



**DATA DICTIONARY
FOR
TEXAS HOSPITAL INPATIENT DISCHARGE
RESEARCH DATA FILE, 1999-2003**

Number: 1
Field: RECORD_ID
Name: **Record ID**
Description: Encounter Identification Number. Unique number assigned to identify the Encounter.
Data Source: Assigned
Length: 12
Type: Alphanumeric

Number: 2
Field: PAT_UNIQUE_INDEX
Name: **Patient Unique Identifier**
Description: Unique identifier assigned to the patient by THCIC.
Data Source: Assigned
Length: 10
Type: Alphanumeric

Number: 3
Field: THCIC_ID
Name: **Provider ID**
Description: Unique identifier assigned to the provider by THCIC.
Data Source: Assigned by THCIC
Length: 6
Type: Alphanumeric

Number: 4
Field: FAC_TEACHING_IND
Name: **Teaching Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division.
Data Source: TDH
Length: 1
Type: Alphanumeric
Coding Scheme: A Member, Council of Teaching Hospitals
Y Teaching facility

Number: 5
Field: FAC_ACUTE_CARE_IND
Name: **Acute Care Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division.
Data Source: TDH
Length: 1
Type: Alphanumeric

Number: 6
Field: FAC_PSYCH_IND
Name: **Psychiatric Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division.
Data Source: TDH
Length: 1

Type: Alphanumeric

Number: 7
Field: FAC_REHAB_IND
Name: **Rehabilitation Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division.
Data Source: TDH
Length: 1
Type: Alphanumeric

Number: 8
Field: FAC_SNF_IND
Name: **Skilled Nursing Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division.
Data Source: TDH
Length: 1
Type: Alphanumeric

Number: 9
Field: FAC_PEDS_IND
Name: **Pediatric Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division.
Data Source: TDH
Length: 1
Type: Alphanumeric
Coding Scheme: C Member, Council of Teaching Hospitals
 Y Teaching facility

Number: 10
Field: FAC_OTHER_LTC_IND
Name: **Other Long Term Care Facility Indicator**
Description: Hospital facility type indicator provided by TDH Facility Licensing Division.
Data Source: TDH
Length: 1
Type: Alphanumeric

Number: 11
Field: SPEC_UNIT
Name: **Specialty Unit Indicator**
Description: Hospital specialty unit(s) used by patient. Assignment based on Bill Type or Revenue Code. In order by number of days in the unit.
Data Source: Assigned by THCIC
Length: 5
Type: Alphanumeric
Coding Scheme: C Coronary Care Unit
 D Detoxification Unit
 I Intensive Care Unit
 H Hospice Unit
 N Nursery
 B Obstetric Unit
 O Oncology Unit
 P Pediatric Unit
 Y Psychiatric Unit
 R Rehabilitation Unit
 U Sub-acute Care Unit
 S Skilled Nursing Unit
 Blank Acute Care

Number: 12
Field: ENCOUNTER_INDICATOR
Name: **Encounter Indicator**
Description: Indicates the number of claims included in the encounter
Data Source: Calculated
Length: 2
Type: Alphanumeric

Number: 13
Field: EIN
Name: **Hospital EIN**
Description: Number assigned to the provider by the federal government for tax reporting purposes. Also known as a tax identification number or employer identification number. Entered as NN-NNNNNNN.
Data Source: UB-92
Length: 10
Type: Numeric

Number: 14
Field: PROVIDER_NAME
Name: **Hospital Name**
Description: Hospital name provided by the hospital.
Data Source: UB-92
Length: 50
Type: Alphanumeric

Number: 15
Field: PROVIDER_ADDR
Name: **Hospital Address**
Description: Street or mailing address of hospital
Data Source: UB-92
Length: 25
Type: Alphanumeric

Number: 16
Field: PROVIDER_CITY
Name: **Hospital City**
Description: City in which hospital is located
Data Source: UB-92
Length: 14
Type: Alphanumeric

Number: 17
Field: PROVIDER_STATE
Name: **Hospital State**
Description: State in which hospital is located
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 18
Field: PROVIDER_ZIP
Name: **Hospital ZIP**
Description: ZIP code for hospital
Data Source: UB-92
Length: 9

Type: Alphanumeric

Number: 19
Field: SEX_CODE
Name: **Patient Gender**
Description: Gender of the patient as recorded at date of admission or start of care.
Data Source: UB-92
Length: 1
Type: Alphanumeric
Coding Scheme: M Male
F Female
U Unknown
* Invalid

Number: 20
Field: BIRTH_DATE
Name: **Patient Birth Date**
Description: Patient's date of birth. Entered as YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 21
Field: MARITAL_STATUS
Name: **Marital Status**
Description: Marital status of patient at date of admission or start of care
Length: 1
Type: Alphanumeric
Coding Scheme: S Single
M Married
X Separated
D Divorced
W Widowed

Number: 22
Field: TYPE_OF_ADMISSION
Name: **Type of Admission**
Description: Code indicating the type of admission
Data Source: UB-92
Length: 1
Type: Alphanumeric
Coding Scheme: 1 Emergency
2 Urgent
3 Elective
4 Newborn
9 Information not available
* Invalid

Number: 23
Field: SOURCE_OF_ADMISSION
Name: **Source of Admission**
Description: Code indicating source of the admission
Data Source: UB-92
Length: 1
Type: Alphanumeric
Coding Scheme: 1 Physician referral

- 2 Clinic referral
- 3 HMO referral
- 4 Transfer from a hospital
- 5 Transfer from a skilled nursing facility
- 6 Transfer from another health care facility
- 7 Emergency Room
- 8 Court/Law Enforcement
- 9 Information not available
- 0 Transfer from psychiatric, substance abuse, rehab hospital
- A Transfer from a critical access hospital
- * Invalid

Code Structure for Newborn (newborns are identified in Field 22, Type of Admission):

- 1 Normal delivery
- 2 Premature delivery
- 3 Sick baby
- 4 Extramural birth
- 9 Information not available
- * Invalid

Number: 24 Available beginning 2004
Field: PAT_ADDR_CENSUS_BLOCK_GROUP
Name: **Patient Address Census Block Group**
Description: Census block group of patient street address
Data Source: Calculated
Length: 14
Type: Alphanumeric

Number: 25 Available beginning 2004
Field: PAT_ADDR_CENSUS_BLOCK
Name: **Patient Address Census Block**
Description: Census block of patient street address.
Data Source: Calculated
Length: 5
Type: Alphanumeric

Number: 26
Field: PAT_CITY
Name: **Patient Address, City**
Description: City of the patient's mailing address.
Data Source: UB-92
Length: 15
Type: Alphanumeric

Number: 27
Field: PAT_STATE
Name: **Patient Address, State**
Description: State of the patient's mailing address. Standard 2-character Postal Service abbreviation.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 28
Field: PAT_ZIP
Name: **Patient ZIP code**
Description: Patient's five-digit ZIP code.
Data Source: UB-92

Length: 5
Type: Alphanumeric

Number: 29
Field: PAT_COUNTY
Name: Patient County
Description: FIPS code of patient's county. Assigned; based on patient ZIP code
Data Source: UB-92
Length: 3
Type: Alphanumeric

FIPS code of patient's county.

1	Anderson	129	Donley	257	Kaufman	385	Real
3	Andrews	131	Duval	259	Kendall	387	Red River
5	Angelina	133	Eastland	261	Kenedy	389	Reeves
7	Aransas	135	Ector	263	Kent	391	Refugio
9	Archer	137	Edwards	265	Kerr	393	Roberts
11	Armstrong	139	Ellis	267	Kimble	395	Robertson
13	Atascosa	141	El Paso	269	King	397	Rockwall
15	Austin	143	Erath	271	Kinney	399	Runnels
17	Bailey	145	Falls	273	Kleberg	401	Rusk
19	Bandera	147	Fannin	275	Knox	403	Sabine
21	Bastrop	149	Fayette	283	La Salle	405	San Augustine
23	Baylor	151	Fisher	277	Lamar	407	San Jacinto
25	Bee	153	Floyd	279	Lamb	409	San Patricio
27	Bell	155	Foard	281	Lampasas	411	San Saba
29	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
31	Blanco	159	Franklin	287	Lee	415	Scurry
33	Borden	161	Freestone	289	Leon	417	Shackelford
35	Bosque	163	Frio	291	Liberty	419	Shelby
37	Bowie	165	Gaines	293	Limestone	421	Sherman
39	Brazoria	167	Galveston	295	Lipscomb	423	Smith
41	Brazos	169	Garza	297	Live Oak	425	Somervell
43	Brewster	171	Gillespie	299	Llano	427	Starr
45	Briscoe	173	Glasscock	301	Loving	429	Stephens
47	Brooks	175	Goliad	303	Lubbock	431	Sterling
49	Brown	177	Gonzales	305	Lynn	433	Stonewall
51	Burleson	179	Gray	307	McCulloch	435	Sutton
53	Burnet	181	Grayson	309	McLennan	437	Swisher
55	Caldwell	183	Gregg	311	McMullen	439	Tarrant
57	Calhoun	185	Grimes	313	Madison	441	Taylor
59	Callahan	187	Guadalupe	315	Marion	443	Terrell
61	Cameron	189	Hale	317	Martin	445	Terry
63	Camp	191	Hall	319	Mason	447	Throckmorton
65	Carson	193	Hamilton	321	Matagorda	449	Titus
67	Cass	195	Hansford	323	Maverick	451	Tom Green
69	Castro	197	Hardeman	325	Medina	453	Travis
71	Chambers	199	Hardin	327	Menard	455	Trinity
73	Cherokee	201	Harris	329	Midland	457	Tyler
75	Childress	203	Harrison	331	Milam	459	Upshur
77	Clay	205	Hartley	333	Mills	461	Upton
79	Cochran	207	Haskell	335	Mitchell	463	Uvalde

81	Coke	209	Hays	337	Montague	465	Val Verde
83	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
85	Collin	213	Henderson	341	Moore	469	Victoria
87	Collingsworth	215	Hidalgo	343	Morris	471	Walker
89	Colorado	217	Hill	345	Motley	473	Waller
91	Comal	219	Hockley	347	Nacogdoches	475	Ward
93	Comanche	221	Hood	349	Navarro	477	Washington
95	Concho	223	Hopkins	351	Newton	479	Webb
97	Cooke	225	Houston	353	Nolan	481	Wharton
99	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan	*	Invalid

Number: 30
Field: ADMIT_START_OF_CARE
Name: Admission/Start of Care Date
Description: Date patient was admitted to the provider for inpatient care or other start of care. Entered as YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 31
Field: ADMIT_WEEKDAY
Name: Admission Day of Week
Description: Code indicating day of week patient is admitted
Data Source: Calculated
Length: 1
Type: Alphanumeric
Coding Scheme: 1 Sunday
2 Monday
3 Tuesday
4 Wednesday
5 Thursday
6 Friday
7 Saturday
* Invalid

Number: 32
Field: ADMIT_HOUR
Name: Admission Hour

Description: Hour during which the patient was admitted for inpatient care
Data Source: UB-92
Length: 2
Type: Alphanumeric
Coding Scheme: 00 12 midnight-12:59
 01 1:00-1:59
 02 2:00-2:59
 03 3:00-3:59
 04 4:00-4:59
 05 5:00-5:59
 06 6:00-6:59
 07 7:00-7:59
 08 8:00-8:59
 09 9:00-9:59
 10 10:00-10:59
 11 11:00-11:59
 12 12 noon-12:59
 13 1:00-1:59
 14 2:00-2:59
 15 3:00-3:59
 16 4:00-4:59
 17 5:00-5:59
 18 6:00-6:59
 19 7:00-7:59
 20 8:00-8:59
 21 9:00-9:59
 22 10:00-10:59
 23 11:00-11:59
 99 Hour unknown

Number: 33
Field: STMT_PERIOD_FROM
Name: **Statement Covers Period From**
Description: Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 34
Field: STMT_PERIOD_THRU
Name: **Statement Covers Period Through**
Description: Ending service date of the period reflected on the statement. Entered as YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 35
Field: LENGTH_OF_STAY
Name: **Length of stay in days**
Description: Length of stay *equals* Statement covers period through date *minus* Admission/start of care date. The minimum length of stay is 1 day. The maximum is 999 days. If length of stay is greater than 999 days, it is given as 999 days.
Data Source: Calculated
Length: 3
Type: Numeric

Number: 36
Field: PAT_AGE_YEARS
Name: **Age of patient in years on date of discharge**
Description: Age of patient in years *equals* ((Discharge date *minus* Birth date) *divided by* 365.2422 days)
Data Source: Calculated
Length: 3
Type: Numeric

Number: 37
Field: PAT_AGE_DAYS
Name: **Age of patient in days on date of discharge**
Description: Age of patient in days *equals* Discharge date *minus* Birth date
Data Source: Calculated
Length: 5
Type: Numeric

Number: 38
Field: PAT_STATUS
Name: **Patient Status**
Description: Code indicating patient status as of the ending date of service for the period of care reported
Data Source: UB-92
Length: 2
Type: Alphanumeric
Coding Scheme: 01 Discharged to home or self-care (routine discharge)
02 Discharged to other short term general hospital
03 Discharged to skilled nursing facility
04 Discharged to intermediate care facility
05 Discharged to other inpatient care facility
06 Discharged to care of home health service
07 Left against medical advice
08 Discharged to care of Home IV provider
09 Admitted as inpatient to this hospital
20 Expired
30 Still patient
40 Expired at home
41 Expired in a medical facility
42 Expired, place unknown
50 Discharged to hospice–home
51 Discharged to hospice–medical facility
61 Discharged/transferred within this institution to Medicare-approved swing bed
71 Discharged/transferred to other outpatient service
72 Discharged/transferred to institution outpatient
* Invalid

Number: 39
Field: DISCHARGE_HOUR
Name: **Discharge Hour**
Description: Hour during which the patient was discharged
Data Source: UB-92
Length: 2
Type: Alphanumeric
Coding Scheme: 00 12 midnight-12:59
01 1:00-1:59

02 2:00-2:59
 03 3:00-3:59
 04 4:00-4:59
 05 5:00-5:59
 06 6:00-6:59
 07 7:00-7:59
 08 8:00-8:59
 09 9:00-9:59
 10 10:00-10:59
 11 11:00-11:59
 12 12 noon-12:59
 13 13:00-13:59
 14 14:00-14:59
 15 15:00-15:59
 16 16:00-16:59
 17 17:00-17:59
 18 18:00-18:59
 19 19:00-19:59
 20 8:00-8:59
 21 9:00-9:59
 22 10:00-10:59
 23 11:00-11:59
 99 Hour unknown

Number: 40
Field: RACE
Name: **Patient Race**
Description: Code indicating the patient's race.
Data Source: Additional reporting requirement
Length: 1
Type: Alphanumeric
Coding Scheme: 1 American Indian/Eskimo/Aleut
 2 Asian or Pacific Islander
 3 Black
 4 White
 5 Other
 * Invalid

Number: 41
Field: ETHNICITY
Name: **Patient Ethnicity**
Description: Code indicating the Hispanic origin of the patient.
Data Source: Additional reporting requirement
Length: 1
Type: Alphanumeric
Coding Scheme: 1 Hispanic Origin
 2 Not of Hispanic Origin
 * Invalid

Number: 42
Field: PAYMENT_SOURCE_1
Name: **Non-Standard Source of Primary Payment**
Description: Code indicating non-standard source of the primary payment, coding scheme T-Z. Number 43 indicates standard source, coding scheme A-I, of the primary payment. Two additional fields, Number 55, standard source of payment, coding scheme A-I, and

Number 54, non-standard source of payment, coding scheme T-Z, capture sources of the secondary payment.

