seton Medical Center Harker Heights First reports $3^{rd}$ quarter 2012Image: Constant of the set of the s	305000 Hamlin Memorial Hospital		*							
First reports 3rd quarter 2012Image: Constant of the second s										
HarlingenImage: state of the sta	971000 Seton Medical Center Harker Heights									
000104 Rio Grande State Centerxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx <thx< td=""><td>First reports 3<sup>rd</sup> quarter 2012</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thx<>	First reports 3 <sup>rd</sup> quarter 2012									
400000 Valley Baptist Medical Centerxx788002 Harlingen Medical Centerxx </td <td></td>										
$788002$ Harlingen Medical Centerxxaaaa840700 Solara Hospital HarlingenxaaaaaHaskellaaaaaaa572000 Haskell Memorial Hospital*aaaaaHemphillaaaaaaa522000 Sabine County HospitalxaaaaaHendersonxaaaaaa248000 East Texas Medical Center Henderson $x^{OC}$ aaaa193000 Clay County Memorial Hospital*aaaaaHerefordaaaaaaaa420000 Hereford Regional Medical Center*aaaaaa193000 Hill Regional Hospitalxaaaaaa427000 Medina Regional Hospitalxaaaaaa427000 Medina Regional Hospital*aaaaaaaa427000 Medina Regional Hospital*aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa <td>000104 Rio Grande State Center</td> <td></td> <td>х</td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	000104 Rio Grande State Center		х	х						
840700 Solara Hospital Harlingenx </td <td>400000 Valley Baptist Medical Center</td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	400000 Valley Baptist Medical Center		х							
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522000 Sabine County Hospitalx </td <td><u> </u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	<u> </u>									
Hendersonxxx248000 East Texas Medical Center HendersonxxxxHenriettaxxxxx193000 Clay County Memorial Hospital*xxxHerefordxxxxx420000 Hereford Regional Medical Center*xxxHillsboroxxxxx383000 Hill Regional HospitalxxxxHondoxxxxx427000 Medina Regional Hospital*xxxHoustonxxxxx000105 UT MD Anderson Cancer Centerxxxx000115 Harris County Psychiatric Centerxxxx			x							
248000 East Texas Medical Center HendersonxOCIIIIHenriettaIIIIII193000 Clay County Memorial Hospital*IIIIIHereford*IIIII420000 Hereford Regional Medical Center*IIIIHillsboroIIIIII383000 Hill Regional HospitalxIIIIHondoIIIIII427000 Medina Regional Hospital*IIIIHoustonIIIIII000115 UT MD Anderson Cancer CenterXIIII000115 Harris County Psychiatric CenterXIII										
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193000 Clay County Memorial Hospital* </td <td></td> <td></td> <td>Λ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			Λ							
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420000 Hereford Regional Medical Center* </td <td></td>										
HillsboroImage: constraint of the second			*							
383000 Hill Regional HospitalxHondo </td <td></td>										
HondoImage: Constraint of the second sec										
427000 Medina Regional Hospital*Houston </td <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			X							
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000105 UT MD Anderson Cancer Centerx000115 Harris County Psychiatric Centerx			*							
000115 Harris County Psychiatric Center x										
			Х							
007000 Womans Hospital–Texas x			х							
	007000 Womans Hospital–Texas		х							

	Reports	1Q12	With	2Q12	With	3012	With	4Q12	With
030000 Doctors Hospital–Tidwell	With	X	Comment	2012	Comment	3Q12	Comment	4012	Comment
112100 Healthsouth Rehabilitation Hospital of		X							
Cypress		л							
117000 Texas Childrens Hospital		х							
117000 Texas Childrens Hospital 117002 Texas Childrens Hospital West Campus		X							
117100 Texas Childrens Hospital-Pavilion for		Λ							
Women									
First reports $2^{nd}$ quarter 2012									
118000 St Lukes Episcopal Hospital		Х	х						
119000 Memorial Hermann Southeast Hospital		Х							
124000 Methodist Hospital		х							
124001 West Pavillion	124000								
164000 TIRR Memorial Hermann		х							
172000 Memorial Hermann Northwest Hospital		Х							
206003 Select Specialty Hospital-Houston Heights		Х							
206004 Select Specialty Hospital–Houston West		X							
206005 Select Specialty Hospital–Houston Medical		X							
Center									
229000 Houston Northwest Medical Center		х							
302000 Memorial Hermann Memorial City Medical		Х							
Center									
337001 West Houston Medical Center		х							
347000 Memorial Hermann Hospital		Х							
384000 Lyndon B Johnson General Hospital		X							
390000 Park Plaza Hospital		X							
407000 Memorial Hermann Southwest Hospital		X							
421000 Spring Branch Medical Center		OC							
458001 East Houston Regional Medical Center		x <sup>OC</sup>							
