



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

**TEXAS HOSPITAL INPATIENT DISCHARGE DATA**

**RESEARCH DATA FILE (RDF)**

**USER MANUAL – 2015 Q4 to Present**

**Center for Health Statistics**

**Texas Health Care Information Collection**

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## BACKGROUND

The Texas Health Care Information Council (THCIC) was created by [Chapter 108](#) of the Texas Health and Safety Code (HSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data. THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004 and the DSHS Center for Health Statistics is now responsible for the collection and release of hospital discharge data.

## INPATIENT RESEARCH DATA FILE (RDF)

[Health and Safety Code §108.011\(k\)](#) of the HSC permits DSHS to disclose data collected under this chapter that is not included in public use data to any department or commission program if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under [HSC, §108.0135](#). These data are provided as Research Data File (RDF) contains protected patient-level information inpatient hospital stays and shall be used only for the benefit of the public subjected to specific limitations defined by [HSC, §108.0135](#).

The inpatient RDF includes all the variables in Inpatient Public Use Data File (PUDF) (<https://www.dshs.texas.gov/thcic/hospitals/Inpatientpudf.shtm>) and the additional patient sensitive or confidential data variables. Only data elements approved by the DSHS IRB and DSHS Executive Steering Committee will be released to the requestor with their approved data elements in a custom built RDF.

The RDF is available in fixed length format text files, tab-delimited or SAS format.

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

Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

## PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the outpatient RDF was that the data and resulting information be used for the benefit of the public. This is specified in [HSC, §108.013](#). The [HSC, §108.013](#) also stipulates that DSHS

may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the [HSC, §108.013](#). In addition, under [HSC, §§108.013\(e\) and \(f\)](#), patient and/or physician information in the RDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding.

To protect physician identities, the HSC, [§§108.009\(d\)](#) and [108.013\(h\)](#) requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. RDF users are required to sign and comply with the DSHS Data Use Agreement in the Application before shipment of the RDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the [HSC, Chapter 108](#) and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying information supplied in the DSHS Inpatient Hospital Discharge Data sets.

## **RESTRICTIONS ON DATA USE**

[Health and Safety Code §108.010\(c\)](#) prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the RDF are cautioned about using less than a year of data to make any hospital quality assumptions.

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member

of the organization that has acquired the data, except with the written approval of DSHS;

- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source,
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the approved IRB request and the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the Inpatient Data User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

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

- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are necessary for DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee's agreement to comply with the above-stated requirements and that the licensee has knowledge that under HSC, §§[108.014](#) and [108.0141](#) civil and criminal penalties may be assessed should the licensee or others that knowingly or negligently access or release data in violation of this agreement is punishable by a fine of up to \$10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the RDF user has been informed that the potential for both civil and criminal penalties exists.

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

## DATA LIMITATIONS

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

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Uniform identification numbers for physicians are available after first (1<sup>st</sup>) quarter 2000 except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.
- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately

represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.

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

## HOSPITAL COMMENTS

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

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

## CITATION

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

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

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

### INPATIENT RDF DATA DICTIONARY

The following information is provided:

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

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

### BASE DATA FILE

<b>Field 1:</b>	<b>RECORD_ID</b> Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF Record ID. Does match with RECORD_ID in other Inpatient RDF files														
<b>Length:</b>	12 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned														
<b>Field 2:</b>	<b>PAT_UNIQUE_INDEX</b> Unique identifier assigned to the patient by THCIC														
<b>Length:</b>	10 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned														
<b>Field 3:</b>	<b>THCIC_ID</b> Provider ID. Unique identifier assigned to the provider by THCIC.														
<b>Length:</b>	6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned														
<b>Field 4:</b>	<b>SPEC_UNIT_1</b> Specialty Unit in which most days stay occurred based on number of days by Type of Bill or Revenue Code.														
<b>Coding Scheme:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">C    Coronary Care Unit</td> <td style="width: 50%;">P    Pediatric Unit</td> </tr> <tr> <td>D    Detoxification Unit</td> <td>Y    Psychiatric Unit</td> </tr> <tr> <td>I    Intensive Care Unit</td> <td>R    Rehabilitation Unit</td> </tr> <tr> <td>H    Hospice Unit</td> <td>U    Sub-acute Care Unit</td> </tr> <tr> <td>N    Nursery</td> <td>S    Skilled Nursing Unit</td> </tr> <tr> <td>B    Obstetric Unit</td> <td>Blank Acute Care</td> </tr> <tr> <td>O    Oncology Unit</td> <td></td> </tr> </table>	C    Coronary Care Unit	P    Pediatric Unit	D    Detoxification Unit	Y    Psychiatric Unit	I    Intensive Care Unit	R    Rehabilitation Unit	H    Hospice Unit	U    Sub-acute Care Unit	N    Nursery	S    Skilled Nursing Unit	B    Obstetric Unit	Blank Acute Care	O    Oncology Unit	
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O    Oncology Unit															
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated														
<b>Field 5:</b>	<b>SPEC_UNIT_2</b> Specialty Unit in which 2 <sup>nd</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.														
<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.														
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated														
<b>Field 6:</b>	<b>SPEC_UNIT_3</b> Specialty Unit in which 3 <sup>rd</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.														
<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.														



## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated																																																												
<b>Field 7:</b>	<b>SPEC_UNIT_4</b> Specialty Unit in which 4 <sup>th</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.																																																																
<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.																																																																
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated																																																												
<b>Field 8:</b>	<b>SPEC_UNIT_5</b> Specialty Unit in which 5 <sup>th</sup> most days stay occurred based on number of days by Type of Bill or Revenue Code.																																																																
<b>Coding Scheme:</b>	Same as SPEC_UNIT_1.																																																																
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated																																																												
<b>Field 9:</b>	<b>ENCOUNTER_INDICATOR</b> Indicates the number of claims used to create the encounter. Some non-acute care patients may have more than one claim that is consolidated for the record, such as patients in rehabilitation hospitals, long term care hospitals, or psychiatric hospitals.																																																																
<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated																																																												
<b>Field 10:</b>	<b>SEX_CODE</b> Gender of the patient as recorded at date of admission or start of care.																																																																
<b>Coding Scheme:</b>	M Male F Female U Unknown																																																																
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim																																																												
<b>Field 11:</b>	<b>BIRTH_DATE</b> Birth date of the patient as recorded at date of admission or start of care.																																																																
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim																																																												
<b>Field 12:</b>	<b>PAT_AGE_GROUP</b> Code indicating age of patient in days or years on date of discharge.																																																																
<b>Coding Scheme:</b>	<table border="0"> <tr> <td>00</td><td>1-28 days</td><td>10</td><td>35-39</td><td>20</td><td>85-89</td> </tr> <tr> <td>01</td><td>29-365 days</td><td>11</td><td>40-44</td><td>21</td><td>90+</td> </tr> <tr> <td>02</td><td>1-4 years</td><td>12</td><td>45-49</td><td colspan="2"><i>HIV and drug/alcohol use patients:</i></td> </tr> <tr> <td>03</td><td>5-9</td><td>13</td><td>50-54</td><td>22</td><td>0-17</td> </tr> <tr> <td>04</td><td>10-14</td><td>14</td><td>55-59</td><td>23</td><td>18-44</td> </tr> <tr> <td>05</td><td>15-17</td><td>15</td><td>60-64</td><td>24</td><td>45-64</td> </tr> <tr> <td>06</td><td>18-19</td><td>16</td><td>65-69</td><td>25</td><td>65-74</td> </tr> <tr> <td>07</td><td>20-24</td><td>17</td><td>70-74</td><td>26</td><td>75+</td> </tr> <tr> <td>08</td><td>25-29</td><td>18</td><td>75-79</td><td>`</td><td>Invalid</td> </tr> <tr> <td>09</td><td>30-34</td><td>19</td><td>80-84</td><td></td><td></td> </tr> </table>					00	1-28 days	10	35-39	20	85-89	01	29-365 days	11	40-44	21	90+	02	1-4 years	12	45-49	<i>HIV and drug/alcohol use patients:</i>		03	5-9	13	50-54	22	0-17	04	10-14	14	55-59	23	18-44	05	15-17	15	60-64	24	45-64	06	18-19	16	65-69	25	65-74	07	20-24	17	70-74	26	75+	08	25-29	18	75-79	`	Invalid	09	30-34	19	80-84		
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<b>Length:</b>	2	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Assigned																																																												
<b>Field 13:</b>	<b>PAT_AGE_YEARS</b> Age of patient in years on date of discharge.																																																																
<b>Length:</b>	3	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim																																																												
<b>Field 14:</b>	<b>PAT_AGE_DAYS</b> Age of patient in days on date of discharge.																																																																
<b>Length:</b>	5	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim																																																												
<b>Field 15:</b>	<b>RACE</b> Code indicating the patient's race.																																																																
<b>Coding Scheme:</b>	1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other																																																																
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim																																																												
<b>Field 16:</b>	<b>ETHNICITY</b> Code indicating the Hispanic origin of the patient.																																																																