Data Source: Additional reporting requirement
Length: 1
Type: Alphanumeric
Coding Scheme: T State or local government programs
U Commercial PPO
V Medicare Managed Care
X Medicaid Managed Care
Y Commercial HMO
Z Charity Care
* Invalid

Number: 43
Field: SOURCE_PAYMENT_CODE_1
Name: **Standard Source of Primary Payment**
Description: Code indicating standard source of the primary payment, coding scheme A-I. Number 42 indicates non-standard source, coding scheme T-Z, of the primary payment. Two additional fields, Number 55, standard source of payment, coding scheme A-I, and Number 54, non-standard source of payment, coding scheme T-Z, capture sources of the secondary payment.

Data Source: UB-92
Length: 1
Type: Alphanumeric
Coding Scheme: A Self-Pay
B Worker's Compensation
C Medicare
D Medicaid
E Other federal program, including VA
F Commercial
G Blue Cross
H CHAMPUS
I Other
* Invalid

Number: 44
Field: PAYOR_ID_1
Name: **Primary Payer Identification (NAIC number)**
Description: Number identifying the primary payer organization from which the provider expects some payment for the bill.

Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 45
Field: INS_COMPANY_NAME_1
Name: **Primary Insurance Company Name**
Description: Name of the group or plan through which health insurance coverage is provided to the insured.

Data Source: UB-92
Length: 23
Type: Alphanumeric

Number: 46
Field: PAYOR_CODE_1
Name: **Primary Payer Code**

Description:
Data Source: UB-92
Length: 1
Type: Alphanumeric
Coding Scheme: Z Medicare

Number: 47
Field: PRIMARY_PAYER_1
Name: **Primary payer**
Description: Payer identification indicator
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 48
Field: INS_GRP_NUM_1
Name: **Primary Insurance Group Number**
Description: Identification number, control number, or code that is assigned by the insurance company or claims administrator to identify the group under which the individual is covered.
Data Source: UB-92
Length: 17
Type: Alphanumeric

Number: 49
Field: EMPLOYMENT_STATUS_CODE_1
Name: **Primary Insurance Group Number**
Description: Employment status of the primary insured individual
Data Source: UB-92
Length: 1
Type: Numeric
Coding Scheme: 1 Employed Full Time
2 Employed Part Time
3 Not Employed
4 Self-employed
5 Retired
6 On Active Military Duty
7-8 Reserved
9 Unknown

Number: 50
Field: COVERED_DAYS_1
Name: **Covered Days 1**
Description: Number of inpatient days covered by the primary payer, as qualified by the payer organization.
Data Source: UB-92
Length: 3
Type: Numeric

Number: 51
Field: NON_COVERED_DAYS_1
Name: **Non-Covered Days 1**
Description: Days of care not covered by the primary payer.
Data Source: UB-92
Length: 4
Type: Numeric

Number: 52
Field: CO_INSURANCE_DAYS_1
Name: **Co-Insurance Days 1**
Description: Inpatient Medicare days occurring after the 60th day and before the 91st day in a single spell of illness.
Data Source: UB-92
Length: 3
Type: Numeric

Number: 53
Field: LIFETIME_RESERVE_DAYS_1
Name: **Lifetime Reserve Days 1**
Description: Days remaining of a Medicare beneficiary's lifetime reserve of 60 additional days of inpatient hospital services after using 90 days of inpatient hospital services during a spell of illness.
Data Source: UB-92
Length: 3
Type: Numeric

Number: 54
Field: PAYMENT_SOURCE_2
Name: **Source of Secondary Payment, Code 1 (Non-Standard)**
Description: Code indicating non-standard source of a secondary payment, coding scheme T-Z. Number 55 captures standard source, coding scheme A-I, of a secondary payment. Two additional fields, Number 43, standard source of payment, coding scheme A-I, and Number 42, non-standard source of payment, coding scheme T-Z, capture sources of the primary payment.
Data Source: UB-92
Length: 1
Type: Alphanumeric
Coding Scheme: T State or local government program
U Commercial PPO
V Medicare Managed Care
X Medicaid Managed Care
Y Commercial HMO
Z Charity Care

Number: 55
Field: SOURCE_PAYMENT_CODE_2
Name: **Source of Secondary Payment, Code 2 (Standard)**
Description: Code indicating standard source of a secondary payment, coding scheme A-I. Number 54 captures non-standard source, coding scheme T-Z, of a secondary payment. Two additional fields, Number 43, standard source of payment, coding scheme A-I, and Number 42, non-standard source of payment, coding scheme T-Z, capture sources of the primary payment.
Data Source: UB-92
Length: 1
Type: Alphanumeric
Coding Scheme: A Self-pay
B Worker's Compensation
C Medicare
D Medicaid
E Other federal program, including VA
F Commercial
G Blue Cross
H CHAMPUS

I Other

Number: 56
Field: PAYOR_ID_2
Name: **Secondary Payer Identification (NAIC number)**
Description: Number identifying secondary payer organization from which the provider expects some payment for the bill.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 57
Field: INS_COMPANY_NAME_2
Name: **Insurance Company Name (Secondary/2)**
Description: Name of the group or plan through which health insurance coverage is provided to the insured.
Data Source: UB-92
Length: 23
Type: Alphanumeric

Number: 58
Field: PAYOR_CODE_2
Name: **Payer Code (Secondary/2)**
Description:
Data Source: UB-92
Length: 1
Type: Alphanumeric

Number: 59
Field: PRIMARY_PAYER_2
Name: **Primary Payer 2**
Description: Identification indicator of secondary payer
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 60
Field: INS_GRP_NUM_2
Name: **Insurance Group Number (Secondary/2)**
Description: Identification number, control number, or code that is assigned by the insurance company or claims administrator to identify the group under which the individual is covered.
Data Source: UB-92
Length: 17
Type: Alphanumeric

Number: 61
Field: EMPLOYMENT_STATUS_CODE_2
Name: **Employment Status Code 2**
Description: Employment status of the primary insured individual. See Field Number 29 for coding.
Data Source: UB-92
Length: 1
Type: Numeric

Number: 62
Field: COVERED_DAYS_2
Name: **Covered Days 2**

Description: Number of inpatient days covered by the secondary payer, as qualified by the payer organization.
Data Source: UB-92
Length: 3
Type: Numeric

Number: 63
Field: NON_COVERED_DAYS_2
Name: **Non-Covered Days 2**
Description: Days of care not covered by the secondary payer.
Data Source: UB-92
Length: 4
Type: Numeric

Number: 64
Field: CO_INSURANCE_DAYS_2
Name: **Co-Insurance Days 2**
Description: Inpatient Medicare days occurring after the 60th day and before the 91st day in a single spell of illness.
Data Source: UB-92
Length: 3
Type: Numeric

Number: 65
Field: LIFETIME_RESERVE_DAYS_2
Name: **Lifetime Reserve Days 2**
Description: Days remaining of a Medicare beneficiary's lifetime reserve of 60 additional days of inpatient hospital services after using 90 days of inpatient hospital services during a spell of illness.
Data Source: UB-92
Length: 3
Type: Numeric

Number: 66
Field: AUTH_TYPE_1
Name: **Auth Type 1**
Description: Authorization type required when Revenue Code 624 is billed in Record 60 or 61.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 67
Field: AUTH_REVENUE_1
Name: **Auth Revenue 1**
Description: Authorization revenue code required when Revenue Code 624 is billed in Record 60 or 61.
Data Source: UB-92
Length: 4
Type: Numeric

Number: 68
Field: AUTH_HCPCS_1
Name: **Auth HCPCS 1**
Description: Authorization HCPCS procedure code
Data Source: UB-92
Length: 5

Type:	Alphanumeric

Number:	69
Field:	AUTH_TYPE_2
Name:	Auth Type 2
Description:	Authorization type required when Revenue Code 624 is billed in Record 60 or 61.
Data Source:	UB-92
Length:	2
Type:	Alphanumeric

Number:	70
Field:	AUTH_REVENUE_2
Name:	Auth Revenue 2
Description:	Authorization revenue code required when Revenue Code 624 is billed in Record 60 or 61.
Data Source:	UB-92
Length:	4
Type:	Numeric

Number:	71
Field:	AUTH_HCPCS_2
Name:	Auth HCPCS 2
Description:	Authorization HCPCS procedure code
Data Source:	UB-92
Length:	5
Type:	Alphanumeric

Number:	72
Field:	AUTH_TYPE_3
Name:	Auth Type 3
Description:	Authorization type required when Revenue Code 624 is billed in Record 60 or 61.
Data Source:	UB-92
Length:	2
Type:	Alphanumeric

Number:	73
Field:	AUTH_REVENUE_3
Name:	Auth Revenue 3
Description:	Authorization revenue code required when Revenue Code 624 is billed in Record 60 or 61.
Data Source:	UB-92
Length:	4
Type:	Numeric

Number:	74
Field:	AUTH_HCPCS_3
Name:	Auth HCPCS 3
Description:	Authorization HCPCS procedure code
Data Source:	UB-92
Length:	5
Type:	Alphanumeric

Number:	75
Field:	TYPE_OF_BILL
Name:	Type of Bill

Description: Provides specific information about the claim data submitted. First digit identifies the type of facility. Second digit classifies the type of care. Third digit indicates the sequence of the charges for a specific episode of care.

Data Source: UB-92

Length: 3

Type: Alphanumeric

Coding Scheme: *1st of 3 digits–Type of Facility*

- 1 Hospital
- 2 Skilled nursing
- 3 Home health
- 4 Religious non-medical health care–Hospital
- 5 Religious non-medical health care–Extended care
- 6 Intermediate care
- 7 Clinic
- 8 Special facility

2nd of 3 digits–Bill Classification (Except Clinics)

- 1 Inpatient, including Medicare Part A
- 2 Inpatient, Medicare Part B only
- 3 Outpatient
- 4 Outpatient Other, Medicare Part B only
- 5 Intermediate Care–Level I
- 6 Intermediate Care–Level II
- 7 Sub-acute inpatient – Level III
- 8 Swing bed

2nd of 3 digits–Bill Classification (Clinics Only)

- 1 Rural health (Medicare, if first digit is 7)
- 2 Renal Dialysis Center (Medicare, if first digit is 7)
- 3 Federally Qualified Health Center
- 4 Outpatient Rehabilitation Facility (ORF) (Medicare, if first digit is 7)
- 5 Comprehensive Outpatient Rehabilitation Facility (CORF) (Medicare, if first digit is 7)
- 6 Community Mental Health Center (Medicare, if first digit is 7)
- 9 Other

2nd of 3 digits–Bill Classification (Special Facilities)

- 1 Hospice (non-hospital based) (Medicare, if first digit is 8)
- 2 Hospice (hospital based) (Medicare, if first digit is 8)
- 3 Ambulatory surgery center (Medicare, if first digit is 8)
- 4 Free standing birthing center
- 5 Rural primary care hospital (Medicare, if first digit is 8)
- 9 Other

3rd of 3 digits–Frequency

- 0 Non-payment/Zero claim
- 1 Admit through discharge claim
- 2 Interim–first claim
- 3 Interim–continuing claim
- 4 Interim–last claim
- 5 Late charge(s) only claim
- 6 Adjustment of prior claim (Not used by Medicare)
- 7 Replacement of prior claim
- 8 Void/cancel of prior claim

* Invalid

Number: 76

Field: OCCUR_CODE_1

Name: Occurrence Code 1

Description: Occurrence code that defines a significant event relating to this bill that may affect payer processing. Codes are used to determine liability, coordinate benefits and administer subrogation clauses in benefit programs.

Data Source: UB-92

Length: 2

Type: Alphanumeric

Coding Scheme:

1	Auto accident	39	Date discharged on a continuous course if IV therapy
2	No Fault Insurance Involved - Including Auto Accident/Other	40	Scheduled date of admission
3	Accident/ Tort Liability	41	Date of first test of pre-admission testing
4	Accident/ Employment Related	42	Date of discharge (hospice only)
5	Other accident	43	Scheduled date of canceled surgery
6	Crime Victim	44	Date treatment started - OT
9	Start of Infertility Treatment Cycle	45	Date treatment started - ST
10	Last Menstrual Period	46	Date treatment started - Cardiac rehabilitation
11	Onset of Symptoms/ Illness	47	Date cost outlier status begins
12	Date of Onset for a Chronically Dependent Individual	A1	Birthdate - Insured A
16	Date of Last Therapy	A2	Effective Date - Insured A Policy
17	Date Outpatient OT Plan Established or Last Reviewed	A3	Payer A benefits exhausted
18	Date of Retirement - Patient/Beneficiary	A4	Split Bill Date
19	Date of Retirement - Spouse	B1	Birthdate - Insured B
20	Date Guarantee of Payment Began	B2	Effective date - Insured B Policy
21	Date UR Notice Received	B3	Payer B benefits exhausted
22	Date Active Care Ended	C1	Birthdate - Insured C
24	Date Insurance Denied	C2	Effective date - Insured C Policy
25	Date Benefits Terminated by Primary Payer	C3	Payer C benefits exhausted
26	Date SNF Bed Became Available	E1	Birthdate - Insured D
27	Date Home Health Plan Established or Last Reviewd	E2	Effective date - Insured D Policy
28	Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed	E3	Payer D benefits exhausted
29	Date Outpatient PT Plan established or last reviewed	F1	Birthdate - Insured E
30	Date Outpatient ST Plan established or last reviewed	F2	Effective date - Insured E Policy
31	Date beneficiary notified of intent to bill (accommodations)	F3	Payer E benefits exhausted
32	Date beneficiary notified of intent to bill (procedures or treatments)	G1	Birthdate - Insured F
37	Date of inpatient hospital discharge for non-covered transplant patients	G2	Effective date - Insured F Policy
38	Date treatment started for home IV therapy	G3	Payer F benefits exhausted

Number: 77

Field: OCCUR_DATE_1

Name: Occurrence Date 1

Description: Date of occurrence, as YYYYMMDD, associated with Occurrence Code 1.