459000 Ben Taub General Hospital		X							
459001 Quentin Mease Community Hospital		Х							
460000 Riverside General Hospital		Х							
526000 Shriners Hospitals For Children		Х							
606000 Cypress Fairbanks Medical Center		х							
674000 TOPS Surgical Specialty Hospital		Х							
676000 Kindred Hospital–Houston Medical Center		X							
678000 Kindred Hospital Midtown		Х							
698005 Cornerstone Hospital Houston-Bellaire		х							
706000 Kindred Hospital Houston NW		X							
712500 HealthBridge Childrens Hospital-Houston		Х							
713400 Kindred Hospital North Houston		Х							
715001 Texas Specialty Hospital–Houston		X							
724700 Methodist Willowbrook Hospital		Х	х						
740000 St Lukes Hospital at the Vintage		Х	х						
744001 Cypress Creek Hospital		X							
755001 West Oaks Hospital		X							
758000 Houston Hospital for Specialized Surgery		x <sup>lv</sup>							
762001 IntraCare Medical Center Hospital		x <sup>lv</sup>							
763000 Plaza Specialty Hospital		X							
782001 Intracare North Hospital		X							
792000 Texas Orthopedic Hospital		X							
792600 Kindred Hospital Spring		X							
792702 Kindred Hospital Town & Country		X							
794200 Menninger Clinic		X							
800010 Methodist West Houston Hospital		X							
source includes a control from the plan	1	~	I		1	I	I		

	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
807000 CHRISTUS Dubuis Hospital–Houston	With	X	Comment		Comment		Comment		Comment
838400 Memorial Hermann Rehab Hospital Katy		x							-
838600 St Joseph Medical Center		x							-
840200 University General Hospital		x	х						-
909000 St Anthonys Hospital		x							-
941000 Kindred Hospital The Heights		v							-
956000 Westbury Community Hospital		x <sup>OC</sup>							-
969200 Behavioral Hospital–Bellaire		x							-
970600 Reliant Rehab Hospital Northwest Houston									-
First reports 3 <sup>rd</sup> quarter 2012									
971100 Efficacy Health Services									
First reports 3 <sup>rd</sup> quarter 2012		-							
971700 Cambridge Hospital									
First reports 3 <sup>rd</sup> quarter 2012									-
972200 Cornerstone Hospital of South Houston First reports 3 <sup>rd</sup> quarter 2012									
972970 Victory Surgical Hospital East Houston									-
First reports 4 <sup>th</sup> quarter 2012									
Humble									
616000 HEALTHSOUTH Rehab Hospital Humble		x							
847100 Memorial Hermann Northeast		х							
865900 Icon Hospital		х							
901100 Humble Surgical Hospital		x <sup>lv</sup>							
969600 Kindred Rehab Hospital Northeast Houston									
First reports 2 <sup>nd</sup> quarter 2012									
Huntsville									
061000 Huntsville Memorial Hospital		х							
Hurst									
812300 Southwest Surgical Hospital		x							
850200 Cook Childrens Northeast Hospital		x <sup>lv</sup>							
Iraan									
258000 Iraan General Hospital		*							
Irving									
300000 Baylor Medical Center-Irving		х	Х						
799500 Irving Coppell Surgical Hospital		х							
814000 Las Colinas Medical Center		х	Х						
Jacksboro									
046000 Faith Community Hospital		*							
Jacksonville									
416000 East Texas Medical Center-Jacksonville		х							
725400 Mother Frances Hospital–Jacksonville		х							
Jasper									
038001 CHRISTUS Jasper Memorial Hospital		x <sup>OC</sup>							
Jourdanton									
334002 South Texas Regional Medical Center		х							
Junction									
205000 Kimble Hospital		X							
Katy									
534001 Memorial Hermann Katy Hospital		Х							
715901 CHRISTUS St Catherine Hospital		х	Х						
Kaufman									
303000 Texas Health Presbyterian Hospital-Kaufman		Х	Х						
Kenedy									
357000 Otto Kaiser Memorial Hospital		*							

	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
Kermit	With		Comment		Comment		Comment		Comment
062000 Winkler County Memorial Hospital		х							
Kerrville									
000106 Kerrville State Hospital		x <sup>lv</sup>	X						
406000 Peterson Regional Medical Center		X	Λ						
Kilgore		л							
031001 Allegiance Specialty Hospital–Kilgore		v							
		X							
Killeen									
397001 Metroplex Hospital	207001	Х							
397002 Metroplex Pavilion	397001								
Kingsville									
216001 CHRISTUS Spohn Hospital-Kleberg		Х							
Kingwood		00							
675000 Kingwood Medical Center		x <sup>OC</sup>							
813800 Memorial Hermann Specialty Hospital		$x^{lv}$							
Kingwood									
818600 Kingwood Pines Hospital		х							
Knox City									
568000 Knox County Hospital		*							
Kyle									
921000 Seton Medical Center Hays		х	x						
La Grange									
823400 St Marks Medical Center		х							
Lake Jackson		<u> </u>							
436000 Brazosport Regional Health System		X							
Lamesa		Λ							
		*							
341000 Medical Arts Hospital									
Lampasas									