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

**Coding Scheme:** 1 Hispanic Origin

2 Not of Hispanic Origin

**Length:** 1 **Type:** Alphanumeric **Data Source:** Claim

**Field 17:** **PAT\_ADDR\_CENSUS\_BLOCK\_GROUP**

Census block group of patient street address.

Note: LCODE (Location code) which quantifies the level of accuracy of the geocoding process will be provided along with Pat\_Addr\_Census\_Block\_Group (See page 54 for details).

**Length:** 12 **Type:** Numeric **Data Source:** Calculated

**Field 18:** **PAT\_ADDR\_CENSUS\_BLOCK**

Census block of patient street address.

Note: LCODE (Location code) which quantifies the level of accuracy of the geocoding process will be provided along with Pat\_Addr\_Census\_Block (See page 54 for details).

**Length:** 3 **Type:** Numeric **Data Source:** Calculated

**Field 19:** **PAT\_CITY**

Patient address city as provided by the patient.

**Length:** 30 **Type:** Alphanumeric **Data Source:** Provider

**Field 20:** **PAT\_STATE**

Patient address state as provided by the patient.

**Length:** 2 **Type:** Alphanumeric **Data Source:** Provider

**Field 21:** **PAT\_ZIP**

Patient address ZIP code as provided by the patient.

**Length:** 9 **Type:** Alphanumeric **Data Source:** Provider

**Field 22:** **PAT\_COUNTRY**

Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).

**Coding scheme:** See [www.ISO.org](http://www.ISO.org) for complete list.

**Length:** 2 **Type:** Alphanumeric **Data Source:** Provider

**Field 23:** **PAT\_COUNTY**

FIPS code of patient's county.

<b>Coding scheme:</b>	001	Anderson	129	Donley	257	Kaufman	385	Real
	003	Andrews	131	Duval	259	Kendall	387	Red River
	005	Angelina	133	Eastland	261	Kenedy	389	Reeves
	007	Aransas	135	Ector	263	Kent	391	Refugio
	009	Archer	137	Edwards	265	Kerr	393	Roberts
	011	Armstrong	139	Ellis	267	Kimble	395	Robertson
	013	Atascosa	141	El Paso	269	King	397	Rockwall
	015	Austin	143	Erath	271	Kinney	399	Runnels
	017	Bailey	145	Falls	273	Kleberg	401	Rusk
	019	Bandera	147	Fannin	275	Knox	403	Sabine
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
	025	Bee	153	Floyd	279	Lamb	409	San Patricio
	027	Bell	155	Foard	281	Lampasas	411	San Saba
	029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
	031	Blanco	159	Franklin	287	Lee	415	Scurry
	033	Borden	161	Freestone	289	Leon	417	Shackelford
	035	Bosque	163	Frio	291	Liberty	419	Shelby
	037	Bowie	165	Gaines	293	Limestone	421	Sherman
	039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
	041	Brazos	169	Garza	297	Live Oak	425	Somervell
	043	Brewster	171	Gillespie	299	Llano	427	Starr
	045	Briscoe	173	Glasscock	301	Loving	429	Stephens
	047	Brooks	175	Goliad	303	Lubbock	431	Sterling
	049	Brown	177	Gonzales	305	Lynn	433	Stonewall
	051	Burleson	179	Gray	307	McCulloch	435	Sutton

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan		Invalid

**Length:** 3    **Type:** Alphanumeric    **Data Source:** Assigned, based on patient ZIP code

**Field 24:** **PUBLIC\_HEALTH\_REGION**

Public Health Region of patient's address.

- 1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- 7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- 8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties  
 10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties  
 11 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Assigned

**Field 25: TYPE\_OF\_ADMISSION**

Code indicating the type of admission

**Coding Scheme:** 1 Emergency  
 2 Urgent  
 3 Elective  
 4 Newborn  
 5 Trauma Center  
 9 Information not available

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 26: SOURCE\_OF\_ADMISSION**

Code indicating source of the admission.

**Coding Scheme:** 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)  
 2 Clinic or Physician's Office  
 4 Transfer from a hospital  
 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility  
 6 Transfer from another health care facility  
 8 Court/Law Enforcement  
 9 Information not available  
 Transfer from One distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer  
 E Transfer from Ambulatory Surgery Center  
 F Transfer from a Hospice Facility  
 If Type of Admission=4 (Newborn)  
 5 Born inside this hospital  
 6 Born outside this hospital

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 27: FIRST\_PAYMENT\_SRC**

Code indicating the expected primary source of payment.

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

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 28: FIRST\_PAYER\_ID**

National Plan Identifier (when implemented by federal government).

**Length:** 10    **Type:** Alphanumeric    **Data Source:** Claim

**Field 29: FIRST\_PAYER\_NAME**

Name of primary source of payment.