Data Source: UB-92

Length: 8

Type: Date

Number: 78

Field: OCCUR_DAY_1

Name: Occurrence Day 1

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date associated with Occurrence Code 1

Data Source: UB-92

Length: 4

Type: Alphanumeric

Number: 79
Field: OCCUR_CODE_2
Name: **Occurrence Code 2**
Description: Occurrence code that defines a significant event relating to this bill that may affect payer processing. Codes are used to determine liability, coordinate benefits and administer subrogation clauses in benefit programs. See Field Number 81 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 80
Field: OCCUR_DATE_2
Name: **Occurrence Date 2**
Description: Date of occurrence, as *YYYYMMDD*, associated with Occurrence Code 2.
Data Source: UB-92
Length: 8
Type: Date

Number: 81
Field: OCCUR_DAY_2
Name: **Occurrence Day 2**
Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date associated with Occurrence Code 2
Data Source: UB-92
Length: 4
Type: Alphanumeric

Number: 82
Field: OCCUR_CODE_3
Name: **Occurrence Code 3**
Description: Occurrence code that defines a significant event relating to this bill that may affect payer processing. Codes are used to determine liability, coordinate benefits and administer subrogation clauses in benefit programs. See Field Number 81 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 83
Field: OCCUR_DATE_3
Name: **Occurrence Date 3**
Description: Date of occurrence, as *YYYYMMDD*, associated with Occurrence Code 3.
Data Source: UB-92
Length: 8
Type: Date

Number: 84
Field: OCCUR_DAY_3
Name: **Occurrence Day 3**
Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date associated with Occurrence Code 3
Data Source: UB-92
Length: 4
Type: Alphanumeric

Number: 85
Field: OCCUR_CODE_4

Name: Occurrence Code 4
Description: Occurrence code that defines a significant event relating to this bill that may affect payer processing. Codes are used to determine liability, coordinate benefits and administer subrogation clauses in benefit programs. See Field Number 81 for coding.

Data Source: UB-92

Length: 2

Type: Alphanumeric

Number: 86

Field: OCCUR_DATE_4

Name: Occurrence Date 4

Description: Date of occurrence, as *YYYYMMDD*, associated with Occurrence Code 4.

Data Source: UB-92

Length: 8

Type: Date

Number: 87

Field: OCCUR_DAY_4

Name: Occurrence Day 4

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date associated with Occurrence Code 4

Data Source: UB-92

Length: 4

Type: Alphanumeric

Number: 88

Field: OCCUR_CODE_5

Name: Occurrence Code 5

Description: Occurrence code that defines a significant event relating to this bill that may affect payer processing. Codes are used to determine liability, coordinate benefits and administer subrogation clauses in benefit programs. See Field Number 81 for coding.

Data Source: UB-92

Length: 2

Type: Alphanumeric

Number: 89

Field: OCCUR_DATE_5

Name: Occurrence Date 5

Description: Date of occurrence, as *YYYYMMDD*, associated with Occurrence Code 5.

Data Source: UB-92

Length: 8

Type: Date

Number: 90

Field: OCCUR_DAY_5

Name: Occurrence Day 5

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date associated with Occurrence Code 5

Data Source: UB-92

Length: 4

Type: Alphanumeric

Number: 91

Field: OCCUR_CODE_6

Name: Occurrence Code 6

Description: Occurrence code that defines a significant event relating to this bill that may affect payer processing. Codes are used to determine liability, coordinate benefits and administer subrogation clauses in benefit programs. See Field Number 81 for coding.

Data Source: UB-92

Length: 2

Type: Alphanumeric

Number: 92

Field: OCCUR_DATE_6

Name: **Occurrence Date 6**

Description: Date of occurrence, as *YYYYMMDD*, associated with Occurrence Code 6.

Data Source: UB-92

Length: 8

Type: Date

Number: 93

Field: OCCUR_DAY_6

Name: **Occurrence Day 6**

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date associated with Occurrence Code 6

Data Source: UB-92

Length: 4

Type: Alphanumeric

Number: 94

Field: OCCUR_CODE_7

Name: **Occurrence Code 7**

Description: Occurrence code that defines a significant event relating to this bill that may affect payer processing. Codes are used to determine liability, coordinate benefits and administer subrogation clauses in benefit programs. See Field Number 81 for coding.

Data Source: UB-92

Length: 2

Type: Alphanumeric

Number: 95

Field: OCCUR_DATE_7

Name: **Occurrence Date 7**

Description: Date of occurrence, as *YYYYMMDD*, associated with Occurrence Code 7.

Data Source: UB-92

Length: 8

Type: Date

Number: 96

Field: OCCUR_DAY_7

Name: **Occurrence Day 7**

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date associated with Occurrence Code 7

Data Source: UB-92

Length: 4

Type: Alphanumeric

Number: 97

Field: OCCUR_SPAN_CODE_1

Name: **Occurrence Span Code 1**

Description: Identifies an event that relates to payment of the claim. Codes identify occurrences that happen over a span of time.

Data Source: UB-92
Length: 2
Type: Alphanumeric
Coding Scheme:

70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates
71	Prior stay dates	79	Payer use codes
72	First/Last Visit	M0	PRO/UR approved stay dates
73	Benefit eligibility period	M1	Provider liability - no utilization
74	Noncovered level of care/Leave of absence	M2	Inpatient respite dates
75	SNF level of care	M3	ICF level of care
76	Patient Liability Period	M4	Residential level of care
77	Provider Liability - Utilization Charged	78	SNF prior stay dates

Number: 98
Field: OCCUR_SPAN_FROM_1
Name: **Occurrence Span From 1**
Description: Beginning (from) date associated with the reported Occurrence Span Code 1. Entered as YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 99
Field: OCCUR_SPAN_THRU_1
Name: **Occurrence Span Thru 1**
Description: Ending (through) date associated with the reported Occurrence Span Code 1. Entered as YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 100
Field: OCCUR_SPAN_CODE_2
Name: **Occurrence Span Code 2**
Description: Identifies an event that relates to payment of the claim. Codes identify occurrences that happen over a span of time. See Field Number 102 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 101
Field: OCCUR_SPAN_FROM_2
Name: **Occurrence Span From 2**
Description: Beginning (from) date associated with the reported Occurrence Span Code 2. Entered as YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 102
Field: OCCUR_SPAN_THRU_2
Name: **Occurrence Span Thru 2**
Description: Ending (through) date associated with the reported Occurrence Span Code 2. Entered as YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 103
Field: CONDITION_CODE_1
Name: **Condition Code 1**
Description: Code identifying conditions that may affect payer processing of the bill, that helps determine patient eligibility and benefits, and is used to administer primary or secondary insurance coverage.

Data Source: UB-92

Length: 2

Type: Alphanumeric

Coding Scheme:

1	Military service related	76	Back-up in facility dialysis Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
2	Condition is employment related	77	
3	Patient covered by insurance not reflected here	78	New coverage not implemented by HMO
4	Information only bill.	79	CORF services provided offsite
4	Patient is HMO enrollee	80	Home dialysis - nursing facility
5	Lien has been filed	A0	CHAMPUS external partnership program
6	ESRD patient in first 18 months of entitlement covered by EGHP	A1	EPSDT/CHAP
7	Treatment of non-terminal condition for hospice patient	A2	Physically handicapped children's program
8	Beneficiary would not provide information concerning other insurance coverage	A3	Special Federal Funding
9	Neither patient or spouse is employed	A4	Family planning
10	Patient and/or spouse is employed but no EGHP exists	A5	Disability
11	Disabled beneficiary but no LGHP coverage exists	A6	Vaccines/Medicare 100% payment
17	Patient is homeless	A7	Induced abortion - danger to life
18	Maiden name retained	A8	Induced abortion - victim rape/incest
19	Child retains mother's name	A9	Second opinion surgery
20	Beneficiary requested billing	AA	Abortion performed due to rape
21	Billing for denial notice	AB	Abortion performed due to incest
22	Patient on multiple drug regimen	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
23	Home care giver available	AD	Abortion performed due to life endangering physical condition caused by, arising from or exacerbated by the pregnancy itself
24	Home IV patient also receiving HHA services	AE	Abortion performed due to physical health of mother that is not life endangering
25	Patient is non-US resident	AF	Abortion performed due to emotional/psychological health of mother
26	VA eligible patient chooses to receive services in a Medicare certified facility	AG	Abortion performed due to social or economic reasons
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AH	Elective abortion
28	Patient and/or spouse's EGHP is secondary to Medicare	AI	Sterilization
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AJ	Payer responsible for co-payment
30	Non-research services provided to patients enrolled in a qualified clinical trial	AJ	Payer responsible for co-payment
31	Patient is student (full time - day)	AK	Air ambulance required
32	Patient is student (cooperative/work study program)	AL	Specialized treatment/bed unavailable
33	Patient is student (full time - night)	AM	Non-emergency medically necessary stretcher transport required
34	Patient is student (part-time)	AN	Pre-admission screening not required
36	General care patient in a special unit	B0	Medicare coordinated care demonstration claim
37	Ward accommodation at patient request	B1	Beneficiary is ineligible for demonstration program
38	Semi-private room not available	B2	Critical access hospital ambulance attestation

39	Private room medically necessary	B3	Pregnancy indicator
40	Same day transfer	B4	Admission unrelated to discharge on same day
41	Partial hospitalization	C1	Approved as billed
42	Continuing care not related to inpatient admission	C2	Automatic approval as billed based on focused review
43	Continuing care not provided within prescribed postdischarge window	C3	Partial approval
44	Inpatient admission changed to outpatient	C4	Admission/services denied
46	Non-availability statement on file	C5	Postpayment review applicable
47	Reserved for CHAMPUS	C6	Admission Preauthorization
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	C7	Extended Authorization
55	SNF bed not available	D0	Changes to Service Dates
56	Medical appropriateness	D1	Changes to Charges
57	SNF readmission	D2	Changes in Revenue Codes/HCPCS/HIPPS rate code
58	Terminated Medicare+Choice organization enrollee	D3	Second or Subsequent Interim PPS Bill
59	Non-primary ESRD facility	D4	Change in ICD-9-CM diagnosis and/or procedure codes.
60	Day outlier	D5	Cancel to correct HICN or Provider ID
61	Cost outlier	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
66	Provider does not wish cost outlier payment	D7	Change to Make Medicare the Secondary Payer
67	Beneficiary elects not to use life time reserve (LTR) days	D8	Change to Make Medicare the Primary Payer
68	Beneficiary elects to use life time reserve (LTR) days	D9	Any Other Change
69	IME payment only bill.	E0	Changes in Patient Status
69	IME/DGME/N&AH Payment Only	G0	Dinstince Medical Visit
69	IME/DGME/N&AH Payment Only	H0	Delayed Filing, Statement of Intent Submitted
70	Self-administered EPO	M0	All inclusive rate for outpatient services
71	Full care in unit	M1	Roster billed influenza virus vaccine or pneumoccal pneumonia vaccine (PPV)
72	Self care in unit	M2	HHA payment significantly exceeds total charges
73	Self care training	P1	Do not Resuscitate Order (DNR)
74	Home		
75	Home - 100% reimbursement		

Number: 104
Field: CONDITION_CODE_2
Name: **Condition Code 2**
Description: Code identifying conditions that may affect payer processing of the bill, that helps determine patient eligibility and benefits, and is used to administer primary or secondary insurance coverage. See Field Number 108 for coding.

Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 105
Field: CONDITION_CODE_3
Name: **Condition Code 3**
Description: Code identifying conditions that may affect payer processing of the bill, that helps determine patient eligibility and benefits, and is used to administer primary or secondary insurance coverage. See Field Number 108 for coding.

Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 106

Field: CONDITION_CODE_4
Name: **Condition Code 4**
Description: Code identifying conditions that may affect payer processing of the bill, that helps determine patient eligibility and benefits, and is used to administer primary or secondary insurance coverage. See Field Number 108 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 107
Field: CONDITION_CODE_5
Name: **Condition Code 5**
Description: Code identifying conditions that may affect payer processing of the bill, that helps determine patient eligibility and benefits, and is used to administer primary or secondary insurance coverage. See Field Number 108 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 108
Field: CONDITION_CODE_6
Name: **Condition Code 6**
Description: Code identifying conditions that may affect payer processing of the bill, that helps determine patient eligibility and benefits, and is used to administer primary or secondary insurance coverage. See Field Number 108 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 109
Field: CONDITION_CODE_7
Name: **Condition Code 7**
Description: Code identifying conditions that may affect payer processing of the bill, that helps determine patient eligibility and benefits, and is used to administer primary or secondary insurance coverage. See Field Number 108 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 110
Field: CONDITION_CODE_8
Name: **Condition Code 8**
Description: Code identifying conditions that may affect payer processing of the bill, that helps determine patient eligibility and benefits, and is used to administer primary or secondary insurance coverage. See Field Number 108 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 111
Field: CONDITION_CODE_9
Name: **Condition Code 9**
Description: Code identifying conditions that may affect payer processing of the bill, that helps determine patient eligibility and benefits, and is used to administer primary or secondary insurance coverage. See Field Number 108 for coding.
Data Source: UB-92

Length: 2
Type: Alphanumeric

Number: 112
Field: CONDITION_CODE_10
Name: **Condition Code 10**
Description: Code identifying conditions that may affect payer processing of the bill, that helps determine patient eligibility and benefits, and is used to administer primary or secondary insurance coverage. See Field Number 108 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 113
Field: VALUE_CODE_1
Name: **Value Code 1**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Coding Scheme:

1	Most common semi-private rate	66	Medicaid spenddown amount
2	Hospital has no semi-private rooms	67	Peritoneal dialysis
4	Inpatient professional component charges which are combined billed	68	EPO-drug
5	Professional component included in charges and also billed separately to carrier	69	State charity care percentage
6	Medicare blood deductible	72	Flat rate surgery charge
8	Medicare life time reserve amount in the first calendar year	73	Drug deductible
9	Medicare coinsurance amount in the first calendar year	74	Drug coinsurance
10	Medicare lifetime reserve amount in the second calendar year	77	New technology add-on payment
11	Medicare coinsurance amount in the second calendar year	A0	Special zip code reporting
12	Working aged beneficiary/spouse with employer group health plan	A1	Deductible payer A
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	A2	Coinsurance payer A
14	No fault, including auto/other	A3	Estimated responsibility payer A
15	Worker's compensation	A4	Covered self-administrable drugs - emergency
16	Public health service (PHS) or other federal agency	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 Code	A9	Patient height
25	Offset to the patient - payment amount - prescription drugs	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
26	Offset to the patient - payment amount - hearing and ear services	AB	Other assessments or allowances (e.g., medical education) - payer A
27	Offset to the patient - payment amount - vision and eye services	B1	Deductible payer B
28	Offset to the patient - payment amount - dental services	B2	Coinsurance payer B
29	Offset to the patient - payment amount - chiropractic services	B3	Estimated responsibility payer B
30	Preadmission testing	B7	Co-payment payer B
31	Patient Liability Amount	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B

32	Multiple patient ambulance transport	BB	Other assessments or allowances (e.g., medical education) - payer B
33	Offset to the patient - payment amount - podiatric services	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance premiums	C3	Estimated responsibility payer C
37	Pints of blood furnished	C7	Co-payment payer C
38	Blood deductible pints	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
39	Pints of blood replaced	CB	Other assessments or allowances (e.g., medical education) - payer C
40	New coverage not implemented by HMO	D3	Patient estimated responsibility
41	Black lung	E1	Deductible Payer D
42	VA	E2	Coinsurance Payer D
43	Disabled beneficiary under age 65 with LGHP	E3	Coinsurance Payer D
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	E7	Co-payment payer D
45	Accident hour	EA	Regulatory surcharges, assessments, allowances or health care related taxes - payer D
46	Number of grace days	EB	Other assessments or allowances (e.g. medical education) - payer D
47	Any liability insurance	F1	Deductible Payer E
48	Hemoglobin reading	F2	Coinsurance Payer E
49	Hematocrit reading	F3	Coinsurance Payer E
50	PT visits	F7	Co-payment payer E
51	OT visits	FA	Regulatory surcharges, assessments, allowances or health care related taxes - payer E
52	ST visits	FB	Other assessments or allowances (e.g. medical education) - payer E
53	Cardiac rehab visits	G1	Deductible Payer F
54	Newborn birth weight in grams	G1	Deductible Payer F
55	Eligibility threshold for charity care	G2	Coinsurance Payer F
56	Skilled nurse - home visit hours	G3	Coinsurance Payer F
57	Home health aide - home visit hours	G7	Co-payment payer F
58	Arterial blood gas	GA	Regulatory surcharges, assessments, allowances or health care related taxes - payer F
59	Oxygen saturation	GB	Other assessments or allowances (e.g. medical education) - payer F
60	HHA branch MSA	P1	Do not resuscitate order (DNR)
61	Location where service is furnished (HHA and hospice)		

Number: 114
Field: VALUE_AMOUNT_1
Name: Value Amount 1
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 115
Field: VALUE_CODE_2
Name: Value Code 2
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 116
Field: VALUE_AMOUNT_2
Name: Value Amount 2

Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 117
Field: VALUE_CODE_3
Name: **Value Code 3**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 118
Field: VALUE_AMOUNT_3
Name: **Value Amount 3**
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 119
Field: VALUE_CODE_4
Name: **Value Code 4**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 120
Field: VALUE_AMOUNT_4
Name: **Value Amount 4**
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 121
Field: VALUE_CODE_5
Name: **Value Code 5**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 122
Field: VALUE_AMOUNT_5
Name: **Value Amount 5**
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 123
Field: VALUE_CODE_6
Name: **Value Code 6**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 124
Field: VALUE_AMOUNT_6
Name: **Value Amount 6**
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 125
Field: VALUE_CODE_7
Name: **Value Code 7**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 126
Field: VALUE_AMOUNT_7
Name: **Value Amount 7**
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 127
Field: VALUE_CODE_8
Name: **Value Code 8**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 128
Field: VALUE_AMOUNT_8
Name: **Value Amount 8**
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 129
Field: VALUE_CODE_9
Name: **Value Code 9**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.

Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 130
Field: VALUE_AMOUNT_9
Name: **Value Amount 9**
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 131
Field: VALUE_CODE_10
Name: **Value Code 10**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 132
Field: VALUE_AMOUNT_10
Name: **Value Amount 10**
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 133
Field: VALUE_CODE_11
Name: **Value Code 11**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 134
Field: VALUE_AMOUNT_11
Name: **Value Amount 11**
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 135
Field: VALUE_CODE_12
Name: **Value Code 12**
Description: Codes identifying monetary data required for processing claims. Required for benefit determination. See Field Number 118 for coding.
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 136

Field: VALUE_AMOUNT_12
Name: **Value Amount 12**
Description: Amounts related to codes identifying monetary data required for processing claims.
Data Source: UB-92
Length: 9
Type: Alphanumeric

Number: 137
Field: REVENUE_CODE_01
Name: **Revenue Code - 1**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Alphanumeric

Coding Scheme: 001 Total charge
 01X Reserved for internal payer use
 02X Health Insurance-Prospective Payment System (HIPPS)
 03X-06X Reserved for assignment
 07X-09X Reserved for state use
 10X All inclusive rate
 11X Room & board - private
 12X Room & board - semi-private two bed
 13X Semi-private - three or four beds
 14X Private (deluxe)
 15X Room & board - ward
 16X Other room & board
 17X Nursery
 18X Leave of Absence
 19X Sub-acute care
 20X Intensive care
 21X Coronary care
 22X Special charges
 23X Incremental nursing charge rate
 24X All inclusive ancillary
 25X Pharmacy
 26X IV therapy
 27X Medical/surgical supplies & devices
 28X Oncology
 29X Durable medical equipment
 30X Laboratory
 31X Laboratory pathological
 32X Radiology - diagnostic
 33X Radiology - therapeutic
 34X Nuclear medicine
 35X CT scan
 36X Operating room services
 37X Anesthesia
 38X Blood
 39X Blood storage & processing
 40X Other imaging services
 41X Respiratory services
 42X Physical therapy
 43X Occupational therapy
 44X Speech-language pathology
 45X Emergency Room
 46X Pulmonary Function

47X	Audiology
48X	Cardiology
49X	Ambulatory Surgical Care
50X	Outpatient Services
51X	Clinic
52X	Free-Standing Clinic
53X	Osteopathic Services
54X	Ambulance
55X	Skilled Nursing
56X	Medical Social Services
57X	Home Health Aide (Home Health)
58X	Other Visits (Home Health)
59X	Units of Service (Home Health)
60X	Home Health - Oxygen
61X	Magnetic Resonance Technology (MRT)
62X	Medical/Surgical Supplies - Extension of 27X
63X	Pharmacy - Extension of 25X
64X	Home IV Therapy Services
65X	Hospice Service
66X	Respite Care (HHA only)
67X	Outpatient Special Residence Charges
68X-69X	Not assigned
70X	Cast Room
71X	Recovery Room
72X	Labor Room/Delivery
73X	EKG/ECG (Electrocardiogram)
74X	EEG (Electroencephalogram)
75X	Gastro Intestinal Services
76X	Treatment or Observation Room
77X	Preventive Care Services
78X	Telemedicine
79X	Lithotripsy
80X	Inpatient Renal Dialysis
81X	Organ Acquisition
82X	Hemodialysis - Outpatient or Home
83X	Peritoneal Dialysis - Outpatient or Home
84X	Continuous Ambulatory Peritoneal Dialysis (CAPD)
85X	Continuous Cycling Peritoneal Dialysis (CCPD)
86X-87X	Reserved for Dialysis
88X	Miscellaneous Dialysis
89X	Reserved for Assignment
90X	Psychiatric/Psychological Treatments
91X	Psychiatric/Psychological Services
92X	Other Diagnostic Services
93X	Not Assigned
94X	Other Therapeutic Services
95X	Not Assigned
96X-98X	Professional Fees
99X	Patient Convenience Items
1XXX-9999	Reserved

Number: 138
Field: RATE_01
Name: Accommodations Rate - 1 (If applicable)
Description: Accommodation rate for inpatient claims
Data Source: UB-92

Length: 9
Type: Numeric
Coding Scheme: Outpatient Revenue Codes that Require HCPCS Codes

260, 269	IV therapy
261	infusion pump
272	sterile supplies
274	prosthetic and orthotic devices
30X	laboratory (clinical)
31X	laboratory (pathological)
32X	radiology (diagnostic)
331, 335	chemotherapy
333	radiation therapy
34X	nuclear medicine
35X	CT scan
36X	operating room
38X	blood
40X	other imaging services
401	diagnostic mammography
403	screening mammography
41X	respiratory services
413	hyperbaric oxygen therapy
42X	physical therapy
43X	occupational therapy
44X	speech language pathology
45X	emergency room
46X	pulmonary function
47X	audiology
471	diagnostic audiology
48X	cardiovascular therapeutic services
480	cardiology
481	cardiac catheterization
482	stress test
49X	ambulatory surgical care
51X	clinic
52X	freestanding clinic
54X	ambulance
61X	MRI
623	surgical dressings
624	FDA investigational device
636	drugs requiring detailed coding
70X	cast room (if used as a surgical treatment site)
71X	recovery room (if used as a surgical treatment site)
73X	EKG/ECG
730	general
731	holter monitor
732	rhythm strip
74X	EEG
75X	gastrointestinal services
76X	treatment or observation room
771	vaccine administration
79X	lithotripsy
900	psychiatric/psychological treatments
901	electroshock treatment
904	activity therapy
91X	psychiatric/psychological services
92X	other diagnostic services

921 peripheral vascular lab
 922 electromyogram
 924 allergy test
 94X other therapeutic services
 940 therapeutic phlebotomy
 943 cardiac rehabilitation
 949 allergy therapy

Number: 139
Field: HCPCS_CODE_01
Name: **HCPCS Procedure Code - 1 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 140
Field: MOD_1_01
Name: **Modifier 1 - 1 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 141
Field: MOD_2_01
Name: **Modifier 2 - 1 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 142
Field: DAYS_OR_SERVICE_UNITS_01
Name: **Days or Units of Service - 1**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient, including items such as number of accommodation days, visits, miles, pints of blood, units or treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 143
Field: TOTAL_CHARGES_01
Name: **Charges Total - 1**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 144
Field: NON_COV_CHARGES_01
Name: **Non-covered Charges - 1**

Description: Non-covered charges for the primary payer pertaining to the related revenue code.
Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 145
Field: ASSESSMENT_DATE_01
Name: **Assessment Date - 1**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 146
Field: REVENUE_CODE_02
Name: **Revenue Code - 2**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 147
Field: RATE_02
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 148
Field: HCPCS_CODE_02
Name: **HCPCS Procedure Code - 2 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 149
Field: MOD_1_02
Name: **Modifier 1 - 2 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 150
Field: MOD_2_02
Name: **Modifier 2 - 2 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 151
Field: DAYS_OR_SERVICE_UNITS_02
Name: **Days or Units of Service - 2**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 152
Field: TOTAL_CHARGES_02
Name: **Charges Total - 2**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 153
Field: NON_COV_CHARGES_02
Name: **Non-covered Charges - 2**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 154
Field: ASSESSMENT_DATE_02
Name: **Assessment Date - 2**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 155
Field: REVENUE_CODE_03
Name: **Revenue Code - 3**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 156
Field: RATE_03
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 157

Field: HCPCS_CODE_03
Name: **HCPCS Procedure Code - 3 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 158
Field: MOD_1_03
Name: **Modifier 1 - 3 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 159
Field: MOD_2_03
Name: **Modifier 2 - 3 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 160
Field: DAYS_OR_SERVICE_UNITS_03
Name: **Days or Units of Service - 3**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 161
Field: TOTAL_CHARGES_03
Name: **Charges Total - 3**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 162
Field: NON_COV_CHARGES_03
Name: **Non-covered Charges - 3**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 163
Field: ASSESSMENT_DATE_03
Name: **Assessment Date - 3**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.