397000 Rollins Brooks Community Hospital		X							
Laredo									
207001 Laredo Medical Center		Х							
301000 Doctors Hospital-Laredo		Х							
804400 Providence Hospital	301000								
836300 Laredo Specialty Hospital		Х							
League City									
718000 Devereux Texas Treatment Network		Х							
Levelland									
307000 Covenant Hospital-Levelland		Х	Х						
Lewisville									
394000 Medical Center-Lewisville		х	х						
Liberty									
089001 Liberty–Dayton Regional Medical Center		Х							
Linden									
822100 Good Shepherd Medical Center–Linden		Х	x						
Littlefield									
217000 Lamb Healthcare Center		*							
Livingston									
466000 Memorial Medical Center–Livingston		х							
Llano									
476000 Scott & White Hospital Llano		X							
Lockney		Λ							
010000 WJ Mangold Memorial Hospial		*							
029000 Good Shepherd Medical Center		Х	Х						

106100 Audubon Behavioral Healthcare of Longview 525000 Longview Regional Medical Center	With	1Q12		2Q12					With
ě		X	Comment		Comment	3Q12	Comment	4Q12	Comment
1.12. JUUU LOHSVIEW RESIONAL MECHCAL CEILEI		X							
794600 Select Specialty Hospital–Longview		X							
944000 Behavioral Hospital Longview		X							
Lubbock									
013001 Grace Medical Center		Х							
109000 Covenant Medical Center–Lakeside		X							
145000 University Medical Center		X	Х						
465000 Covenant Medical Center		X	A						
686000 Covenant Childrens Hospital		X							
786001 Llano Specialty Hospital		x <sup>lv</sup>							
801500 Lubbock Heart Hospital		x <sup>N</sup>							
804000 Sunrise Canyon		X							
846200 Covenant Specialty Hospital		X							
865800 Trustpoint Hospital		x <sup>N</sup>							
940000 Texas Specialty Hospital Lubbock		X							
Lufkin		Λ							
107100 Audubon Behavioral Healthcare of Lufkin		X							
129000 Memorial Medical Center East Texas		X							
481000 Woodland Heights Medical Center		X							
691000 Memorial Specialty Hospital		X							
Luling		Λ							
597000 Seton Edgar B Davis Hospital		X	X						
848200 Warm Springs Specialty Hospital–Luling			Λ						
Madisonville		X							
041000 Madison St Joseph Health Center		v	v						
Mansfield		Х	X						
657000 Kindred Hospital–Mansfield		v							
842800 Methodist Mansfield Medical Center		X X							
Marlin		л							
517000 Falls Community Hospital & Clinic		*							
Marshall									
020000 Good Shepherd Medical Center–Marshall		X	X						
McAllen		л	Λ						
601000 Rio Grande Regional Hospital		X							
802001 McAllen Medical Center		X							
	802001	Λ							
816300 Solara Hospital	002001	х							
821001 LifeCare Hospital–South Texas–South		X							
821002 LifeCare Hospital-South Texas–South		X							
McCamey		Λ							
240000 McCamey Hospital		*							
McKinney									
246000 Columbia Medical Center–McKinney		X							
	246000	Λ							
922000 The Hospital at Craig Ranch	2-10000	v							
937000 Methodist McKinney Hospital		X							
971900 Baylor Medical Center McKinney		Х							
First reports 3 <sup>rd</sup> quarter 2012									
Mesquite									
315003 Dallas Regional Medical Center		x <sup>OC</sup>							
670001 Mesquite Rehab Hospital		X							
840000 Mesquite Specialty Hospital		X		·		·			
s is the special propriate		Δ							

	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
Mexia	With		Comment		Comment		Comment		Comment
505000 Parkview Regional Hospital		X							
Midland		~							
452000 Midland Memorial Hospital		X							
452002 Midland Memorial Hospital–West Campus	452000	л							
693000 HEALTHSOUTH Rehab Hospital	152000	Х							
Midland/Odessa		л							
789900 Select Specialty Hospital–Midland		х							
874500 BCA Permian Basin		Х							
924000 Allegiance Health Center Permian Basin		X							
Mineral Wells		Λ							
034000 Palo Pinto General Hospital		X							
Mission		л							
370000 Mission Regional Medical Center		v							
		X							
Missouri City									
609001 Memorial Hermann Sugar Land		X							
Monahans									
468000 Ward Memorial Hospital		*							
Morton									
159000 Cochran Memorial Hospital		*							
Mount Pleasant									
137000 Titus Regional Medical Center		*							
Mount Vernon									
282000 East Texas Medical Center-Mount Vernon		X							
Muenster									
365000 Muenster Memorial Hospital		*							
Muleshoe									
631000 Muleshoe Area Medical Center		*							
Nacogdoches									
392000 Nacogdoches Medical Center		Х							
478000 Nacogdoches Memorial Hospital		Х							
478001 Cecil R Bomar Rehab Center	478000								
Nassau Bay									
600001 CHRISTUS St John Hospital		Х							
Navasota									
728800 Grimes St Joseph Health Center		Х	Х						
Nederland									
127000 Mid-Jefferson Extended Care Hospital		Х							
New Braunfels									
124100 Warm Springs Specialty Hospital New		Х							