**Length:** 35    **Type:** Alphanumeric    **Data Source:** Claim

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

<b>Field 30:</b>	<b>SECONDARY_PAYMENT_SRC</b>		
	Code indicating the expected secondary source of payment.		
<b>Coding Scheme:</b>	Same as FIRST_PAYMENT_SRC		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 31:</b>	<b>SECONDARY_PAYER_ID</b>		
	National Plan Identifier (when implemented by federal government).		
<b>Length:</b>	10	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 32:</b>	<b>SECONDARY_PAYER_NAME</b>		
	Name of secondary source of payment.		
<b>Length:</b>	35	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 33:</b>	<b>ADMIT_START_OF_CARE</b>		
	Date patient was admitted to the provider for inpatient care or other start of care. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 34:</b>	<b>ADMIT_WEEKDAY</b>		
	Code indicating day of week patient is admitted		
<b>Coding Scheme:</b>	1 Monday	5 Friday	
	2 Tuesday	6 Saturday	
	3 Wednesday	7 Sunday	
	4 Thursday		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 35:</b>	<b>ADMIT_HOUR</b>		
	Code indicating hour during which the patient was admitted for inpatient care		
<b>Coding Scheme:</b>	00 12 midnight-12:59 a.m.	13 1:00 – 1:59 p.m.	
	01 1:00 – 1:59 a.m.	14 2:00 – 2:59 p.m.	
	02 2:00 – 2:59 a.m.	15 3:00 – 3:59 p.m.	
	03 3:00 – 3:59 a.m.	16 4:00 – 4:59 p.m.	
	04 4:00 – 4:59 a.m.	17 5:00 – 5:59 p.m.	
	05 5:00 – 5:59 a.m.	18 6:00 – 6:59 p.m.	
	06 6:00 – 6:59 a.m.	19 7:00 – 7:59 p.m.	
	07 7:00 – 7:59 a.m.	20 8:00 – 8:59 p.m.	
	08 8:00 – 8:59 a.m.	21 9:00 – 9:59 p.m.	
	09 9:00 – 9:59 a.m.	22 10:00 – 10:59 p.m.	
	10 10:00 – 10:59 a.m.	23 11:00 – 11:59 p.m.	
	11 11:00 – 11:59 a.m.	99 Hour unknown	
	12 12 noon – 12:59 p.m.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 36:</b>	<b>STMT_PERIOD_FROM</b>		
	Beginning service date of the period reflected on the statement. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 37:</b>	<b>STMT_PERIOD_THRU</b>		
	Ending service date of the period reflected on the statement. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 38:</b>	<b>LENGTH_OF_STAY</b>		
	Length of stay in days <i>equals</i> Statement covers period through date (STMT_PERIOD_THRU) <i>minus</i> Admission/start of care date (ADMIT_START_OF_CARE). The minimum length of stay is 1 day. The maximum is 9999 days.		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 39:</b>	<b>PAT_STATUS</b>		
	Code indicating patient status as of the ending date of service for the period of care reported		
<b>Coding Scheme:</b>	01 Discharged to home or self-care (routine discharge)		
	02 Discharged/transferred to a short term general hospital for inpatient care		
	03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care		
	04 Discharged/transferred to a facility that provides custodial or supportive care		
	05 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)		

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
07	Left against medical advice
09	Admitted as inpatient to this hospital
20	Expired
21	Discharged/transferred to Court/Law Enforcement
30	Still patient
40	Expired at home
41	Expired in a medical facility
42	Expired, place unknown
43	Discharged/transferred to federal government operated health facility
50	Hospice—home
51	Hospice—medical facility (Certified) providing hospice level of care
61	Discharged/transferred within this institution to Medicare-approved swing bed
62	Discharged/transferred to inpatient rehabilitation facility
63	Discharged/transferred to Medicare-certified long term care hospital
64	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
66	Discharged/transferred to Critical Access Hospital (CAH)
69	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
70	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
81	Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
82	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
85	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
86	Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
89	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
90	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
91	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
92	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
93	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
94	Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
95	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 40: DISCHARGE\_HOUR**

Code indicating hour during which the patient was discharged from inpatient care

<b>Coding Scheme:</b>	00	12 midnight-12:59 a.m.	13	1:00 – 1:59 p.m.
	01	1:00 – 1:59 a.m.	14	2:00 – 2:59 p.m.
	02	2:00 – 2:59 a.m.	15	3:00 – 3:59 p.m.
	03	3:00 – 3:59 a.m.	16	4:00 – 4:59 p.m.
	04	4:00 – 4:59 a.m.	17	5:00 – 5:59 p.m.
	05	5:00 – 5:59 a.m.	18	6:00 – 6:59 p.m.
	06	6:00 – 6:59 a.m.	19	7:00 – 7:59 p.m.
	07	7:00 – 7:59 a.m.	20	8:00 – 8:59 p.m.
	08	8:00 – 8:59 a.m.	21	9:00 – 9:59 p.m.
	09	9:00 – 9:59 a.m.	22	10:00 – 10:59 p.m.
	10	10:00 – 10:59 a.m.	23	11:00 – 11:59 p.m.
	11	11:00 – 11:59 a.m.	99	Hour unknown

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

<b>Length:</b>	12	12 noon – 12:59 p.m.	
<b>Field 41:</b>	<b>Type:</b>	<b>Data Source:</b>	Claim
	<b>TYPE_OF_BILL</b>		
	Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim.		
<b>Coding Scheme:</b>	<i>1<sup>st</sup> digits–Type of Facility</i>	<i>2<sup>nd</sup> digit–Type of Care</i>	<i>3<sup>rd</sup> digits–Sequence of claim</i>
	1 Hospital	1 Inpatient, including Medicare Part A	0 Non-payment/Zero claim
	2 Skilled nursing	2 Inpatient, Medicare Part B only	1 Admit through discharge claim
	3 Home health	3 Outpatient	2 Interim–first claim
	4 Religious non-medical health care–Hospital	4 Outpatient Other, Medicare Part B only	3 Interim–continuing claim
	5 Religious non-medical health care–Extended care	5 Intermediate Care–Level I	4 Interim–last claim
	6 Intermediate care	6 Intermediate Care–Level II	5 Late charge(s) only claim
	7 Clinic	7 Sub-acute inpatient – Level III	6 Adjustment of prior claim (Not used by Medicare)
	8 Special facility	8 Swing bed	7 Replacement of prior claim
			8 Void/cancel of prior claim
<b>Length:</b>	<b>Type:</b>	<b>Data Source:</b>	Claim
<b>Field 42:</b>	<b>ADMITTING_DIAGNOSIS</b>		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
<b>Length:</b>	<b>Type:</b>	<b>Data Source:</b>	Claim
<b>Field 43:</b>	<b>PRINC_DIAG_CODE</b>		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
<b>Length:</b>	<b>Type:</b>	<b>Data Source:</b>	Claim
<b>Field 44:</b>	<b>POA_PRINC_DIAG_CODE</b>		
	Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Y Yes N No U Unknown W Clinically Undetermined		
<b>Length:</b>	<b>Type:</b>	<b>Data Source:</b>	Claim
<b>Field 45:</b>	<b>OTH_DIAG_CODE_1</b>		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
<b>Length:</b>	<b>Type:</b>	<b>Data Source:</b>	Claim
<b>Field 46:</b>	<b>POA_OTH_DIAG_CODE_1</b>		
	Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	<b>Type:</b>	<b>Data Source:</b>	Claim
<b>Field 47:</b>	<b>OTH_DIAG_CODE_2</b>		
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
<b>Length:</b>	<b>Type:</b>	<b>Data Source:</b>	Claim
<b>Field 48:</b>	<b>POA_OTH_DIAG_CODE_2</b>		
	Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	<b>Type:</b>	<b>Data Source:</b>	Claim
<b>Field 49:</b>	<b>OTH_DIAG_CODE_3</b>		

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 50: POA\_OTH\_DIAG\_CODE\_3**

Code identifying whether Oth\_Diag\_Code\_3 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 51: OTH\_DIAG\_CODE\_4**

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 52: POA\_OTH\_DIAG\_CODE\_4**

Code identifying whether Oth\_Diag\_Code\_4 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 53: OTH\_DIAG\_CODE\_5**

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 54: POA\_OTH\_DIAG\_CODE\_5**

Code identifying whether Oth\_Diag\_Code\_5 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 55: OTH\_DIAG\_CODE\_6**

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 56: POA\_OTH\_DIAG\_CODE\_6**

Code identifying whether Oth\_Diag\_Code\_6 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 57: OTH\_DIAG\_CODE\_7**

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 58: POA\_OTH\_DIAG\_CODE\_7**

Code identifying whether Oth\_Diag\_Code\_7 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 59: OTH\_DIAG\_CODE\_8**

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 60: POA\_OTH\_DIAG\_CODE\_8**

Code identifying whether Oth\_Diag\_Code\_8 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE



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<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 61:</b>	<b>OTH_DIAG_CODE_9</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 62:</b>	<b>POA_OTH_DIAG_CODE_9</b> Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 63:</b>	<b>OTH_DIAG_CODE_10</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 64:</b>	<b>POA_OTH_DIAG_CODE_10</b> Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 65:</b>	<b>OTH_DIAG_CODE_11</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 66:</b>	<b>POA_OTH_DIAG_CODE_11</b> Code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 67:</b>	<b>OTH_DIAG_CODE_12</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 68:</b>	<b>POA_OTH_DIAG_CODE_12</b> Code identifying whether Oth_Diag_Code_12 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 69:</b>	<b>OTH_DIAG_CODE_13</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 70:</b>	<b>POA_OTH_DIAG_CODE_13</b> Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 71:</b>	<b>OTH_DIAG_CODE_14</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 72:</b>	<b>POA_OTH_DIAG_CODE_14</b>		

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

Code identifying whether Oth\_Diag\_Code\_14 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 73:**    **OTH\_DIAG\_CODE\_15**

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 74:**    **POA\_OTH\_DIAG\_CODE\_15**

Code identifying whether Oth\_Diag\_Code\_15 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 75:**    **OTH\_DIAG\_CODE\_16**

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 76:**    **POA\_OTH\_DIAG\_CODE\_16**

Code identifying whether Oth\_Diag\_Code\_16 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 77:**    **OTH\_DIAG\_CODE\_17**

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 78:**    **POA\_OTH\_DIAG\_CODE\_17**

Code identifying whether Oth\_Diag\_Code\_17 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 79:**    **OTH\_DIAG\_CODE\_18**

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 80:**    **POA\_OTH\_DIAG\_CODE\_18**

Code identifying whether Oth\_Diag\_Code\_18 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 81:**    **OTH\_DIAG\_CODE\_19**

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

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 82:**    **POA\_OTH\_DIAG\_CODE\_19**

Code identifying whether Oth\_Diag\_Code\_19 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

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**Field 83:**    **OTH\_DIAG\_CODE\_20**

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

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<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 84:</b>	<b>POA_OTH_DIAG_CODE_20</b>				
	Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 85:</b>	<b>OTH_DIAG_CODE_21</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 86:</b>	<b>POA_OTH_DIAG_CODE_21</b>				
	Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 87:</b>	<b>OTH_DIAG_CODE_22</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 88:</b>	<b>POA_OTH_DIAG_CODE_22</b>				
	Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 89:</b>	<b>OTH_DIAG_CODE_23</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 90:</b>	<b>POA_OTH_DIAG_CODE_23</b>				
	Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 91:</b>	<b>OTH_DIAG_CODE_24</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 92:</b>	<b>POA_OTH_DIAG_CODE_24</b>				
	Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 93:</b>	<b>E_CODE_1</b>				
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 94:</b>	<b>POA_E_CODE_1</b>				
	Code identifying whether E_Code_1 code was present at the time the patient was admitted to the hospital				
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE				
<b>Length:</b>	1	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 95:</b>	<b>E_CODE_2</b>				

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ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 96:**    **POA\_E\_CODE\_2**

Code identifying whether E\_Code\_2 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 97:**    **E\_CODE\_3**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 98:**    **POA\_E\_CODE\_3**

Code identifying whether E\_Code\_3 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 99:**    **E\_CODE\_4**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 100:**    **POA\_E\_CODE\_4**

Code identifying whether E\_Code\_4 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 101:**    **E\_CODE\_5**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 102:**    **POA\_E\_CODE\_5**

Code identifying whether E\_Code\_5 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 103:**    **E\_CODE\_6**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 104:**    **POA\_E\_CODE\_6**

Code identifying whether E\_Code\_6 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Claim

**Field 105:**    **E\_CODE\_7**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character

**Length:** 7    **Type:** Alphanumeric    **Data Source:** Claim

**Field 106:**    **POA\_E\_CODE\_7**

Code identifying whether E\_Code\_7 code was present at the time the patient was admitted to the hospital

**Coding Scheme:** Same as field POA\_PRINC\_DIAG\_CODE

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<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 107:</b>	<b>E_CODE_8</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 108:</b>	<b>POA_E_CODE_8</b> Code identifying whether E_Code_8 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 109:</b>	<b>E_CODE_9</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 110:</b>	<b>POA_E_CODE_9</b> Code identifying whether E_Code_9 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 111:</b>	<b>E_CODE_10</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 112:</b>	<b>POA_E_CODE_10</b> Code identifying whether E_Code_10 code was present at the time the patient was admitted to the hospital		
<b>Coding Scheme:</b>	Same as field POA_PRINC_DIAG_CODE		
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 113:</b>	<b>PRINC_SURG_PROC_CODE</b> Code for the principal surgical procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 114:</b>	<b>PRINC_SURG_PROC_DATE</b> Date the principal surgical procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 115:</b>	<b>PRINC_SURG_PROC_DAY</b> Day of principal surgical procedure was performed. Date minus Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 116:</b>	<b>OTH_SURG_PROC_CODE_1</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
<b>Length:</b>	7	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 117:</b>	<b>OTH_SURG_PROC_DATE_1</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 118:</b>	<b>OTH_SURG_PROC_DAY_1</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 119:</b>	<b>OTH_SURG_PROC_CODE_2</b>		

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Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.

<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 120:</b>	<b>OTH_SURG_PROC_DATE_2</b>				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 121:</b>	<b>OTH_SURG_PROC_DAY_2</b>				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 122:</b>	<b>OTH_SURG_PROC_CODE_3</b>				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 123:</b>	<b>OTH_SURG_PROC_DATE_3</b>				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 124:</b>	<b>OTH_SURG_PROC_DAY_3</b>				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 125:</b>	<b>OTH_SURG_PROC_CODE_4</b>				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 126:</b>	<b>OTH_SURG_PROC_DATE_4</b>				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 127:</b>	<b>OTH_SURG_PROC_DAY_4</b>				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 128:</b>	<b>OTH_SURG_PROC_CODE_5</b>				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 129:</b>	<b>OTH_SURG_PROC_DATE_5</b>				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 130:</b>	<b>OTH_SURG_PROC_DAY_5</b>				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 131:</b>	<b>OTH_SURG_PROC_CODE_6</b>				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 132:</b>	<b>OTH_SURG_PROC_DATE_6</b>				

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Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered as YYYYMMDD.

<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 133:</b>	<b>OTH_SURG_PROC_DAY_6</b>				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 134:</b>	<b>OTH_SURG_PROC_CODE_7</b>				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 135:</b>	<b>OTH_SURG_PROC_DATE_7</b>				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 136:</b>	<b>OTH_SURG_PROC_DAY_7</b>				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 137:</b>	<b>OTH_SURG_PROC_CODE_8</b>				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 138:</b>	<b>OTH_SURG_PROC_DATE_8</b>				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 139:</b>	<b>OTH_SURG_PROC_DAY_8</b>				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 140:</b>	<b>OTH_SURG_PROC_CODE_9</b>				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 141:</b>	<b>OTH_SURG_PROC_DATE_9</b>				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 142:</b>	<b>OTH_SURG_PROC_DAY_9</b>				
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date				
<b>Length:</b>	4	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Calculated
<b>Field 143:</b>	<b>OTH_SURG_PROC_CODE_10</b>				
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.				
<b>Length:</b>	7	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim
<b>Field 144:</b>	<b>OTH_SURG_PROC_DATE_10</b>				
	Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.				
<b>Length:</b>	8	<b>Type:</b>	Alphanumeric	<b>Data Source:</b>	Claim