Data Source: UB-92
Length: 8
Type: Date

Number: 164
Field: REVENUE_CODE_04
Name: **Revenue Code - 4**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 165
Field: RATE_04
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 166
Field: HCPCS_CODE_04
Name: **HCPCS Procedure Code - 4 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 167
Field: MOD_1_04
Name: **Modifier 1 - 4 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 168
Field: MOD_2_04
Name: **Modifier 2 - 4 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 169
Field: DAYS_OR_SERVICE_UNITS_04
Name: **Days or Units of Service - 4**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 170
Field: TOTAL_CHARGES_04
Name: **Charges Total - 4**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 171
Field: NON_COV_CHARGES_04
Name: **Non-covered Charges - 4**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 172
Field: ASSESSMENT_DATE_04
Name: **Assessment Date - 4**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 173
Field: REVENUE_CODE_05
Name: **Revenue Code - 5**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 174
Field: RATE_05
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 175
Field: HCPCS_CODE_05
Name: **HCPCS Procedure Code - 5 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 176
Field: MOD_1_05

Name: **Modifier 1 - 5 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 177
Field: MOD_2_05
Name: **Modifier 2 - 5 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 178
Field: DAYS_OR_SERVICE_UNITS_05
Name: **Days or Units of Service - 5**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 179
Field: TOTAL_CHARGES_05
Name: **Charges Total - 5**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 180
Field: NON_COV_CHARGES_05
Name: **Non-covered Charges - 5**
Description: Non-covered charges for the primary payer pertaining to the related revenue code Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 181
Field: ASSESSMENT_DATE_05
Name: **Assessment Date - 5**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 182
Field: REVENUE_CODE_06
Name: **Revenue Code - 6**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4

Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 183
Field: RATE_06
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 184
Field: HCPCS_CODE_06
Name: **HCPCS Procedure Code - 6 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 185
Field: MOD_1_06
Name: **Modifier 1 - 6 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 186
Field: MOD_2_06
Name: **Modifier 2 - 6 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 187
Field: DAYS_OR_SERVICE_UNITS_06
Name: **Days or Units of Service - 6**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 188
Field: TOTAL_CHARGES_06
Name: **Charges Total - 6**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 189
Field: NON_COV_CHARGES_06
Name: **Non-covered Charges - 6**
Description: Non-covered charges for the primary payer pertaining to the related revenue code
 Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 190
Field: ASSESSMENT_DATE_06
Name: **Assessment Date - 6**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 191
Field: REVENUE_CODE_07
Name: **Revenue Code - 7**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 192
Field: RATE_07
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 193
Field: HCPCS_CODE_07
Name: **HCPCS Procedure Code - 7 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for
 outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 194
Field: MOD_1_07
Name: **Modifier 1 - 7 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 195
Field: MOD_2_07
Name: **Modifier 2 - 7 (If applicable)**
Description: Modifier related to preceding HCPCS code

Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 196
Field: DAYS_OR_SERVICE_UNITS_07
Name: **Days or Units of Service - 7**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments

Data Source: UB-92
Length: 7
Type: Numeric

Number: 197
Field: TOTAL_CHARGES_07
Name: **Charges Total - 7**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.

Data Source: UB-92
Length: 12
Type: Numeric

Number: 198
Field: NON_COV_CHARGES_07
Name: **Non-covered Charges - 7**
Description: Non-covered charges for the primary payer pertaining to the related revenue code Displayed as 999999999.99.

Data Source: UB-92
Length: 12
Type: Numeric

Number: 199
Field: ASSESSMENT_DATE_07
Name: **Assessment Date - 7**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.

Data Source: UB-92
Length: 8
Type: Date

Number: 200
Field: REVENUE_CODE_08
Name: **Revenue Code - 8**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation

Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 201
Field: RATE_08
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims

Data Source: UB-92
Length: 9
Type: Numeric

Coding Scheme: See Coding Scheme for RATE_01

Number: 202
Field: HCPCS_CODE_08
Name: **HCPCS Procedure Code - 8 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 203
Field: MOD_1_08
Name: **Modifier 1 - 8 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 204
Field: MOD_2_08
Name: **Modifier 2 - 8 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 205
Field: DAYS_OR_SERVICE_UNITS_08
Name: **Days or Units of Service - 8**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 206
Field: TOTAL_CHARGES_08
Name: **Charges Total - 8**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 207
Field: NON_COV_CHARGES_08
Name: **Non-covered Charges - 8**
Description: Non-covered charges for the primary payer pertaining to the related revenue code Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 208

Field: ASSESSMENT_DATE_08
Name: **Assessment Date - 8**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 209
Field: REVENUE_CODE_09
Name: **Revenue Code - 9**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 210
Field: RATE_09
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 211
Field: HCPCS_CODE_09
Name: **HCPCS Procedure Code - 9 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 212
Field: MOD_1_09
Name: **Modifier 1 - 9 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 213
Field: MOD_2_09
Name: **Modifier 2 - 9 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 214
Field: DAYS_OR_SERVICE_UNITS_09
Name: **Days or Units of Service - 9**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments

Data Source: UB-92
Length: 7
Type: Numeric

Number: 215
Field: TOTAL_CHARGES_09
Name: **Charges Total - 9**
Description: Total charges pertaining to the related revenue code for the billing period Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 216
Field: NON_COV_CHARGES_09
Name: **Non-covered Charges - 9**
Description: Non-covered charges for the primary payer pertaining to the related revenue code Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 217
Field: ASSESSMENT_DATE_09
Name: **Assessment Date - 9**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 218
Field: REVENUE_CODE_10
Name: **Revenue Code - 10**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 219
Field: RATE_10
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 220
Field: HCPCS_CODE_10
Name: **HCPCS Procedure Code - 10 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 221
Field: MOD_1_10
Name: **Modifier 1 - 10 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 222
Field: MOD_2_10
Name: **Modifier 2 - 10 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 223
Field: DAYS_OR_SERVICE_UNITS_10
Name: **Days or Units of Service - 10**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 224
Field: TOTAL_CHARGES_10
Name: **Charges Total - 10**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 225
Field: NON_COV_CHARGES_10
Name: **Non-covered Charges - 10**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 226
Field: ASSESSMENT_DATE_10
Name: **Assessment Date - 10**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 227
Field: REVENUE_CODE_11
Name: **Revenue Code - 11**

Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 228
Field: RATE_11
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 229
Field: HCPCS_CODE_11
Name: **HCPCS Procedure Code - 11 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 230
Field: MOD_1_11
Name: **Modifier 1 - 11 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 231
Field: MOD_2_11
Name: **Modifier 2 - 11 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 232
Field: DAYS_OR_SERVICE_UNITS_11
Name: **Days or Units of Service - 11**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 233
Field: TOTAL_CHARGES_11
Name: **Charges Total - 11**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 99999999.99.
Data Source: UB-92

Length: 12
Type: Numeric

Number: 234
Field: NON_COV_CHARGES_11
Name: **Non-covered Charges - 11**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 235
Field: ASSESSMENT_DATE_11
Name: **Assessment Date - 11**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 236
Field: REVENUE_CODE_12
Name: **Revenue Code - 12**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 237
Field: RATE_12
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 238
Field: HCPCS_CODE_12
Name: **HCPCS Procedure Code - 12 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 239
Field: MOD_1_12
Name: **Modifier 1 - 12 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 240

Field: MOD_2_12
Name: **Modifier 2 - 12 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 241
Field: DAYS_OR_SERVICE_UNITS_12
Name: **Days or Units of Service - 12**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 242
Field: TOTAL_CHARGES_12
Name: **Charges Total - 12**
Description: Total charges pertaining to the related revenue code for the billing period. 7 positions for dollars, 2 positions for cents, and 1 character to the right of cents to indicate credit.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 243
Field: NON_COV_CHARGES_12
Name: **Non-covered Charges - 12**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 244
Field: ASSESSMENT_DATE_12
Name: **Assessment Date - 12**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 245
Field: REVENUE_CODE_13
Name: **Revenue Code - 13**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Beginning Position: 1166
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 246
Field: RATE_13
Name: **Accommodations Rate - 1 (If applicable)**

Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 247
Field: HCPCS_CODE_13
Name: **HCPCS Procedure Code - 13 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 248
Field: MOD_1_13
Name: **Modifier 1 - 13 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 249
Field: MOD_2_13
Name: **Modifier 2 - 13 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 250
Field: DAYS_OR_SERVICE_UNITS_13
Name: **Days or Units of Service - 13**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 251
Field: TOTAL_CHARGES_13
Name: **Charges Total - 13**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 252
Field: NON_COV_CHARGES_13
Name: **Non-covered Charges - 13**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92

Length: 12
Type: Numeric

Number: 253
Field: ASSESSMENT_DATE_13
Name: **Assessment Date - 13**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 254
Field: REVENUE_CODE_14
Name: **Revenue Code - 14**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 255
Field: RATE_14
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 256
Field: HCPCS_CODE_14
Name: **HCPCS Procedure Code - 14 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 257
Field: MOD_1_14
Name: **Modifier 1 - 14 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 258
Field: MOD_2_14
Name: **Modifier 2 - 14 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 259
Field: DAYS_OR_SERVICE_UNITS_14

Name: Days or Units of Service - 14
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 260
Field: TOTAL_CHARGES_14
Name: Charges Total - 14
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 261
Field: NON_COV_CHARGES_14
Name: Non-covered Charges - 14
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 262
Field: ASSESSMENT_DATE_14
Name: Assessment Date - 14
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 263
Field: REVENUE_CODE_15
Name: Revenue Code - 15
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 264
Field: RATE_15
Name: Accommodations Rate - 1 (If applicable)
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 265
Field: HCPCS_CODE_15
Name: HCPCS Procedure Code - 15 (If applicable)

Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.

Data Source: UB-92

Length: 5

Type: Alphanumeric

Number: 266

Field: MOD_1_15

Name: **Modifier 1 - 15 (If applicable)**

Description: Modifier related to preceding HCPCS code

Data Source: UB-92

Length: 2

Type: Alphanumeric

Number: 267

Field: MOD_2_15

Name: **Modifier 2 - 15 (If applicable)**

Description: Modifier related to preceding HCPCS code

Data Source: UB-92

Length: 2

Type: Alphanumeric

Number: 268

Field: DAYS_OR_SERVICE_UNITS_15

Name: **Days or Units of Service - 15**

Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments

Data Source: UB-92

Length: 7

Type: Numeric

Number: 269

Field: TOTAL_CHARGES_15

Name: **Charges Total - 15**

Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 99999999.99.

Data Source: UB-92

Length: 12

Type: Numeric

Number: 270

Field: NON_COV_CHARGES_15

Name: **Non-covered Charges - 15**

Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 99999999.99.

Data Source: UB-92

Length: 12

Type: Numeric

Number: 271

Field: ASSESSMENT_DATE_15

Name: **Assessment Date - 15**

Description: Required with Revenue Code 0022. Format is YYYYMMDD.

Data Source: UB-92

Length: 8

Type: Date

Number: 272
Field: REVENUE_CODE_16
Name: **Revenue Code - 16**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 273
Field: RATE_16
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 274
Field: HCPCS_CODE_16
Name: **HCPCS Procedure Code - 16 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 275
Field: MOD_1_16
Name: **Modifier 1 - 16 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 276
Field: MOD_2_16
Name: **Modifier 2 - 16 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 277
Field: DAYS_OR_SERVICE_UNITS_16
Name: **Days or Units of Service - 16**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 278

Field: TOTAL_CHARGES_16
Name: **Charges Total - 16**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 279
Field: NON_COV_CHARGES_16
Name: **Non-covered Charges - 16**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 280
Field: ASSESSMENT_DATE_16
Name: **Assessment Date - 16**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 281
Field: REVENUE_CODE_17
Name: **Revenue Code - 17**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 282
Field: RATE_17
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 283
Field: HCPCS_CODE_17
Name: **HCPCS Procedure Code - 17 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 284
Field: MOD_1_17
Name: **Modifier 1 - 17 (If applicable)**
Description: Modifier related to preceding HCPCS code

Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 285
Field: MOD_2_17
Name: **Modifier 2 - 17 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 286
Field: DAYS_OR_SERVICE_UNITS_17
Name: **Days or Units of Service - 17**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 287
Field: TOTAL_CHARGES_17
Name: **Charges Total - 17**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 288
Field: NON_COV_CHARGES_17
Name: **Non-covered Charges - 17**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 289
Field: ASSESSMENT_DATE_17
Name: **Assessment Date - 17**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 290
Field: REVENUE_CODE_18
Name: **Revenue Code - 18**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 291
Field: RATE_18
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 292
Field: HCPCS_CODE_18
Name: **HCPCS Procedure Code - 18 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 293
Field: MOD_1_18
Name: **Modifier 1 - 18 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 294
Field: MOD_2_18
Name: **Modifier 2 - 18 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 295
Field: DAYS_OR_SERVICE_UNITS_18
Name: **Days or Units of Service - 18**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 296
Field: TOTAL_CHARGES_18
Name: **Charges Total - 18**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 297
Field: NON_COV_CHARGES_18

Name: Non-covered Charges - 18
Description: Non-covered charges for the primary payer pertaining to the related revenue code.
Displayed as 999999999.99.

Data Source: UB-92
Length: 12
Type: Numeric

Number: 298
Field: ASSESSMENT_DATE_18
Name: Assessment Date - 18
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 299
Field: REVENUE_CODE_19
Name: Revenue Code - 19
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 300
Field: RATE_19
Name: Accommodations Rate - 1 (If applicable)
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 301
Field: HCPCS_CODE_19
Name: HCPCS Procedure Code - 19 (If applicable)
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for
outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 302
Field: MOD_1_19
Name: Modifier 1 - 19 (If applicable)
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 303
Field: MOD_2_19
Name: Modifier 2 - 19 (If applicable)
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2

Type: Alphanumeric

Number: 304
Field: DAYS_OR_SERVICE_UNITS_19
Name: **Days or Units of Service - 19**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 305
Field: TOTAL_CHARGES_19
Name: **Charges Total - 19**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 306
Field: NON_COV_CHARGES_19
Name: **Non-covered Charges - 19**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 307
Field: ASSESSMENT_DATE_19
Name: **Assessment Date - 19**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 308
Field: REVENUE_CODE_20
Name: **Revenue Code - 20**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 309
Field: RATE_20
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 310
Field: HCPCS_CODE_20
Name: **HCPCS Procedure Code - 20 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 311
Field: MOD_1_20
Name: **Modifier 1 - 20 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 312
Field: MOD_2_20
Name: **Modifier 2 - 20 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 313
Field: DAYS_OR_SERVICE_UNITS_20
Name: **Days or Units of Service - 20**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 314
Field: TOTAL_CHARGES_20
Name: **Charges Total - 20**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 315
Field: NON_COV_CHARGES_20
Name: **Non-covered Charges - 20**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 316
Field: ASSESSMENT_DATE_20
Name: **Assessment Date - 20**

Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 317
Field: REVENUE_CODE_21
Name: **Revenue Code - 21**
Description: Code which identifies a specific accommodation, ancillary service or billing calculation
Data Source: UB-92
Length: 4
Type: Numeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 318
Field: RATE_21
Name: **Accommodations Rate - 1 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 319
Field: HCPCS_CODE_21
Name: **HCPCS Procedure Code - 21 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 320
Field: MOD_1_21
Name: **Modifier 1 - 21 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 321
Field: MOD_2_21
Name: **Modifier 2 - 21 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 322
Field: DAYS_OR_SERVICE_UNITS_21
Name: **Days or Units of Service - 21**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7