Braunfels									
786200 New Braunfels Regional Rehab Hospital		Х							
863300 CHRISTUS Santa Rosa Hospital New		Х							
Braunfels									
Nocona									
348000 Nocona General Hospital		*							
Odessa									
181000 Medical Center Hospital		Х							
425000 Odessa Regional Medical Center		Х							
791001 Regency Hospital–Odessa		Х							
938000 Basin Healthcare Center		Х							
Olney									
294000 Hamilton Hospital		*							

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	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
Orange	With		Comment		Comment		Comment		Comment
121000 Baptist Orange Hospital		X							
851400 Harbor Hospital–Southeast Texas		X							
Palacios		Λ							
574001 Palacios Community Medical Center		x <sup>lv</sup>							
Palestine		Λ							
629001 Palestine Regional Medical Center		х							
629002 Palestine Regional Medical Center Rehab &	629001	л							
Psych Campus	02/001								
Pampa									
832900 Pampa Regional Medical Center		x <sup>OC</sup>							
Paris		<u>A</u>							
095002 Paris Regional Medical Center South Campus		X							
095003 Paris Regional Medical Center North Campus	095002	л							
787500 Dubuis Hospital–Paris	075002	Х							
Pasadena									
349001 Bayshore Medical Center		x <sup>OC</sup>							
694100 Surgery Specialty Hospitals of America–		x <sup>OC</sup>							
Southeast Houston		л							
801000 Kindred Hospital Bay Area		х							
846100 St Lukes Patients Medical Center		X							
972700 Pristine Hospital of Pasadena		Λ							
First reports 4 <sup>th</sup> quarter 2012									
Pearsall									
441000 Frio Regional Hospital		*							
Pecos									
367000 Reeves County Hospital		*							
Perryton									
098000 Ochiltree General Hospital		*							
Pittsburg									
438000 East Texas Medical Center-Pittsburg		х							
Plainview									
146000 Covenant Hospital-Plainview		Х							
816001 Allegiance Behavioral Health Center-		х							
Plainview									
Plano									
143001 Childrens Medical Center Legacy		х							
214000 Medical Center-Plano		х	х						
664000 Texas Health Presbyterian Hospital-Plano		х	х						
670000 HEALTHSOUTH Plano Rehab Hospital		х	х						
720000 Texas Health Seay Behavioral Health Center		х	х						
789800 LifeCare Hospital–Plano		х	х						
805000 Plano Specialty Hospital		х							
814001 Baylor Regional Medical Center–Plano		Х	х						
815300 Texas Health Center–Diagnostics & Surgery		X	X						
Plano									
844000 Heart Hospital Baylor Plano		Х							
972910 Victory Medical Center Plano									
First reports 4 <sup>th</sup> quarter 2012									
Port Arthur									
299001 CHRISTUS Hospital–St Mary		x <sup>OC</sup>							
464002 Medical Center–Southeast Texas		Х		_					
708001 CHRISTUS Dubuis Hospital–Port Arthur		x <sup>lv</sup>							

	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
Port Lavaca	With	- 2	Comment	- 2	Comment	- 2	Comment		Comment
487000 Memorial Medical Center		*							
Quanah									
102000 Hardeman County Memorial Hospital		*							
Quitman									
411000 East Texas Medical Center–Quitman		x <sup>OC</sup>							
Rankin		Λ							
290000 Rankin County Hospital District		*							
Refugio									
368000 Refugio County Memorial Hospital District		*							
Richardson									
549000 Methodist Richardson Medical Center		v							
549001 Bush Renner		X ***							
861300 Reliant Rehab Hospital North Texas		х	X						
Richland Hills		л	Λ						
437000 North Hills Hospital		v	v						
Richmond		X	X						
230000 Oakbend Medical Center		v							
230000 Oakbend Medical Center		X							
		X							
Rio Grande City           393000 Starr County Memorial Hospital		v							
Rockdale		X							
369000 Little River Healthcare		v							
		X							
Rockwall									
859900 Texas Health Presbyterian Hospital–Rockwall		X	X						
Rotan		*							
355000 Fisher County Hospital District		-1-							
Round Rock									
608000 Round Rock Medical Center		Х							
852600 Scott & White Hospital Round Rock		Х							
861700 Seton Medical Center Williamson		Х	X						
866100 Reliant Rehab Hospital Central Texas		X	X						
Rowlett									
625000 Lake Pointe Medical Center		X							
Rusk									
000107 Rusk State Hospital		X	X						
San Angelo									
056000 San Angelo Community Medical Center		X							
168000 Shannon West Texas Memorial Hospital	1 60000	Х							
445000 Shannon Medical Center–St Johns Campus	168000	00							
747000 River Crest Hospital		x <sup>OC</sup>							
San Antonio		lv							
000108 Texas Center for Infectious Disease		x <sup>lv</sup>							
000110 San Antonio State Hospital		Х	Х						
081001 Mission Trail Baptist Hospital		X							
114001 Baptist Medical Center		x <sup>OC</sup>							
134001 Northeast Baptist Hospital		Х							