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<b>Field 145:</b>	<b>OTH_SURG_PROC_DAY_10</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 146:</b>	<b>OTH_SURG_PROC_CODE_11</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 147:</b>	<b>OTH_SURG_PROC_DATE_11</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 148:</b>	<b>OTH_SURG_PROC_DAY_11</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 149:</b>	<b>OTH_SURG_PROC_CODE_12</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 150:</b>	<b>OTH_SURG_PROC_DATE_12</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 151:</b>	<b>OTH_SURG_PROC_DAY_12</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 152:</b>	<b>OTH_SURG_PROC_CODE_13</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 153:</b>	<b>OTH_SURG_PROC_DATE_13</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 154:</b>	<b>OTH_SURG_PROC_DAY_13</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 155:</b>	<b>OTH_SURG_PROC_CODE_14</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 156:</b>	<b>OTH_SURG_PROC_DATE_14</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 157:</b>	<b>OTH_SURG_PROC_DAY_14</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated



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<b>Field 158:</b>	<b>OTH_SURG_PROC_CODE_15</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 159:</b>	<b>OTH_SURG_PROC_DATE_15</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 160:</b>	<b>OTH_SURG_PROC_DAY_15</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 161:</b>	<b>OTH_SURG_PROC_CODE_16</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 162:</b>	<b>OTH_SURG_PROC_DATE_16</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 163:</b>	<b>OTH_SURG_PROC_DAY_16</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 164:</b>	<b>OTH_SURG_PROC_CODE_17</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 165:</b>	<b>OTH_SURG_PROC_DATE_17</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 166:</b>	<b>OTH_SURG_PROC_DAY_17</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 167:</b>	<b>OTH_SURG_PROC_CODE_18</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 168:</b>	<b>OTH_SURG_PROC_DATE_18</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 169:</b>	<b>OTH_SURG_PROC_DAY_18</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 170:</b>	<b>OTH_SURG_PROC_CODE_19</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim

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<b>Field 171:</b>	<b>OTH_SURG_PROC_DATE_19</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 172:</b>	<b>OTH_SURG_PROC_DAY_19</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 173:</b>	<b>OTH_SURG_PROC_CODE_20</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 174:</b>	<b>OTH_SURG_PROC_DATE_20</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 175:</b>	<b>OTH_SURG_PROC_DAY_20</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 176:</b>	<b>OTH_SURG_PROC_CODE_21</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 177:</b>	<b>OTH_SURG_PROC_DATE_21</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 178:</b>	<b>OTH_SURG_PROC_DAY_21</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 179:</b>	<b>OTH_SURG_PROC_CODE_22</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 180:</b>	<b>OTH_SURG_PROC_DATE_22</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 181:</b>	<b>OTH_SURG_PROC_DAY_22</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 182:</b>	<b>OTH_SURG_PROC_CODE_23</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 183:</b>	<b>OTH_SURG_PROC_DATE_23</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim

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<b>Field 184:</b>	<b>OTH_SURG_PROC_DAY_23</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 185:</b>	<b>OTH_SURG_PROC_CODE_24</b> Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
<b>Length:</b>	7 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 186:</b>	<b>OTH_SURG_PROC_DATE_24</b> Date the surgical or other procedure other than the principal procedure was performed. Entered as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 187:</b>	<b>OTH_SURG_PROC_DAY_24</b> Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 188:</b>	<b>MS_MDC</b> Major Diagnostic Category (MDC) as assigned by software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 189:</b>	<b>APR_MDC</b> Major Diagnostic Category (MDC) as assigned by 3M APR-DRG Grouper, version 20.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 190:</b>	<b>MS_DRG</b> Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) Diagnosis Related Group (DRG) as assigned for hospital payment for Medicare beneficiaries.
<b>Length:</b>	3 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 191:</b>	<b>APR_DRG</b> All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 192:</b>	<b>RISK_MORTALITY</b> 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.
<b>Coding Scheme:</b>	1    Minor 2    Moderate 3    Major 4    Extreme
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 193:</b>	<b>ILLNESS_SEVERITY</b> 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
<b>Coding Scheme:</b>	1    Minor 2    Moderate 3    Major 4    Extreme 0    No class specified
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 194:</b>	<b>APR_GROUPER_VERSION_NBR</b> Version number of the 3M APR-DRG Grouper used.
<b>Length:</b>	5 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned

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<b>Field 195:</b>	<b>APR_GROUPER_ERROR_CODE</b>		
	Error code assigned by the 3M APR-DRG Grouper.		
<b>Coding Scheme:</b>	00	No errors. DRG successfully assigned	12 Gestational age/birth weight conflict (APR only)
	01	Diagnosis code cannot be used as principal diagnosis	19 DisableHac = 0 and at least one HAC POA is invalid or exempt
	02	Record does not meet criteria for any DRG	20 DisableHac is invalid and at least one HAC POA is N or U
	03	Invalid Age	21 DisableHac is invalid and at least one HAC POA is invalid or exempt
	04	Invalid Sex	22 DisableHac = 0 and at least one HAC POA is exempt
	05	Invalid Discharge Status	23 DisableHac is invalid and at least one HAC POA is exempt
	06	Invalid birthweight (AP & APR only)	24 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	09	Invalid discharge age in days (AP & APR only)	25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11	Invalid Principal Diagnosis	
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 196:</b>	<b>MS_GROUPER_VERSION_NBR</b>		
	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes		
<b>Length:</b>	5	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 197:</b>	<b>MS_GROUPER_ERROR_CODE</b>		
	Error codes identify potential variations with MS DRG code assignment		
<b>Coding Scheme:</b>	00	No errors. DRG successfully assigned.	19 DisableHac = 0 and at least one HAC POA is invalid or exempt
	01	Diagnosis code cannot be used as principal diagnosis	20 DisableHac is invalid and at least one HAC POA is N or U
	02	Record does not meet criteria for any DRG	21 DisableHac is invalid and at least one HAC POA is invalid or exempt
	03	Invalid Age	22 DisableHac = 0 and at least one HAC POA is exempt
	04	Invalid Sex	23 DisableHac is invalid and at least one HAC POA is exempt
	05	Invalid Discharge Status	24 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	10	Illogical Principal Diagnosis (CMS only)	25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11	Invalid Principal Diagnosis	
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 198:</b>	<b>ATTENDING_PHYSICIAN_UNIF_ID</b>		
	Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.		
<b>Coding Scheme:</b>	999999999 Temporary license or license number could not be matched		
<b>Length:</b>	10	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 199:</b>	<b>OPERATING_PHYSICIAN_UNIF_ID</b>		
	Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.		
<b>Coding Scheme:</b>	999999999 Temporary license or license number could not be matched		
<b>Length:</b>	10	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned

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<b>Field 200:</b>	<b>OCCUR_CODE_1</b>		
	Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	01	Auto accident	40 Scheduled date of admission
	02	No Fault Insurance Involved - Including Auto Accident/Other	41 Date of first test of pre-admission testing
	03	Accident/ Tort Liability	42 Date of discharge (hospice only)
	04	Accident/ Employment Related	43 Scheduled date of canceled surgery
	05	Other accident	44 Date treatment started - OT
	06	Crime Victim	45 Date treatment started - ST
	09	Start of Infertility Treatment Cycle	46 Date treatment started - Cardiac rehabilitation
	10	Last Menstrual Period	47 Date cost outlier status begins
	11	Onset of Symptoms/ Illness	A1 Birthdate - Insured A
	12	Date of Onset for a Chronically Dependent Individual	A2 Effective Date - Insured A Policy
	16	Date of Last Therapy	A3 Payer A benefits exhausted
	17	Date Outpatient OT Plan Established or Last Reviewed	A4 Split Bill Date
	18	Date of Retirement - Patient/Beneficiary	B1 Birthdate - Insured B
	19	Date of Retirement - Spouse	B2 Effective date - Insured B Policy
	20	Date Guarantee of Payment Began	B3 Payer B benefits exhausted
	21	Date UR Notice Received	C1 Birthdate - Insured C
	22	Date Active Care Ended	C2 Effective date - Insured C Policy
	24	Date Insurance Denied	C3 Payer C benefits exhausted
	25	Date Benefits Terminated by Primary Payer	DR Katrina disaster related
	26	Date SNF Bed Became Available	E1 Birthdate - Insured D
	27	Date Home Health Plan Established or Last Reviewed	E2 Effective date - Insured D Policy
	28	Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed	E3 Payer D benefits exhausted
	29	Date Outpatient PT Plan established or last reviewed	F1 Birthdate - Insured E
	30	Date Outpatient ST Plan established or last reviewed	F2 Effective date - Insured E Policy
	31	Date beneficiary notified of intent to bill (accommodations)	F3 Payer E benefits exhausted
	32	Date beneficiary notified of intent to bill (procedures or treatments)	G1 Birthdate - Insured F
	37	Date of inpatient hospital discharge for non-covered transplant patients	G2 Effective date - Insured F Policy
	38	Date treatment started for home IV therapy	G3 Payer F benefits exhausted
	39	Date discharged on a continuous course if IV therapy	
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim

**Field 201:** **OCCUR\_DATE\_1**  
Date of occurrence, as YYYYMMDD.  
**Length:** 8 **Type:** Alphanumeric **Data Source:** Claim

**Field 202:** **OCCUR\_DAY\_1**  
Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.  
**Length:** 4 **Type:** Alphanumeric **Data Source:** Calculated

**Field 203:** **OCCUR\_CODE\_2**  
Code describing a significant event relating to the claim.  
**Coding Scheme:** Same as OCCUR\_CODE\_1.  
**Length:** 2 **Type:** Alphanumeric **Data Source:** Claim

**Field 204:** **OCCUR\_DATE\_2**  
Date of occurrence, as YYYYMMDD.  
**Length:** 8 **Type:** Alphanumeric **Data Source:** Claim

**Field 205:** **OCCUR\_DAY\_2**  
Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

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<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 206:</b>	<b>OCCUR_CODE_3</b> Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 207:</b>	<b>OCCUR_DATE_3</b> Date of occurrence, as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 208:</b>	<b>OCCUR_DAY_3</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 209:</b>	<b>OCCUR_CODE_4</b> Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 210:</b>	<b>OCCUR_DATE_4</b> Date of occurrence, as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 211:</b>	<b>OCCUR_DAY_4</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 212:</b>	<b>OCCUR_CODE_5</b> Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 213:</b>	<b>OCCUR_DATE_5</b> Date of occurrence, as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 214:</b>	<b>OCCUR_DAY_5</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 215:</b>	<b>OCCUR_CODE_6</b> Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 216:</b>	<b>OCCUR_DATE_6</b> Date of occurrence, as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 217:</b>	<b>OCCUR_DAY_6</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated
<b>Field 218:</b>	<b>OCCUR_CODE_7</b> Code describing a significant event relating to the claim.		
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 219:</b>	<b>OCCUR_DATE_7</b> Date of occurrence, as YYYYMMDD.		
<b>Length:</b>	8	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 220:</b>	<b>OCCUR_DAY_7</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.		
<b>Length:</b>	4	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Calculated

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<b>Field 221:</b>	<b>OCCUR_CODE_8</b> Code describing a significant event relating to the claim.
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 222:</b>	<b>OCCUR_DATE_8</b> Date of occurrence, as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 223:</b>	<b>OCCUR_DAY_8</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 224:</b>	<b>OCCUR_CODE_9</b> Code describing a significant event relating to the claim.
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 225:</b>	<b>OCCUR_DATE_9</b> Date of occurrence, as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 226:</b>	<b>OCCUR_DAY_9</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 227:</b>	<b>OCCUR_CODE_10</b> Code describing a significant event relating to the claim.
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 228:</b>	<b>OCCUR_DATE_10</b> Date of occurrence, as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 229:</b>	<b>OCCUR_DAY_10</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 230:</b>	<b>OCCUR_CODE_11</b> Code describing a significant event relating to the claim.
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 231:</b>	<b>OCCUR_DATE_11</b> Date of occurrence, as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 232:</b>	<b>OCCUR_DAY_11</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 233:</b>	<b>OCCUR_CODE_12</b> Code describing a significant event relating to the claim.
<b>Coding Scheme:</b>	Same as OCCUR_CODE_1.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 234:</b>	<b>OCCUR_DATE_12</b> Date of occurrence, as YYYYMMDD.
<b>Length:</b>	8 <b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 235:</b>	<b>OCCUR_DAY_12</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.
<b>Length:</b>	4 <b>Type:</b> Alphanumeric <b>Data Source:</b> Calculated
<b>Field 236:</b>	<b>OCCUR_SPAN_CODE_1</b>

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	Code describing a significant event relating to the claim that may affect payer processing.	
<b>Coding Scheme:</b>	70 Qualifying stay dates (for SNF use only)	78 SNF prior stay dates
	71 Prior stay dates	80 Prior Same SNF prior stay dates for Payment Ban Purposes
	72 First/Last Visit	81 Antepartum Days at Reduced Level of Care
	73 Benefit eligibility period	M0 QIO/UR approved stay dates
	74 Noncovered level of care/Leave of absence	M1 Provider liability - no utilization
	75 SNF level of care	M2 Inpatient respite dates
	76 Patient Liability Period	M3 ICF level of care
	77 Provider Liability - Utilization Charged	M4 Residential level of care
<b>Length:</b>	2	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 237:</b>	<b>OCCUR_SPAN_FROM_1</b>	
	Occurrence Span From is the Beginning Date of Occurrence Event.	
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 238:</b>	<b>OCCUR_SPAN_THRU_1</b>	
	Occurrence Span Thru is the Ending Date of Occurrence Event.	
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 239:</b>	<b>OCCUR_SPAN_CODE_2</b>	
	Code describing a significant event relating to the claim that may affect payer processing.	
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.	
<b>Length:</b>	2	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 240:</b>	<b>OCCUR_SPAN_FROM_2</b>	
	Occurrence Span From is the Beginning Date of Occurrence Event.	
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 241:</b>	<b>OCCUR_SPAN_THRU_2</b>	
	Occurrence Span Thru is the Ending Date of Occurrence Event.	
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 242:</b>	<b>OCCUR_SPAN_CODE_3</b>	
	Code describing a significant event relating to the claim that may affect payer processing.	
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.	
<b>Length:</b>	2	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 243:</b>	<b>OCCUR_SPAN_FROM_3</b>	
	Occurrence Span From is the Beginning Date of Occurrence Event.	
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 244:</b>	<b>OCCUR_SPAN_THRU_3</b>	
	Occurrence Span Thru is the Ending Date of Occurrence Event.	
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 245:</b>	<b>OCCUR_SPAN_CODE_4</b>	
	Code describing a significant event relating to the claim that may affect payer processing.	
<b>Coding Scheme:</b>	Same as OCCUR_SPAN_CODE_1.	
<b>Length:</b>	2	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 246:</b>	<b>OCCUR_SPAN_FROM_4</b>	
	Occurrence Span From is the Beginning Date of Occurrence Event.	
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 247:</b>	<b>OCCUR_SPAN_THRU_4</b>	
	Occurrence Span Thru is the Ending Date of Occurrence Event.	
<b>Length:</b>	8	<b>Type:</b> Alphanumeric <b>Data Source:</b> Claim
<b>Field 248:</b>	<b>CONDITION_CODE_1</b>	
	Code describing a condition relating to the claim.	
<b>Coding Scheme:</b>	01 Military service related	83 C-section/Inductions 39 weeks or greater
	02 Condition is employment related	84 Dialysis for Acute Kidney Injury (AKI)
	03 Patient covered by insurance not reflected here	85 Delayed Recertification of Hospice Terminal Illness
	04 Information only bill.	86 Additional Hemodialysis Treatment with Medical Justification



## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

05	Lien has been filed	A0	TRICARE external partnership program
06	ESRD patient in first 18 months of entitlement covered by EGHP	A1	EPSDT/CHAP
07	Treatment of non-terminal condition for hospice patient	A2	Physically handicapped children's program
08	Beneficiary would not provide information concerning other insurance coverage	A3	Special Federal Funding
09	Neither patient or spouse is employed	A4	Family planning
10	Patient and/or spouse is employed but no EGHP exists	A5	Disability
11	Disabled beneficiary but no LGHP coverage exists	A6	Vaccines/Medicare 100% payment
17	Patient is homeless	A9	Second opinion surgery
18	Maiden name retained	AA	Abortion performed due to rape
19	Child retains mother's name	AB	Abortion performed due to incest
20	Beneficiary requested billing	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
21	Billing for denial notice	AD	Abortion performed due to life endangering physical condition
22	Patient on multiple drug regimen	AE	Abortion performed due to physical health of mother that is not life endangering
23	Home care giver available	AF	Abortion performed due to emotional/psychological health of mother
24	Home IV patient also receiving HHA services	AG	Abortion performed due to social or economic reasons
25	Patient is non-US resident	AH	Elective abortion
26	VA eligible patient chooses to receive services in a Medicare certified facility	AI	Sterilization
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment
28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled in a qualified clinical trial	AM	Non-emergency medically necessary stretcher transport required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	B0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient admission	C6	Admission Preauthorization
43	Continuing care not provided within prescribed post discharge window	C7	Extended Authorization
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health Agency	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

51	Attestation of Unrelated Outpatient Nondiagnostic Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	DR	Disaster related
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency	E0	Changes in Patient Status
55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice organization enrollee	H3	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use life time reserve (LTR) days	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
68	Beneficiary elects to use life time reserve (LTR) days	R2	Request for reopening Reason Code -Inaccurate Data Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
70	Self-administered anemia management drug	R4	Request for reopening Reason Code - Computer Errors
71	Full care in unit	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
72	Self care in unit	R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
73	Self care training	R7	Request for reopening Reason Code - Corrections other than clerical errors
74	Home	R8	Request for reopening Reason Code - New and Material Evidence
75	Home - 100% reimbursement	R9	Request for reopening Reason Code - Faulty Evidence
76	Back-up in facility dialysis	WO	United Mine Workers of America (UMWA) Demonstration Indicator
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment	W2	Duplicate of Original Bill
78	New coverage not implemented by HMO	W3	Level I Appeal
79	CORF services provided offsite	W4	Level II Appeal
80	Home dialysis - nursing facility	W5	Level III Appeal
81	C-section/Inductions <39 Weeks- Medical Necessity		
82	C-section/Inductions <39 Weeks- Elective		

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 249:**    **CONDITION\_CODE\_2**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as CONDITION\_CODE\_1.

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 250:**    **CONDITION\_CODE\_3**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as CONDITION\_CODE\_1.

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 251:**    **CONDITION\_CODE\_4**  
Code describing a condition relating to the claim.

**Coding Scheme:** Same as CONDITION\_CODE\_1.

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

<b>Field 252:</b>	<b>CONDITION_CODE_5</b>		
	Code describing a condition relating to the claim.		
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 253:</b>	<b>CONDITION_CODE_6</b>		
	Code describing a condition relating to the claim.		
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 254:</b>	<b>CONDITION_CODE_7</b>		
	Code describing a condition relating to the claim.		
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 255:</b>	<b>CONDITION_CODE_8</b>		
	Code describing a condition relating to the claim.		
<b>Coding Scheme:</b>	Same as CONDITION_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 256:</b>	<b>VALUE_CODE_1</b>		
	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	01	Most common semi-private rate	58 Arterial blood gas
	02	Hospital has no semi-private rooms	59 Oxygen saturation
	04	Inpatient professional component charges which are combined billed	60 HHA branch MSA
	05	Professional component included in charges and also billed separately to carrier	61 Place of Residence where service is furnished (HHA and hospice)
	06	Blood deductible	66 Medicaid spend down amount
	08	Life time reserve amount in the first calendar year	67 Peritoneal dialysis
	09	Coinsurance amount in the first calendar year	68 EPO-drug
	10	Lifetime reserve amount in the second calendar year	69 State charity care percentage
	11	Coinsurance amount in the second calendar year	80 Covered Days
	12	Working aged beneficiary/spouse with employer group health plan	81 Non-covered Days
	13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	82 Co-insurance Days
	14	No fault, including auto/other	83 Lifetime Reserve Days
	15	Worker's compensation	84 Shorter Duration Hemodialysis
	16	Public health service (PHS) or other federal agency	A0 Special zip code reporting
	21	Catastrophic	A1 Deductible payer A
	22	Surplus	A2 Coinsurance payer A
	23	Recurring monthly income	A3 Estimated responsibility payer A
	24	Medicaid Rate Code	A4 Covered self-administrable drugs - emergency
	25	Offset to the patient - payment amount - prescription drugs	A5 Covered self-administrable drugs - administrable in form and situation furnished to patient
	26	Offset to the patient - payment amount - hearing and ear services	A6 Covered self-administrable drugs - diagnostic study and other
	27	Offset to the patient - payment amount - vision and eye services	A7 Co-payment payer A
	28	Offset to the patient - payment amount - dental services	A8 Patient weight
	29	Offset to the patient - payment amount - chiropractic services	A9 Patient height
	30	Preadmission testing	AA Regulatory surcharges, assessments, allowances or health care related taxes - payer A
	31	Patient Liability Amount	AB Other assessments or allowances (e.g., medical education) - payer A

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

32	Multiple patient ambulance transport	B1	Deductible payer B
33	Offset to the patient - payment amount - podiatric services	B2	Coinsurance payer B
34	Offset to the patient - payment amount - other medical services	B3	Estimated responsibility payer B
35	Offset to the patient - payment amount - health insurance premiums	B7	Co-payment payer B
37	Units of blood furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
38	Blood deductible units	BB	Other assessments or allowances (e.g., medical education) - payer B
39	Units of blood replaced	C1	Deductible payer C
40	New coverage not implemented by HMO	C2	Coinsurance payer C
41	Black lung	C3	Estimated responsibility payer C
42	VA	C7	Co-payment payer C
43	Disabled beneficiary under age 65 with LGHP	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	CB	Other assessments or allowances (e.g., medical education) - payer C
45	Accident hour	D3	Patient estimated responsibility
46	Number of grace days	D4	Clinical Trial Number Assigned by NLM/NIH
47	Any liability insurance	D5	Last Kt/V Reading
48	Hemoglobin reading	FC	Patient Paid Amount
49	Hematocrit reading	FD	Credit Received from the Manufacturer for a Medical Device
50	Physical Therapy visits	G8	Facility where Inpatient Hospice Service is Delivered
51	Occupational Therapy visits	Y1	Part A Demonstration Payment
52	Speech Therapy visits	Y2	Part B Demonstration Payment
53	Cardiac rehab visits	Y3	Part B Coinsurance
54	Newborn birth weight in grams	Y4	Conventional Provider Payment
55	Eligibility threshold for charity care	Y5	Part B Deductible
56	Skilled nurse - home visit hours		
57	Home health aide - home visit hours		

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 257:** VALUE\_AMOUNT\_1  
Amount (in cents, no decimal point included) that may be affected.