Type: Numeric

Number: 323
Field: TOTAL_CHARGES_21
Name: **Charges Total - 21**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 324
Field: NON_COV_CHARGES_21
Name: **Non-covered Charges - 21**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 325
Field: ASSESSMENT_DATE_21
Name: **Assessment Date - 21**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 326
Field: REVENUE_CODE_22
Name: **Revenue Code 22** (All Revenue Codes not listed in first 21 revenue codes)
Description: Coded as 0000. Other Revenue Codes not listed in lines 1 to 21.
Data Source: UB-92
Length: 4
Type: Alphanumeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 327
Field: RATE_22
Name: **Accommodations Rate - 22 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 328
Field: HCPCS_CODE_22
Name: **HCPCS Procedure Code - 22 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 329

Field: MOD_1_22
Name: **Modifier 1 - 22 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 330
Field: MOD_2_22
Name: **Modifier 2 - 22 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 331
Field: DAYS_OR_SERVICE_UNITS_22
Name: **Days or Units of Service - 22**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 332
Field: TOTAL_CHARGES_22
Name: **Charges Total - 22**
Description: Total charges pertaining to the related revenue code for the billing period. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 333
Field: NON_COV_CHARGES_22
Name: **Non-covered Charges - 22**
Description: Non-covered charges for the primary payer pertaining to the related revenue code. Displayed as 999999999.99.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 334
Field: ASSESSMENT_DATE_22
Name: **Assessment Date - 21**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 335
Field: REVENUE_CODE_23
Name: **Revenue Code-23 (Total Revenue Code)**
Description: Total revenue code, coded as 0001 from line 23
Data Source: UB-92

Length: 4
Type: Alphanumeric
Coding Scheme: See Coding Scheme for REVENUE_CODE_01

Number: 336
Field: RATE_23
Name: **Accommodations Rate - 23 (If applicable)**
Description: Accommodation rate for inpatient claims
Data Source: UB-92
Length: 9
Type: Numeric
Coding Scheme: See Coding Scheme for RATE_01

Number: 337
Field: HCPCS_CODE_23
Name: **HCPCS Procedure Code - 23 (If applicable)**
Description: HCFA Common Procedure Coding System (HCPCS) applicable to ancillary services for outpatient claims or the accommodation rate for inpatient claims.
Data Source: UB-92
Length: 5
Type: Alphanumeric

Number: 338
Field: MOD_1_23
Name: **Modifier 1 - 23 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 339
Field: MOD_2_23
Name: **Modifier 2 - 23 (If applicable)**
Description: Modifier related to preceding HCPCS code
Data Source: UB-92
Length: 2
Type: Alphanumeric

Number: 340
Field: DAYS_OR_SERVICE_UNITS_23
Name: **Days or Units of Service - 23**
Description: Quantitative measure of services rendered, by revenue category, to or for the patient to include items such as number of accommodation days, miles, pints of blood, or renal dialysis treatments
Data Source: UB-92
Length: 7
Type: Numeric

Number: 341
Field: TOTAL_CHARGES_23
Name: **Total charges (all revenue code charges), line 23**
Description: Sum of total accommodation charges, total non-covered accommodation charges, total ancillary charges, total non-covered ancillary charges
Data Source: Calculated
Length: 12
Type: Numeric

Number: 342
Field: NON_COV_CHARGES_23
Name: **Non-covered Charges (all non-covered revenue code charges)–23**
Description: Sum of total non-covered accommodation charges, total non-covered ancillary charges
Data Source: Calculated
Length: 12
Type: Numeric

Number: 343
Field: ASSESSMENT_DATE_23
Name: **Assessment Date - 23**
Description: Required with Revenue Code 0022. Format is YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 344
Field: PRIVATE_AMOUNT
Name: **Accommodation Charge, Private Room Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 11X, 14X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 345
Field: SEMI_PRIVATE_AMOUNT
Name: **Accommodation Charge, Semi-Private Room Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 10X, 12X-13X, 16X-19X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 346
Field: WARD_AMOUNT
Name: **Accommodation Charge, Ward Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 15X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 347
Field: ICU_AMOUNT
Name: **Accommodation Charge, Intensive Care Unit Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 20X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 348
Field: CCU_AMOUNT
Name: **Accommodation Charge, Coronary Care Unit Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 21X.
Data Source: Calculated
Length: 12

Type:	Numeric

Number:	349
Field:	OTHER_AMOUNT
Name:	Ancillary Service Charge, Other Charge Amount
Description:	Calculated from MEDPAR. Sum of charges associated with revenue codes 002-099, 22X-24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X.
Data Source:	Calculated
Length:	12
Type:	Numeric

Number:	350
Field:	PHARM_AMOUNT
Name:	Ancillary Service Charge, Pharmacy Charge Amount
Description:	Calculated from MEDPAR. Sum of charges associated with revenue codes 25X, 26X, 63X.
Data Source:	Calculated
Length:	12
Type:	Numeric

Number:	351
Field:	MEDSURG_AMOUNT
Name:	Ancillary Service Charge, Medical/Surgical Supply Charge Amount
Description:	Calculated from MEDPAR. Sum of charges associated with revenue codes 27X, 62X.
Data Source:	Calculated
Length:	12
Type:	Numeric

Number:	352
Field:	DME_AMOUNT
Name:	Ancillary Service Charge, Durable Medical Equipment Charge Amount
Description:	Calculated from MEDPAR. Sum of charges associated with revenue codes 290-292, 294-299.
Data Source:	Calculated
Length:	12
Type:	Numeric

Number:	353
Field:	USED_DME_AMOUNT
Name:	Ancillary Service Charge, Used Durable Medical Equipment Charge Amount
Description:	Calculated from MEDPAR. Sum of charges associated with revenue code 293.
Data Source:	Calculated
Length:	12
Type:	Numeric

Number:	354
Field:	PT_AMOUNT
Name:	Ancillary Service Charge, Physical Therapy Charge Amount
Description:	Calculated from MEDPAR. Sum of charges associated with revenue codes 42X.
Data Source:	Calculated
Length:	12
Type:	Numeric

Number:	355
Field:	OT_AMOUNT
Name:	Ancillary Service Charge, Occupational Therapy Charge Amount

Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 43X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 356
Field: SPEECH_AMOUNT
Name: **Ancillary Service Charge, Speech Pathology Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 44X, 47X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 357
Field: IT_AMOUNT
Name: **Ancillary Service Charge, Inhalation Therapy Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 41X, 46X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 358
Field: BLOOD_AMOUNT
Name: **Ancillary Service Charge, Blood Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 38X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 359
Field: BLOOD_ADMIN_AMOUNT
Name: **Ancillary Service Charge, Blood Administration Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 39X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 360
Field: OR_AMOUNT
Name: **Ancillary Service Charge, Operating Room Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 36X, 71X-72X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 361
Field: LITH_AMOUNT
Name: **Ancillary Service Charge, Lithotripsy Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 79X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 362
Field: CARD_AMOUNT

Name: Ancillary Service Charge, Cardiology Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 48X, 73X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 363
Field: ANES_AMOUNT
Name: Ancillary Service Charge, Anesthesia Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 37X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 364
Field: LAB_AMOUNT
Name: Ancillary Service Charge, Laboratory Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 30X-31X, 74X-75X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 365
Field: RAD_AMOUNT
Name: Ancillary Service Charge, Radiology Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 28X, 32X-35X, 40X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 366
Field: MRI_AMOUNT
Name: Ancillary Service Charge, MRI Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 61X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 367
Field: OP_AMOUNT
Name: Ancillary Service Charge, Outpatient Services Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 49X-50X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 368
Field: ER_AMOUNT
Name: Ancillary Service Charge, Emergency Room Charge Amount
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 45X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 369
Field: AMBULANCE_AMOUNT
Name: **Ancillary Service Charge, Ambulance Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 54X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 370
Field: PRO_FEE_AMOUNT
Name: **Ancillary Service Charge, Professional Fee Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 96X-98X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 371
Field: ORGAN_AMOUNT
Name: **Ancillary Service Charge, Organ Acquisition Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 81X, 89X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 372
Field: ESRD_AMOUNT
Name: **Ancillary Service Charge, ESRD Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 80X, 82X-88X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 373
Field: CLINIC_AMOUNT
Name: **Ancillary Service Charge, Clinic Visit Charge Amount**
Description: Calculated from MEDPAR. Sum of charges associated with revenue codes 51X.
Data Source: Calculated
Length: 12
Type: Numeric

Number: 374
Field: PRINC_DIAG_CODE
Name: **Principal Diagnosis Code**
Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, that describes the principal diagnosis, the condition established to be responsible for causing the hospitalization or use of other hospital services. A decimal is implied following the third character.
Data Source: UB-92
Length: 6
Type: Alphanumeric

Number: 375
Field: OTH_DIAG_CODE_1
Name: **Other Diagnosis Code (1)**

Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.

Data Source: UB-92

Length: 6

Type: Alphanumeric

Number: 376

Field: OTH_DIAG_CODE_2

Name: **Other Diagnosis Code (2)**

Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.

Data Source: UB-92

Length: 6

Type: Alphanumeric

Number: 377

Field: OTH_DIAG_CODE_3

Name: **Other Diagnosis Code (3)**

Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.

Data Source: UB-92

Length: 6

Type: Alphanumeric

Number: 378

Field: OTH_DIAG_CODE_4

Name: **Other Diagnosis Code (4)**

Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.

Data Source: UB-92

Length: 6

Type: Alphanumeric

Number: 379

Field: OTH_DIAG_CODE_5

Name: **Other Diagnosis Code (5)**

Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.

Data Source: UB-92

Length: 6

Type: Alphanumeric

Number: 380

Field: OTH_DIAG_CODE_6

Name: **Other Diagnosis Code (6)**

Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission

or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.

Data Source: UB-92

Length: 6

Type: Alphanumeric

Number: 381

Field: OTH_DIAG_CODE_7

Name: **Other Diagnosis Code (7)**

Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.

Data Source: UB-92

Length: 6

Type: Alphanumeric

Number: 382

Field: OTH_DIAG_CODE_8

Name: **Other Diagnosis Code (8)**

Description: Full ICD-9-CM diagnosis code, including the 4th and 5th digits, if applicable, corresponding to the patient's additional conditions that coexist at the time of admission or develop subsequently and which have an effect on the treatment received or length of stay. A decimal is implied following the third character.

Data Source: UB-92

Length: 6

Type: Alphanumeric

Number: 383

Field: PRINC_SURG_PROC_CODE

Name: **Principal Surgical Procedure Code (if applicable)**

Description: Code for the principal surgical or obstetrical procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code.

Data Source: UB-92

Length: 7

Type: Alphanumeric

Number: 384

Field: PRINC_SURG_PROC_DATE

Name: **Principal Procedure Date (if applicable)**

Description: Date the principal procedure described on the bill was performed. Entered as YYYYMMDD.

Data Source: UB-92

Length: 8

Type: Date

Number: 385

Field: PRINC_SURG_PROC_DAY

Name: **Day Number of Principal Surgical Procedure**

Description: Day number of principal surgical procedure *equals* Principal surgical procedure date *minus* Admission/Start of Care Date

Data Source: Calculated

Length: 4

Type: Numeric

Number: 386

Field: PRINC_ICD9_CODE

Name: ICD-9 (Principal)
Description: ICD-9 Code converted from Principal Surgical Procedure Code if it was provided by hospital as HCPCS or CPT Code. If Principal Surgical Procedure Code was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.

Data Source: Conversion from HCPCS or CPT

Length: 5

Type: Alphanumeric

Number: 387

Field: OTH_SURG_PROC_CODE_1

Name: Other Procedure Code (1)

Description: Significant procedure, other than the principal procedure, important for the episode of care and closely related to the principal diagnosis. ICD-9, HCPCS, or CPT code.

Data Source: UB-92

Length: 7

Type: Alphanumeric

Number: 388

Field: OTH_SURG_PROC_DATE_1

Name: Other Procedure Date (1)

Description: Date of significant procedure other than the principal procedure. Entered as YYYYMMDD

Data Source: UB-92

Length: 8

Type: Date

Number: 389

Field: OTH_SURG_PROC_DAY_1

Name: Day number of Other Surgical Procedure 1

Description: Day number of other surgical procedure *equals* Procedure date *minus* Admission/Start of Care Date

Data Source: Calculated

Length: 4

Type: Alphanumeric

Number: 390

Field: OTH_ICD9_CODE_1

Name: ICD-9 (1)

Description: ICD-9 Code converted from Other Procedure Code (1) if it was provided by hospital as HCPCS or CPT Code. If Other Procedure Code (1) was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.

Data Source: Conversion from HCPCS or CPT

Length: 5

Type: Alphanumeric

Number: 391

Field: OTH_SURG_PROC_CODE_2

Name: Other Surgical Procedure Code 2

Description: Significant procedure, other than the principal procedure, important for the episode of care and closely related to the principal diagnosis. ICD-9, HCPCS, or CPT code.

Data Source: UB-92

Length: 7

Type: Alphanumeric

Number: 392

Field: OTH_SURG_PROC_DATE_2

Name: Other Procedure Date (2)

Description: Date of significant procedure other than the principal procedure. Entered as YYYYMMDD
Data Source: UB-92
Length: 8
Type: Date

Number: 393
Field: OTH_SURG_PROC_DAY_2
Name: **Day number of Other Surgical Procedure 2**
Description: Day number of other surgical procedure 2 *equals* Procedure date 2 *minus* Admission/Start of Care Date
Data Source: Calculated
Length: 4
Type: Alphanumeric

Number: 394
Field: OTH_ICD9_CODE_2
Name: **ICD-9 (2)**
Description: ICD-9 Code converted from Other Procedure Code (2) if it was provided by hospital as HCPCS or CPT Code. If Other Procedure Code (2) was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.
Data Source: Conversion from HCPCS or CPT
Length: 5
Type: Numeric

Number: 395
Field: OTH_SURG_PROC_CODE_3
Name: **Other Surgical Procedure Code (3)**
Description: Significant procedure, other than the principal procedure, important for the episode of care and closely related to the principal diagnosis. ICD-9, HCPCS, or CPT code.
Data Source: UB-92
Length: 7
Type: Alphanumeric

Number: 396
Field: OTH_SURG_PROC_DATE_3
Name: **Other Procedure Date 3**
Description: Date of significant procedure other than the principal procedure. Enter as YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 397
Field: OTH_SURG_PROC_DAY_3
Name: **Day number of Other Surgical Procedure 3**
Description: Day number of other surgical procedure 3 *equals* Procedure date 3 *minus* Admission/Start of care date
Data Source: Calculated
Length: 4
Type: Alphanumeric

Number: 398
Field: OTH_ICD9_CODE_3
Name: **ICD-9 (3)**
Description: ICD-9 Code converted from Other Procedure Code (3) if it was provided by hospital as HCPCS or CPT Code. If Other Procedure Code (3) was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.