154000 Methodist Hospital		X							
154001 Methodist Specialty & Transplant Hospital		x <sup>OC</sup>							
154002 Northeast Methodist Hospital		Х							
154003 Methodist Texsan Hospital		Х							
158000 University Hospital		Х							
228001 Southwest General Hospital		Х							
283000 Metropolitan Methodist Hospital		Х							

	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
339000 CHRISTUS Santa Rosa Hospital	With	x <sup>OC</sup>	Comment		Comment		Comment		Comment
339001 CHRISTUS Santa Rosa Medical Center		X							
339002 CHRISTUS Santa Rosa Hospital–Westover		X							
Hills									
339003 CHRISTUS Santa Rose-Alamo Heights		x <sup>lv</sup>							
396001 Nix Specialty Health Center	396002	A							
396002 Nix Health Care System		х							
503001 St Lukes Baptist Hospital		x							
634000 Childrens Hospital of San Antonio		X							
636000 HEALTHSOUTH Rehab Institute–San Antonio		X							
645000 Kindred Hospital–San Antonio		X							
647000 Baptist Emergency Hospital		x <sup>lv</sup>							
677001 North Central Baptist Hospital		X							
681001 Methodist Ambulatory Surgery Hospital–		x							
Northwest									
702001 Acuity Hospital South Texas		x <sup>lv</sup>							
719300 Select Specialty Hospital–San Antonio		X							
723001 Laurel Ridge Treatment Center		X							
737000 Clarity Child Guidance Center		X							
786800 South Texas Spine & Surgical Hospital		X							
799200 Promise Hospital–San Antonio		x <sup>OC</sup>							
815000 LifeCare Hospital–San Antonio		X							
820600 Innova Hospital–San Antonio		x <sup>lv</sup>							
844600 Warm Springs Rehab Hospital–San Antonio		X							
844601 Warm Springs Rehab Hospital Thousand		x <sup>lv</sup>							
Oaks		л							
844602 Warm Springs Rehab Hospital Westover Hills									
First reports 3 <sup>rd</sup> quarter 2012									
852100 Foundation Bariatric Hospital–San Antonio		х							
874100 Methodist Stone Oak Hospital		х							
939000 GlobalRehab Hospital–San Antonio		х							
972960 Warm Springs Specialty Hospital San									
Antonio									
First reports 3 <sup>rd</sup> quarter 2012									
San Augustine									
072000 Memorial Medical Center-San Augustine		х							
San Marcos									
556000 Central Texas Medical Center		Х							
Seguin									
155000 Guadalupe Regional Medical Center		Х							
Seminole									
113000 Memorial Hospital		*							
Seymour									
546000 Seymour Hospital		*							
Shamrock									
571000 Shamrock General Hospital		*							
Shenandoah									
795000 Nexus Specialty Hospital Shenandoah Campus		Х							
873700 Reliant Rehab Hospital North Houston		Х	х						
Sherman									
100076 Heritage Park Surgical Hospital		Х							
297000 Texas Health Presbyterian Hospital – WNJ		Х							
297002 Texas Health Presbyterian Hospital – WNJ	297000								
Behavioral Health									
			-			-			

	Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
847002 Texoma Medical Center Behavioral Health	ŵith 847000	1012	Comment	2012	Comment	3Q12	Comment	4Q12	Comment
Center	847000								
957000 Carrus Rehab Hospital Smithville		X	X						
424500 Seton Smithville Regional Hospital		X							
Snyder		*							
439000 Cogdell Memorial Hospital		*							
Sonora		at IV							
147000 Lillian M Hudspeth Memorial Hospital		*x <sup>lv</sup>							
Southlake									
812800 Texas Health Harris Methodist Hospital		х	Х						
Southlake									
Spearman									
395000 Hansford County Hospital		*							
Spring									
945500 Victory Medical Center Houston		х							
Stafford									
874000 Atrium Medical Center		х							
Stamford									
043000 Stamford Memorial Hospital		*							
Stanton									
388000 Martin County Hospital District		*							
Stephenville									
256000 Texas Health Harris Methodist Hospital–		X	X						
Stephenville		л	л						
Sugar Land									
790500 Sugar Land Surgical Hospital		v							
792700 Kindred Hospital Sugar Land		X							
823000 Methodist Sugar Land Hospital		X X <sup>OC</sup>							
869700 St Lukes Sugar Land Hospital		x x <sup>lv</sup>	Х						
916000 Emerus Hospital									
969000 HEALTHSOUTH Sugar Land Rehab		Х							
Hospital									
972800 Sugar Land Surgical Hospital First reports 4 <sup>th</sup> quarter 2012									
Sulphur Springs									
280000 Hopkins County Memorial Hospital		*							
I I		-4-							
Sunnyvale		x <sup>OC</sup>							
919000 Texas Regional Medical Center Sunnyvale		X							
Sweeny									
178000 Sweeny Community Hospital		X							
Sweetwater		-1-							
471000 Rolling Plains Memorial Hospital		*							
Tahoka									
192000 Lynn County Hospital District		*							
Taylor									
044000 Scott & White Hospital Taylor		Х							
Temple									
537000 Scott & White Memorial Hospital		Х							