Data Source: Conversion from HCPCS or CPT
Length: 5
Type: Alphanumeric

Number: 399
Field: OTH_SURG_PROC_CODE_4
Name: **Other Surgical Procedure Code 4**
Description: Significant procedure, other than the principal procedure, important for the episode of care and closely related to the principal diagnosis. ICD-9, HCPCS, or CPT code.
Data Source: UB-92
Length: 7
Type: Alphanumeric

Number: 400
Field: OTH_SURG_PROC_DATE_4
Name: **Other Procedure Date 4**
Description: Date of significant procedure other than the principal procedure. Entered as YYYYMMDD.
Data Source: UB-92
Length: 8
Type: Date

Number: 401
Field: OTH_SURG_PROC_DAY_4
Name: **Day number of Other Surgical Procedure 4**
Description: Day number of other surgical procedure 4 *equals* Procedure date 4 *minus* Admission/Start of care date
Data Source: Calculated
Length: 4
Type: Alphanumeric

Number: 402
Field: OTH_ICD9_CODE_4
Name: **ICD-9 (4)**
Description: ICD-9 Code converted from Other Procedure Code (4) if it was provided by hospital as HCPCS or CPT Code. If Other Procedure Code (4) was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.
Data Source: Conversion from HCPCS or CPT
Length: 5
Type: Alphanumeric

Number: 403
Field: OTH_SURG_PROC_CODE_5
Name: **Other Surgical Procedure Code 5**
Description: Significant procedure, other than the principal procedure, important for the episode of care and closely related to the principal diagnosis. ICD-9, HCPCS, or CPT code.
Data Source: UB-92
Length: 7
Type: Alphanumeric

Number: 404
Field: OTH_SURG_PROC_DATE_5
Name: **Other Procedure Date 5**
Description: Date of significant procedure other than the principal procedure. Entered as YYYYMMDD.
Data Source: UB-92
Length: 8

Type:	Date

Number:	405
Field:	OTH_SURG_PROC_DAY_5
Name:	Day Number of Other Surgical Procedure 5
Description:	Day number of other surgical procedure 5 <i>equals</i> Procedure date 5 <i>minus</i> Admission/Start of care date
Data Source:	Calculated
Length:	4
Type:	Alphanumeric

Number:	406
Field:	OTH_ICD9_CODE_5
Name:	ICD-9 (5)
Description:	ICD-9 Code converted from Other Procedure Code (5) if it was provided by hospital as HCPCS or CPT Code. If Other Procedure Code (5) was provided as ICD-9 code, this code is the same. A decimal is implied following the second character.
Data Source:	Conversion from HCPCS or CPT
Length:	5
Type:	Alphanumeric

Number:	407
Field:	ADMITTING_DIAG
Name:	Admitting Diagnosis
Description:	Full ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, that describes the admitting diagnosis as stated by the physician at the time of admission. A decimal is implied following the third character.
Data Source:	UB-92
Length:	6
Type:	Alphanumeric

Number:	408
Field:	EXTNAL_CAUSE_OF_INJURY
Name:	External Cause of Injury (if applicable)
Description:	Full ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, that describes the admitting diagnosis, the condition established to be responsible for causing the hospitalization, if the cause is an external injury. A decimal is implied following the third character.
Data Source:	UB-92
Length:	6
Type:	Alphanumeric

Number:	409
Field:	PROC_CODE_METHOD_USED
Name:	Procedure Coding Method used
Description:	Identifies medical coding system used for reporting procedure codes on the bill.
Data Source:	UB-92
Length:	1
Type:	Alphanumeric
Coding Scheme:	1-3 Reserved for assignment 4 CPT-4 5 HCPCS (HCFA Common Procedure Coding System) 6-8 Reserved for assignment 9 ICD-9-CM

Number:	410
Field:	ATTENDING_PHYSICIAN_UNIF_ID

Name: **Attending Physician Uniform Identifier**
Description: Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.
Data Source: Assigned by THCIC
Length: 16
Type: Alphanumeric
Coding Scheme: 999999998 Cell size less than 5
999999999 Temporary license or license number could not be matched

Number: 411
Field: OPERATING_PHYSICIAN_UNIF_ID
Name: **Operating or other Physician Uniform Identifier (if applicable)**
Description: Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.
Data Source: Assigned by THCIC
Length: 16
Type: Alphanumeric
Coding Scheme: 999999998 Cell size less than 5
999999999 Temporary license or license number could not be matched

Number: 412
Field: CLAIM_CHARGES_ACCOMM
Name: **Total Accommodations Charges**
Description: Total accommodations charges pertaining to revenue codes 0100-0219. Includes both covered and non-covered charges.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 413
Field: CLAIM_NON_COV_CHARGES_ACCOMM
Name: **Total Non-Covered Accommodations Charges**
Description: Total non-covered charges for the primary payer pertaining to revenue codes 0100-0219.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 414
Field: CLAIM_CHARGES_ANCIL
Name: **Total Ancillary Charges**
Description: Total ancillary charges pertaining to revenue codes other than 0100-0219. Includes both covered and non-covered charges.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 415

Field: CLAIM_NON_COV_CHARGES Ancil
Name: **Total Non-covered Ancillary Charges**
Description: Total non-covered ancillary charges for the primary payer pertaining to revenue codes other than 0100-0219.
Data Source: UB-92
Length: 12
Type: Numeric

Number: 416
Field: HCFA_DRG
Name: **HCFA-DRG Code**
Description: Assignment of Diagnosis Related Group (DRG) as assigned by Health Care Financing Administration (HCFA) for hospital payment for Medicare beneficiaries
Data Source: Assigned
Length: 3
Type: Alphanumeric

Number: 417
Field: HCFA_MDC
Name: **HCFA-MDC Code**
Description: Assignment of Major Diagnostic Category (MDC) from the 3M HCFA-DRG Grouper
Data Source: Assigned
Length: 2
Type: Alphanumeric

Number: 418
Field: HCFA_GROUPEr_VERSION_NBR
Name: **HCFA Grouper Version**
Description: Version number of the 3M HCFA-DRG Grouper used
Data Source:
Length: 5
Type: Alphanumeric

Number: 419
Field: HCFA_GROUPEr_ERROR_CODE
Name: **HCFA Grouper Error Code**
Description: Error code assigned by the 3M HCFA-DRG Grouper
Data Source:
Length: 2
Type: Alphanumeric

Number: 420
Field: APR_DRG
Name: **APR-DRG Code**
Description: Assignment of All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper
Data Source: 3M DRG Grouper
Length: 3
Type: Alphanumeric

Number: 421
Field: RISK_MORTALITY
Name: **Risk of Mortality Score**

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

Data Source: 3M DRG Grouper

Length: 1

Type: Alphanumeric

Coding Scheme: 1 Minor
2 Moderate
3 Major
4 Extreme
* Invalid

Number: 422

Field: SEVERITY_ILLNESS

Name: **Severity of Illness Score**

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

Data Source: 3M DRG Grouper

Length: 1

Type: Alphanumeric

Coding Scheme: 1 Minor
2 Moderate
3 Major
4 Extreme
* Invalid

Number: 104

Number: 423

Field: MDC

Name: **MDC Code**

Description: Assignment of Major Diagnostic Category (MDC) from the 3M APR-DRG Grouper

Data Source: 3M DRG Grouper

Length: 2

Type: Alphanumeric

Number: 424

Field: APR_GROUPEr_VERSION_NBR

Name: **APR Grouper Version Number**

Description: Version number of the 3M HCFA-DRG Grouper used

Data Source: Lookup

Length: 5

Type: Alphanumeric

Number: 425

Field: APR_GROUPEr_ERROR_CODE

Name: **APR Grouper Error Code**

Description: Error code assigned by the 3M HCFA-DRG Grouper

Data Source: Lookup

Length: 2

Type: Alphanumeric

Data Dictionary #	RDF Field Name (1999-2003)	Available in RDF
1	RECORD_ID (DOES NOT match to PUDF. Does match with unique RDF files. No charge for this field.)	Yes
2	PAT_UNIQUE_INDEX	Yes
3	THCIC_ID	Yes
4	FAC_TEACHING_IND	Yes
5	FAC_ACUTE_CARE_IND	Yes
6	FAC_PSYCH_IND	Yes
7	FAC_REHAB_IND	Yes
8	FAC_SNF_IND	Yes
9	FAC_PEDI_IND	Yes
10	FAC_OTHER_LTC_IND	Yes
11	SPEC_UNIT	Yes
12	ENCOUNTER_INDICATOR	Yes
13	EIN	Yes
14	PROVIDER_NAME	Yes
15	PROVIDER_ADDR	Yes
16	PROVIDER_CITY	Yes
17	PROVIDER_STATE	Yes
18	PROVIDER_ZIP	Yes
19	SEX_CODE	Yes
20	BIRTH_DATE	Yes
21	MARITAL_STATUS	Yes
22	TYPE_OF_ADMISSION	Yes
23	SOURCE_OF_ADMISSION	Yes
24	PAT_ADDR_CENSUS_BLOCK_GROUP	Available in 2004
25	PAT_ADDR_CENSUS_BLOCK	Available in 2004
26	PAT_CITY	Yes
27	PAT_STATE	Yes
28	PAT_ZIP	Yes
29	PAT_COUNTY	Yes
30	ADMIT_START_OF_CARE	Yes
31	ADMIT_WEEKDAY	Yes
32	ADMIT_HOUR	Yes
33	STMT_PERIOD_FROM	Yes
34	STMT_PERIOD_THRU	Yes
35	LENGTH_OF_STAY	Yes
36	PAT_AGE_YEARS	Yes
37	PAT_AGE_DAYS	Yes
38	PAT_STATUS	Yes
39	DISCHARGE_HOUR	Yes
40	RACE	Yes
41	ETHNICITY	Yes
42	PAYMENT_SOURCE_1	Yes
43	SOURCE_PAYMENT_CODE_1	Yes
44	PAYOR_ID_1	Yes

45	INS_COMPANY_NAME_1	Yes
46	PAYOR_CODE_1	Yes
47	PRIMARY_PAYER_1	Yes
48	INS_GRP_NUM_1	Yes
49	EMPLOYMENT_STATUS_CODE_1	Yes
50	COVERED_DAYS_1	Yes
51	NON_COVERED_DAYS_1	Yes
52	CO_INSURANCE_DAYS_1	Yes
53	LIFETIME_RESERVE_DAYS_1	Yes
54	PAYMENT_SOURCE_2	Yes
55	SOURCE_PAYMENT_CODE_2	Yes
56	PAYOR_ID_2	Yes
57	INS_COMPANY_NAME_2	Yes
58	PAYOR_CODE_2	Yes
59	PRIMARY_PAYER_2	Yes
60	INS_GRP_NUM_2	Yes
61	EMPLOYMENT_STATUS_CODE_2	Yes
62	COVERED_DAYS_2	Yes
63	NON_COVERED_DAYS_2	Yes
64	CO_INSURANCE_DAYS_2	Yes
65	LIFETIME_RESERVE_DAYS_2	Yes
66	AUTH_TYPE_1	Yes
67	AUTH_REVENUE_1	Yes
68	AUTH_HCPCS_1	Yes
69	AUTH_TYPE_2	Yes
70	AUTH_REVENUE_2	Yes
71	AUTH_HCPCS_2	Yes
72	AUTH_TYPE_3	Yes
73	AUTH_REVENUE_3	Yes
74	AUTH_HCPCS_3	Yes
75	TYPE_OF_BILL	Yes
76	OCCUR_CODE_1	Yes
77	OCCUR_DATE_1	Yes
78	OCCUR_DAY_1	Yes
79	OCCUR_CODE_2	Yes
80	OCCUR_DATE_2	Yes
81	OCCUR_DAY_2	Yes
82	OCCUR_CODE_3	Yes
83	OCCUR_DATE_3	Yes
84	OCCUR_DAY_3	Yes
85	OCCUR_CODE_4	Yes
86	OCCUR_DATE_4	Yes
87	OCCUR_DAY_4	Yes
88	OCCUR_CODE_5	Yes
89	OCCUR_DATE_5	Yes
90	OCCUR_DAY_5	Yes
91	OCCUR_CODE_6	Yes
92	OCCUR_DATE_6	Yes

93	OCCUR_DAY_6	Yes
94	OCCUR_CODE_7	Yes
95	OCCUR_DATE_7	Yes
96	OCCUR_DAY_7	Yes
97	OCCUR_SPAN_CODE_1	Yes
98	OCCUR_SPAN_FROM_1	Yes
99	OCCUR_SPAN_THRU_1	Yes
100	OCCUR_SPAN_CODE_2	Yes
101	OCCUR_SPAN_FROM_2	Yes
102	OCCUR_SPAN_THRU_2	Yes
103	CONDITION_CODE_1	Yes
104	CONDITION_CODE_2	Yes
105	CONDITION_CODE_3	Yes
106	CONDITION_CODE_4	Yes
107	CONDITION_CODE_5	Yes
108	CONDITION_CODE_6	Yes
109	CONDITION_CODE_7	Yes
110	CONDITION_CODE_8	Yes
111	CONDITION_CODE_9	Yes
112	CONDITION_CODE_10	Yes
113	VALUE_CODE_1	Yes
114	VALUE_AMOUNT_1	Yes
115	VALUE_CODE_2	Yes
116	VALUE_AMOUNT_2	Yes
117	VALUE_CODE_3	Yes
118	VALUE_AMOUNT_3	Yes
119	VALUE_CODE_4	Yes
120	VALUE_AMOUNT_4	Yes
121	VALUE_CODE_5	Yes
122	VALUE_AMOUNT_5	Yes
123	VALUE_CODE_6	Yes
124	VALUE_AMOUNT_6	Yes
125	VALUE_CODE_7	Yes
126	VALUE_AMOUNT_7	Yes
127	VALUE_CODE_8	Yes
128	VALUE_AMOUNT_8	Yes
129	VALUE_CODE_9	Yes
130	VALUE_AMOUNT_9	Yes
131	VALUE_CODE_10	Yes
132	VALUE_AMOUNT_10	Yes
133	VALUE_CODE_11	Yes
134	VALUE_AMOUNT_11	Yes
135	VALUE_CODE_12	Yes
136	VALUE_AMOUNT_12	Yes
137	REVENUE_CODE_01	Yes
138	RATE_01	Yes
139	HCPCS_CODE_01	Yes
140	MOD_1_01	Yes