537001 Scott & White Santa Fe Center	537000								
537002 Scott & White Pavilion	537000								
537003 Scott & White Memorial Hospital–SNF		Х							
537005 Scott & White Memorial Hospital–Psych		Х							
537006 McLane Childrens Hospital Scott & White		Х							
	1		1		I		1	1	I

850300 Scott & White Continuing CarenoxCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommCommComm <thc< th=""><th></th><th>Reports</th><th>1Q12</th><th>With</th><th>2Q12</th><th>With</th><th>3Q12</th><th>With</th><th>4Q12</th><th>With</th></thc<>		Reports	1Q12	With	2Q12	With	3Q12	With	4Q12	With
Terrellxxx848600 Renaissance Hospital Terrell $x^{OC}$ $x^{OC}$ 7exarkana $x^{OC}$ $x^{OC}$ 848600 HEALTHSOUTH Rehab Hospital-Texarkana $x$ $x$ 847600 DEbutis Hospital-Rehab Hospital $x$ $x$ 788001 CHRISTUS St Michael Rehab Hospital $x$ $x$ 788001 CHRISTUS St Michael Rehab Hospital $x$ $x$ 847600 Debutis Hospital-Texarkana $x$ $x$ 847600 Debutis Hospital-Texarkana-Watley $x$ $x$ 793000 Maniland Medical Center $x^{OC}$ $x^{OC}$ 793000 St Lukes The Woodlands Hospital $x$ $x$ 793000 St Lukes The Woodlands Hospital $x$ $x$ 793000 St Lukes The Woodlands Hospital $x^{VC}$ $x$ 793000 St Lukes Lakeside Hospital $x^{VC}$ $x$ 793000 St Lukes Lakeside Hospital $x^{VC}$ $x$ 793000 St Lukes Lakeside Hospital $x$ $x$ 793000 Kindred Hospital $x^{VC}$ $x$ 79200 Kindred Hospital $x$ $x$ 79200 Kindred Hospital $x$ $x$ 79200 Kindred Hospital $x$ $x$ 79200 Chast Texas Medical Center Trinity $x$ $x$ 793000 Kaiter Heavier Hospital $x$ $x$ 793000 Kaiter Heavier Hospital $x$ $x$ 793000 Kaiter Heavier Hospital $x$ $x$ 79300 Kindred Hospital </td <td>850300 Scott &amp; White Continuing Care</td> <td>With</td> <td></td> <td>Comment</td> <td></td> <td>Comment</td> <td></td> <td>Comment</td> <td></td> <td>Comment</td>	850300 Scott & White Continuing Care	With		Comment		Comment		Comment		Comment
000111 Terrell State Hospitalxxx848600 Renaissance Hospital Terrell $x^{0^{C}}$ 144000 Wadley Regional Medical Center $x^{0^{C}}$ 64000 HEALTHSOUTH Rehab Hospital-Texarkanax713001 CHRISTUS St Michael Rehab Hospitalxx82000 Dubuis Hospital-Texarkanax822000 Dubuis Hospital-Texarkanax827000 Dubuis Hospital-Texarkanax827000 Dubuis Hospital-Texarkanax827000 Mainland Medical Center $x^{0^{C}}$ 793100 St Lukes The Woodlands Hospitalx793100 St Lukes The Woodlands Hospitalx792601 Nexus Specialty Hospitalx792601 St Lakes Lakeside Center Trinityx792601 St Lakes Medical Center Trinityx792600 Sasher Memorial Hospitalx792600 Sasher Memorial Hospitalx792600 Sasher Memorial Hospitalx792600 Citar Exas Medical Center Tophy Clubx792600 Sasher Memorial Hospitalx <t< td=""><td></td><td></td><td>Α</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>			Α							
848600 Renaissance Hospital Terrell       x <sup>0C</sup> Image: Constraint of the second			v	v						
Texarkanaxx144000 Wadley Regional Medical Center $x^{OC}$ x144000 Wadley Regional Medical Center $x^{OC}$ x713001 CHRISTUS St Michael Rehab Hospitalxx822000 Dubuis Hospital-Texarkanaxx822000 Dubuis Hospital-Texarkanaxx822000 Dubuis Hospital-Texarkanaxx847600 Dubuis Hospital-Texarkanaxx847600 Dubuis Hospital-Texarkanaxx847600 Dubuis Hospital-Texarkanaxx793000 Mainland Medical Center $x^{OC}$ x795001 Nexus Specialty Hospitalxx795001 Nexus Specialty Hospitalxx795001 Nexus Specialty Hospitalxx792000 St Lakes Lakeside Hospitalxx792000 St Lakes Lakeside Hospitalxx792000 Nexus Specialty Hospitalxx792000 Nexus Specialty Hospitalxx792000 Kindred Hospital Tomballxx792000 Kast Texas Medical Center Trinityxx70000 East Texas Medical Center Trophy Clubxx70200 Isard Texas Medical Center Trophy Clubxx702000 East Texas Medical Center Rehavioral Health410000702000 Trinity Mother Frances Rhospitalxx70200 Texas Spital Center Rehavioral Health41000070200 Texas Spital Center Rehab Hospitalx70200 Texas Spital Center Rehab Hospitalx70200 Texas Spital Center Rehab Hospitalx70200 T				Λ						
144000 Wadley Regional Medical Centerxxx684000 HEALTHSOUTH Rehab Hospitalxxx73001 CHRISTUS St Michael Heaht Hospitalxxx788001 CHRISTUS St Michael Heaht Hospitalxxx847600 Dubuis Hospital-Texarkanaxxx847600 Dubuis Hospital-Texarkana-Wadleyxxx793000 Mainland Medical Center $x^{0^{C}}$ xx793000 Mainland Medical Center $x^{0^{C}}$ xx793000 St.Lukes The Woodlands Hospitalxxx793010 St.Lukes The Woodlands Hospitalxxx793000 Kaise Alaxies de Hospitalxxx79501 Nexus Specially Hospitalxxx79501 Nexus Specially Memorial Hospitalxxx792601 Kindred Hospital Tomballxxx792601 Kindred Hospital Tomballxxx792601 Kindred Hospital Tomballxxx792601 Kindred Hospital Center $x^{0^{C}}$ xx792601 Kindred Hospital Center Trophy Clubxxx792601 Sinder Center Trophy Clubxxx793000 Sisher Memorial Hospital*xx792700 Clast Texas Medical Center Trophy Clubxxx79300 Sisher Memorial Hospitalxxx79400 Sisher Memorial Hospitalxxx79400 Sisher Memorial Hospitalxxx79400 Conter Frances Roho	1		л							
684000 HEALTHSOUTH Rehab Hospital     x     x     x       713001 CHRISTUS St Michael Rehab Hospital     x     x     x       822000 Dubuis Hospital-Texarkana     x     x     x       827600 Dubuis Hospital-Texarkana     x     x     x       827000 Dubuis Hospital-Texarkana     x     x     x       827000 Dubuis Hospital-Texarkana     x     x     x       793000 Mainland Medical Center     x     x     x       793000 St Lukes The Woodlands Hospital     x     x     x       793000 St Lukes The Woodlands Hospital     x     x     x       793000 St Lukes Che Woodlands Hospital     x     x     x       793000 St Lukes Che Woodlands Hospital     x     x     x       793000 St Lukes Che Woodlands Hospital     x     x     x       792001 Nexues Specialty Hospital     x     x     x       792001 Nexues Specialty Hospital     x     x     x       792001 Nexues Texas Medical Center     x <sup>DC</sup> x     x       792001 Kindred Hospital     x     x     x     x       792001 Kindred Hospital     x     x     x     x       792001 Kindred Hospital     x     x     x     x       707000 East Texas Medical Center Trinity     x <td></td> <td></td> <td>OC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			OC							
713001 CHRISTUS St Michael Health System       x       x       x         788001 CHRISTUS St Michael Health System       x       x       x         82000 Dubuis Hospital-Texarkana       x       x       x         847600 Dubuis Hospital-Texarkana-Wadley       x       x       x         793000 Mainland Medical Center       x <sup>0C</sup> x       x         793000 Mainland Medical Center       x <sup>0C</sup> x       x         795001 Nexus Specially Hospital       x       x       x         795001 Nexus Specially Hospital       x <sup>VV</sup> x       x         795001 Nexus Specially Hospital       x       x       x         706000 Tomball Regional Medical Center       x <sup>OC</sup> x       x         7072601 Kindred Hospital Tomball       x       x       x         7073000 Suisher Memorial Hospital       x       x       x         707400 Tomball Regional Medical Center Trinity       x       x       x         707000 Suisher Memorial Hospital       *       x       x         707000 Suisher Memorial Hospital       *       x       x         707000 Suisher Memorial Hospital       *       x       x         707000 Suisher Memorial Hospital       x       x										
788001 CHRISTUS St Michael Health System     x     x     x       822000 Dubuis Hospital-Texarkana-Wadley     x     x       847600 Dubuis Hospital-Texarkana-Wadley     x     x       Texas City     x     x       93000 Mainland Medical Center     x     x       The Woodlands     x     x       615000 Memorial Herman The Woodlands Hospital     x     x       793000 St Lukes The Woodlands Hospital     x     x       793000 Thockmes Specially Hospital     x     x       Throckmorton     x     x       792000 Trockmorton County Memorial Hospital     *     x       792601 Kindred Hospital Center     x <sup>0C</sup> 792601 Kindred Hospital Center     x <sup>0C</sup> 792601 Kindred Hospital Tomball     x       792601 Kindred Hospital Center Trinity     x       792600 East Texas Medical Center Trinity     x       7927000 Saylor Medical Center Trophy Club     x       70300 Sylor Medical Center Trophy Club     x       711a     -       723000 Swisher Memorial Hospital     *       792000 Dast Texas Medical Center Specialty Hospital     x       71260 Cast Texas Medical Center Specialty Hospital     x       713000 Swisher Memorial Hospital     x       792000 Dast Texas Medical Center Specialty Hospital     x <td></td>										
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847600 Dubuis Hospital-Texarkana-WadleyxxxTexas Cityxxx793000 Mainland Medical Centerx 0x1xxThe Woodlands Hospitalxxx615000 Memorial Hermann The Woodlands Hospitalxxx793100 St Lukes The Woodlands Hospitalxxx293000 Nexus Specialty Hospitalx xxx795001 Nexus Specialty HospitalxxxThrockmortonxxx1700ballxxx792001 Tixcken Stateside Hospitalxxx792001 Kindred Hospital Tomballxxx792001 Kindred Hospital Tomballxxx792001 Kindred Hospital Tomballxxx792000 East Texas Medical Center Trophy Clubxxx70400 East Texas Medical Center Trophy Clubxxx70400 Swisher Memorial Hospital*xx70400 East Texas Medical Center Trophy Clubxxx70400 East Texas Medical Center Tophy Clubxxx70400 East Texas Medical Center Behavioral Health410000xx707000 East Texas Medical Center Behavioral Healthxxx410000 Centerxxxx77000 East Texas Medical Center Specialty Hospitalxxx77000 East Texas Medical Center Rehab Hospitalxxx77000 Cast Texas Medical Center Rehab Hospital <t< td=""><td></td><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>				X						