141	MOD_2_01	Yes
142	DAYS_OR_SERVICE_UNITS_01	Yes
143	TOTAL_CHARGES_01	Yes
144	NON_COV_CHARGES_01	Yes
145	ASSESSMENT_DATE_01	Yes
146	REVENUE_CODE_02	Yes
147	RATE_02	Yes
148	HCPCS_CODE_02	Yes
149	MOD_1_02	Yes
150	MOD_2_02	Yes
151	DAYS_OR_SERVICE_UNITS_02	Yes
152	TOTAL_CHARGES_02	Yes
153	NON_COV_CHARGES_02	Yes
154	ASSESSMENT_DATE_02	Yes
155	REVENUE_CODE_03	Yes
156	RATE_03	Yes
157	HCPCS_CODE_03	Yes
158	MOD_1_03	Yes
159	MOD_2_03	Yes
160	DAYS_OR_SERVICE_UNITS_03	Yes
161	TOTAL_CHARGES_03	Yes
162	NON_COV_CHARGES_03	Yes
163	ASSESSMENT_DATE_03	Yes
164	REVENUE_CODE_04	Yes
165	RATE_04	Yes
166	HCPCS_CODE_04	Yes
167	MOD_1_04	Yes
168	MOD_2_04	Yes
169	DAYS_OR_SERVICE_UNITS_04	Yes
170	TOTAL_CHARGES_04	Yes
171	NON_COV_CHARGES_04	Yes
172	ASSESSMENT_DATE_04	Yes
173	REVENUE_CODE_05	Yes
174	RATE_05	Yes
175	HCPCS_CODE_05	Yes
176	MOD_1_05	Yes
177	MOD_2_05	Yes
178	DAYS_OR_SERVICE_UNITS_05	Yes
179	TOTAL_CHARGES_05	Yes
180	NON_COV_CHARGES_05	Yes
181	ASSESSMENT_DATE_05	Yes
182	REVENUE_CODE_06	Yes
183	RATE_06	Yes
184	HCPCS_CODE_06	Yes
185	MOD_1_06	Yes
186	MOD_2_06	Yes
187	DAYS_OR_SERVICE_UNITS_06	Yes
188	TOTAL_CHARGES_06	Yes

189	NON_COV_CHARGES_06	Yes
190	ASSESSMENT_DATE_06	Yes
191	REVENUE_CODE_07	Yes
192	RATE_07	Yes
193	HCPCS_CODE_07	Yes
194	MOD_1_07	Yes
195	MOD_2_07	Yes
196	DAYS_OR_SERVICE_UNITS_07	Yes
197	TOTAL_CHARGES_07	Yes
198	NON_COV_CHARGES_07	Yes
199	ASSESSMENT_DATE_07	Yes
200	REVENUE_CODE_08	Yes
201	RATE_08	Yes
202	HCPCS_CODE_08	Yes
203	MOD_1_08	Yes
204	MOD_2_08	Yes
205	DAYS_OR_SERVICE_UNITS_08	Yes
206	TOTAL_CHARGES_08	Yes
207	NON_COV_CHARGES_08	Yes
208	ASSESSMENT_DATE_08	Yes
209	REVENUE_CODE_09	Yes
210	RATE_09	Yes
211	HCPCS_CODE_09	Yes
212	MOD_1_09	Yes
213	MOD_2_09	Yes
214	DAYS_OR_SERVICE_UNITS_09	Yes
215	TOTAL_CHARGES_09	Yes
216	NON_COV_CHARGES_09	Yes
217	ASSESSMENT_DATE_09	Yes
218	REVENUE_CODE_10	Yes
219	RATE_10	Yes
220	HCPCS_CODE_10	Yes
221	MOD_1_10	Yes
222	MOD_2_10	Yes
223	DAYS_OR_SERVICE_UNITS_10	Yes
224	TOTAL_CHARGES_10	Yes
225	NON_COV_CHARGES_10	Yes
226	ASSESSMENT_DATE_10	Yes
227	REVENUE_CODE_11	Yes
228	RATE_11	Yes
229	HCPCS_CODE_11	Yes
230	MOD_1_11	Yes
231	MOD_2_11	Yes
232	DAYS_OR_SERVICE_UNITS_11	Yes
233	TOTAL_CHARGES_11	Yes
234	NON_COV_CHARGES_11	Yes
235	ASSESSMENT_DATE_11	Yes
236	REVENUE_CODE_12	Yes

237	RATE_12	Yes
238	HCPCS_CODE_12	Yes
239	MOD_1_12	Yes
240	MOD_2_12	Yes
241	DAYS_OR_SERVICE_UNITS_12	Yes
242	TOTAL_CHARGES_12	Yes
243	NON_COV_CHARGES_12	Yes
244	ASSESSMENT_DATE_12	Yes
245	REVENUE_CODE_13	Yes
246	RATE_13	Yes
247	HCPCS_CODE_13	Yes
248	MOD_1_13	Yes
249	MOD_2_13	Yes
250	DAYS_OR_SERVICE_UNITS_13	Yes
251	TOTAL_CHARGES_13	Yes
252	NON_COV_CHARGES_13	Yes
253	ASSESSMENT_DATE_13	Yes
254	REVENUE_CODE_14	Yes
255	RATE_14	Yes
256	HCPCS_CODE_14	Yes
257	MOD_1_14	Yes
258	MOD_2_14	Yes
259	DAYS_OR_SERVICE_UNITS_14	Yes
260	TOTAL_CHARGES_14	Yes
261	NON_COV_CHARGES_14	Yes
262	ASSESSMENT_DATE_14	Yes
263	REVENUE_CODE_15	Yes
264	RATE_15	Yes
265	HCPCS_CODE_15	Yes
266	MOD_1_15	Yes
267	MOD_2_15	Yes
268	DAYS_OR_SERVICE_UNITS_15	Yes
269	TOTAL_CHARGES_15	Yes
270	NON_COV_CHARGES_15	Yes
271	ASSESSMENT_DATE_15	Yes
272	REVENUE_CODE_16	Yes
273	RATE_16	Yes
274	HCPCS_CODE_16	Yes
275	MOD_1_16	Yes
276	MOD_2_16	Yes
277	DAYS_OR_SERVICE_UNITS_16	Yes
278	TOTAL_CHARGES_16	Yes
279	NON_COV_CHARGES_16	Yes
280	ASSESSMENT_DATE_16	Yes
281	REVENUE_CODE_17	Yes
282	RATE_17	Yes
283	HCPCS_CODE_17	Yes
284	MOD_1_17	Yes

285	MOD_2_17	Yes
286	DAYS_OR_SERVICE_UNITS_17	Yes
287	TOTAL_CHARGES_17	Yes
288	NON_COV_CHARGES_17	Yes
289	ASSESSMENT_DATE_17	Yes
290	REVENUE_CODE_18	Yes
291	RATE_18	Yes
292	HCPCS_CODE_18	Yes
293	MOD_1_18	Yes
294	MOD_2_18	Yes
295	DAYS_OR_SERVICE_UNITS_18	Yes
296	TOTAL_CHARGES_18	Yes
297	NON_COV_CHARGES_18	Yes
298	ASSESSMENT_DATE_18	Yes
299	REVENUE_CODE_19	Yes
300	RATE_19	Yes
301	HCPCS_CODE_19	Yes
302	MOD_1_19	Yes
303	MOD_2_19	Yes
304	DAYS_OR_SERVICE_UNITS_19	Yes
305	TOTAL_CHARGES_19	Yes
306	NON_COV_CHARGES_19	Yes
307	ASSESSMENT_DATE_19	Yes
308	REVENUE_CODE_20	Yes
309	RATE_20	Yes
310	HCPCS_CODE_20	Yes
311	MOD_1_20	Yes
312	MOD_2_20	Yes
313	DAYS_OR_SERVICE_UNITS_20	Yes
314	TOTAL_CHARGES_20	Yes
315	NON_COV_CHARGES_20	Yes
316	ASSESSMENT_DATE_20	Yes
317	REVENUE_CODE_21	Yes
318	RATE_21	Yes
319	HCPCS_CODE_21	Yes
320	MOD_1_21	Yes
321	MOD_2_21	Yes
322	DAYS_OR_SERVICE_UNITS_21	Yes
323	TOTAL_CHARGES_21	Yes
324	NON_COV_CHARGES_21	Yes
325	ASSESSMENT_DATE_21	Yes
326	REVENUE_CODE_22	Yes
327	RATE_22	Yes
328	HCPCS_CODE_22	Yes
329	MOD_1_22	Yes
330	MOD_2_22	Yes
331	DAYS_OR_SERVICE_UNITS_22	Yes
332	TOTAL_CHARGES_22	Yes

333	NON_COV_CHARGES_22	Yes
334	ASSESSMENT_DATE_22	Yes
335	REVENUE_CODE_23	Yes
336	RATE_23	Yes
337	HCPCS_CODE_23	Yes
338	MOD_1_23	Yes
339	MOD_2_23	Yes
340	DAYS_OR_SERVICE_UNITS_23	Yes
341	TOTAL_CHARGES_23	Yes
342	NON_COV_CHARGES_23	Yes
343	ASSESSMENT_DATE_23	Yes
344	PRIVATE_AMOUNT	Yes
345	SEMI_PRIVATE_AMOUNT	Yes
346	WARD_AMOUNT	Yes
347	ICU_AMOUNT	Yes
348	CCU_AMOUNT	Yes
349	OTHER_AMOUNT	Yes
350	PHARM_AMOUNT	Yes
351	MEDSURG_AMOUNT	Yes
352	DME_AMOUNT	Yes
353	USED_DME_AMOUNT	Yes
354	PT_AMOUNT	Yes
355	OT_AMOUNT	Yes
356	SPEECH_AMOUNT	Yes
357	IT_AMOUNT	Yes
358	BLOOD_AMOUNT	Yes
359	BLOOD_ADM_AMOUNT	Yes
360	OR_AMOUNT	Yes
361	LITH_AMOUNT	Yes
362	CARD_AMOUNT	Yes
363	ANES_AMOUNT	Yes
364	LAB_AMOUNT	Yes
365	RAD_AMOUNT	Yes
366	MRI_AMOUNT	Yes
367	OP_AMOUNT	Yes
368	ER_AMOUNT	Yes
369	AMBULANCE_AMOUNT	Yes
370	PRO_FEE_AMOUNT	Yes
371	ORGAN_AMOUNT	Yes
372	ESRD_AMOUNT	Yes
373	CLINIC_AMOUNT	Yes
374	PRINC_DIAG_CODE	Yes
375	OTH_DIAG_CODE_1	Yes
376	OTH_DIAG_CODE_2	Yes
377	OTH_DIAG_CODE_3	Yes
378	OTH_DIAG_CODE_4	Yes
379	OTH_DIAG_CODE_5	Yes
380	OTH_DIAG_CODE_6	Yes

381	OTH_DIAG_CODE_7	Yes
382	OTH_DIAG_CODE_8	Yes
383	PRINC_SURG_PROC_CODE	Yes
384	PRINC_SURG_PROC_DATE	Yes
385	PRINC_SURG_PROC_DAY	Yes
386	PRINC_ICD9_CODE	Yes
387	OTH_SURG_PROC_CODE_1	Yes
388	OTH_SURG_PROC_DATE_1	Yes
389	OTH_SURG_PROC_DAY_1	Yes
390	OTH_ICD9_CODE_1	Yes
391	OTH_SURG_PROC_CODE_2	Yes
392	OTH_SURG_PROC_DATE_2	Yes
393	OTH_SURG_PROC_DAY_2	Yes
394	OTH_ICD9_CODE_2	Yes
395	OTH_SURG_PROC_CODE_3	Yes
396	OTH_SURG_PROC_DATE_3	Yes
397	OTH_SURG_PROC_DAY_3	Yes
398	OTH_ICD9_CODE_3	Yes
399	OTH_SURG_PROC_CODE_4	Yes
400	OTH_SURG_PROC_DATE_4	Yes
401	OTH_SURG_PROC_DAY_4	Yes
402	OTH_ICD9_CODE_4	Yes
403	OTH_SURG_PROC_CODE_5	Yes
404	OTH_SURG_PROC_DATE_5	Yes
405	OTH_SURG_PROC_DAY_5	Yes
406	OTH_ICD9_CODE_5	Yes
407	ADMITTING_DIAG	Yes
408	EXTNAL_CAUSE_OF_INJURY	Yes
409	PROC_CODE_METHOD_USED	Yes
410	ATT_PHYS_INDEX_NUMBER	Yes
411	OPER_PHYS_INDEX_NUMBER	Yes
412	CLAIM_CHARGES_ACCOMM	Yes
413	CLAIM_NON_COV_CHARGES	Yes
414	CLAIM_CHARGES_ANCIL	Yes
415	CLAIM_NON_COV_CHARGES_ANCIL	Yes
416	HCFA_DRG	Yes
417	HCFA_MDC	Yes
418	HCFA_GROUPER_VERSION_NBR	Yes
419	HCFA_GROUPER_ERROR_CODE	Yes
420	APR_DRG	Yes
421	RISK_MORTALITY	Yes
422	ILLNESS_SEVERITY	Yes
423	APR_MDC	Yes
424	APR_GROUPER_VERSION_NBR	Yes
425	APR_GROUPER_ERROR_CODE	Yes