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The Woodlands       Image: Second Secon			00							
615000 Memorial Hermann The Woodlands Hospital       x       x       x       x         793100 St Lukes The Woodlands Hospital       x       x       x       x         923000 St Lukes Specialty Hospital       x       x       x       x         923000 St Lukes Lakeside Hospital       x       x       x       x         923000 St Lukes Lakeside Hospital       x       x       x       x         923000 Tomball Regional Medical Center       x <sup>0C</sup> x       x       x         076000 Tomball Regional Medical Center       x <sup>0C</sup> x       x       x         927601 Kindred Hospital Tomball       x       x       x       x       x         797601 Cabu       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x <t< td=""><td></td><td></td><td>xoc</td><td></td><td></td><td></td><td></td><td></td><td></td><td> </td></t<>			xoc							
793100 St Lukes The Woodlands Hospital       x       x       x         795001 Nexus Specialty Hospital       x <sup>1v</sup> 795000 Netukes Lakeside Hospital       x       x           705000 Throckmorton       x       x            70mball       *       *             707600 Tomball Regional Medical Center       x <sup>0C</sup>										
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	Reports With	1Q12	With Comment	2Q12	With Comment	3Q12	With Comment	4Q12	With Comment
Waco	with		Comment		Comment		Comment		Comment
000117 Waco Center for Youth		x <sup>lv</sup>	x						
040000 Providence Health Center		x <sup>OC</sup>							
506000 Hillcrest Baptist Medical Center		Х							
506001 Hillcrest Baptist Medical Center	506000								
736000 DePaul Center		x <sup>OC</sup>							
Waxahachie									
285000 Baylor Medical Center–Waxahachie		х	х						
Weatherford									
844800 Weatherford Regional Medical Center		х							
Webster									
212000 Clear Lake Regional Medical Center		х							
680000 Kindred Rehab Hospital Clear Lake		х							
698004 Cornerstone Hospital Houston–Clear Lake		х							
720402 Kindred Hospital Clear Lake		Х							
822001 Houston Physicians Hospital		Х							-
Weimar									
005000 Colorado–Fayette Medical Center		*							
Wellington									
195000 Collingsworth General Hospital		X							
Weslaco		•							
480000 Knapp Medical Center									
		X							-
808500 Weslaco Rehab Hospital		X							
Wharton									
833000 Gulf Coast Medical Center		X							
Wheeler		*							
116000 Parkview Hospital		*							
Whitney		00							
161000 Lake Whitney Medical Center		x <sup>OC</sup>							
Wichita Falls									
000114 North Texas State Hospital		X	X						
417000 United Regional Health Care System		X							
681400 Kell West Regional Hospital		Х							
685000 HEALTHSOUTH Rehab Hospital–Wichita		Х							
Falls									
709001 Red River Hospital		Х	Х						
820002 Texas Specialty Hospital–Wichita Falls		Х							
Winnie									
781400 Winnie Community Hospital		*							
Winnsboro									
446001 Mother Frances Hospital Winnsboro		x <sup>N</sup>							
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569000 Tyler County Hospital		*							
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	Reports With	1Q12	With Comment	2Q12	With Comment	3Q12	With Comment	4Q12	With Comment
Total exempt hospitals		87							
Total exempt hospitals voluntarily reporting		3							
Total hospitals not in compliance. No data submitted		1							
Total hospitals with discharges reported by another hospital		30							
Total reporting		568							

Note: Hospitals that report discharge data with another hospital are so indicated in the 'Reports With' column.

- C Closed, no data submitted.
- $C^{N}$  Closed, data not certified.
- <sup>NC</sup> Certification comments not submitted to DSHS.
- OC Not in compliance for this quarter. No data submitted.
- x Hospital submitted and certified data, submitted comments.  $x^{lv}$  Hospital with fewer than fifty discharges in the quarter. The hospital IDs for these hospitals have been changed to '999999' in the Public Use Data File, but their comments are listed under their actual THCIC ID. Other changes to the patient records for these hospitals are indicated in the 'Data Dictionary'.
- x<sup>N</sup> Hospital elected not to certify data.
- $x^{OC}$  Hospital did not certify data. Not in compliance for this quarter.
  - Exempt hospital. Includes 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). Also includes hospitals that do not seek insurance payment or government reimbursement (Section 108.009).
- \*\*\* No discharges for this quarter.