**Length:** 9    **Type:** Numeric    **Data Source:** Claim

**Field 258:** VALUE\_CODE\_2  
Code describing information that may affect payer processing.

**Coding Scheme:** Same as VALUE\_CODE\_1.

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 259:** VALUE\_AMOUNT\_2  
Amount (in cents, no decimal point included) that may be affected.

**Length:** 9    **Type:** Numeric    **Data Source:** Claim

**Field 260:** VALUE\_CODE\_3  
Code describing information that may affect payer processing.

**Coding Scheme:** Same as VALUE\_CODE\_1.

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 261:** VALUE\_AMOUNT\_3  
Amount (in cents) that may be affected.

**Length:** 9    **Type:** Numeric    **Data Source:** Claim

**Field 262:** VALUE\_CODE\_4  
Code describing information that may affect payer processing.

**Coding Scheme:** Same as VALUE\_CODE\_1.

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 263:** VALUE\_AMOUNT\_4  
Amount (in cents, no decimal point included) that may be affected.

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 264:</b>	<b>VALUE_CODE_5</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 265:</b>	<b>VALUE_AMOUNT_5</b> Amount (in cents, no decimal point included) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 266:</b>	<b>VALUE_CODE_6</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 267:</b>	<b>VALUE_AMOUNT_6</b> Amount (in cents, no decimal point included) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 268:</b>	<b>VALUE_CODE_7</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 269:</b>	<b>VALUE_AMOUNT_7</b> Amount (in cents, no decimal point included) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 270:</b>	<b>VALUE_CODE_8</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 271:</b>	<b>VALUE_AMOUNT_8</b> Amount (in cents, no decimal point included) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 272:</b>	<b>VALUE_CODE_9</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 273:</b>	<b>VALUE_AMOUNT_9</b> Amount (in cents, no decimal point included) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 274:</b>	<b>VALUE_CODE_10</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 275:</b>	<b>VALUE_AMOUNT_10</b> Amount (in cents, no decimal point included) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 276:</b>	<b>VALUE_CODE_11</b> Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 277:</b>	<b>VALUE_AMOUNT_11</b> Amount (in cents, no decimal point included) that may be affected.		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 278:</b>	<b>VALUE_CODE_12</b>		

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

	Code describing information that may affect payer processing.		
<b>Coding Scheme:</b>	Same as VALUE_CODE_1.		
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 279:</b>	<b>VALUE_AMOUNT_12</b> Amount (in cents, no decimal point included) that may be affected		
<b>Length:</b>	9	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 280:</b>	<b>PRIVATE_AMOUNT</b> Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 011X, 014X		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 281:</b>	<b>SEMI_PRIVATE_AMOUNT</b> Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 010X, 012X, 013X, 016X-019X		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 282:</b>	<b>WARD_AMOUNT</b> Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 015X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 283:</b>	<b>ICU_AMOUNT</b> Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 020X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 284:</b>	<b>CCU_AMOUNT</b> Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes 0100-0219, revenue center 021X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 285:</b>	<b>OTHER_AMOUNT</b> Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 286:</b>	<b>PHARM_AMOUNT</b> Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 025X, 026X, 063X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 287:</b>	<b>MEDSURG_AMOUNT</b> Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 288:</b>	<b>DME_AMOUNT</b> Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 289:</b>	<b>USED_DME_AMOUNT</b> Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 0293.		

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 290:</b>	<b>PT_AMOUNT</b> Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 042X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 291:</b>	<b>OT_AMOUNT</b> Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 043X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 292:</b>	<b>SPEECH_AMOUNT</b> Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 293:</b>	<b>IT_AMOUNT</b> Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 294:</b>	<b>BLOOD_AMOUNT</b> Ancillary Service Charge, Blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 038X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 295:</b>	<b>BLOOD_ADM_AMOUNT</b> Ancillary Service Charge, blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 039X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 296:</b>	<b>OR_AMOUNT</b> Ancillary Service Charge, Operating Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 297:</b>	<b>LITH_AMOUNT</b> Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 079X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 298:</b>	<b>CARD_AMOUNT</b> Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 299:</b>	<b>ANES_AMOUNT</b> Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 037X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 300:</b>	<b>LAB_AMOUNT</b> Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.		

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 301:</b>	<b>RAD_AMOUNT</b> Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 302:</b>	<b>MRI_AMOUNT</b> Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 061X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 303:</b>	<b>OP_AMOUNT</b> Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 304:</b>	<b>ER_AMOUNT</b> Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 045X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 305:</b>	<b>AMBULANCE_AMOUNT</b> Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 054X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 306:</b>	<b>PRO_FEE_AMOUNT</b> Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 307:</b>	<b>ORGAN_AMOUNT</b> Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 308:</b>	<b>ESRD_AMOUNT</b> Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 309:</b>	<b>CLINIC_AMOUNT</b> Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 051X.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Calculated
<b>Field 310:</b>	<b>TOTAL_CHARGES</b> Sum (in cents) of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 311:</b>	<b>TOTAL_NON_COV_CHARGES</b> Sum (in cents) of non-covered accommodation charges, non-covered ancillary charges.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 312:</b>	<b>TOTAL_CHARGES_ACCOMM</b> Sum (in cents) of covered and non-covered accommodation charges.		



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<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 313:</b>	<b>TOTAL_NON_COV_CHARGES_ACCOMM</b>		
	Sum (in cents) of non-covered accommodations charges.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 314:</b>	<b>TOTAL_CHARGES Ancil</b>		
	Sum (in cents) of covered and non-covered ancillary charges.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 315:</b>	<b>TOTAL_NON_COV_CHARGES Ancil</b>		
	Sum (in cents) of non-covered ancillary charges.		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 316:</b>	<b>INBOUND_INDICATOR</b>		
	Indicates the format of data as submitted.		
<b>Coding Scheme:</b>	8	837 format	
	D	Data entry	
	U	UB-04 format	
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 317:</b>	<b>EMERGENCY_DEPT_FLAG</b>		
	Indicator of emergency department visit		
<b>Coding Scheme:</b>	Y	visit was emergency related	
	N	Visit was not emergency related	
<b>Length:</b>	1	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 318:</b>	<b>DISCHARGE</b>		
	Discharge Quarter. Year and quarter of discharge. yyyyQn.		
<b>Length:</b>	6	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

**CHARGES DATA FILE**

<b>Field 1:</b>	<b>RECORD_ID</b>	Record Identification Number. Unique number to identify the record within the research data file. Does not match or link to PUDF Record ID. Does match with RECORD_ID in other Inpatient RDF files	
<b>Length:</b>	12	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned
<b>Field 2:</b>	<b>REVENUE_CODE</b>	Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.	
<b>Coding Scheme:</b>	0100	All-inclusive room charges plus ancillary	0527 Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
	0101	All-inclusive room charges	0528 Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room charges for private rooms - general	0529 Freestanding Clinic - other
	0111	Room charges for private rooms - medical/surgical/GYN	0530 Osteopathic service - general
	0112	Room charges for private rooms - obstetrics	0531 Osteopathic service - therapy
	0113	Room charges for private rooms - pediatric	0539 Osteopathic service - other
	0114	Room charges for private rooms - psychiatric	0540 Ambulance service - general
	0115	Room charges for private rooms - hospice	0541 Ambulance service - supplies
	0116	Room charges for private rooms - detoxification	0542 Ambulance service - medical transport
	0117	Room charges for private rooms - oncology	0543 Ambulance service - heart mobile
	0118	Room charges for private rooms - rehabilitation	0544 Ambulance service - oxygen
	0119	Room charges for private rooms - other	0545 Ambulance service - air ambulance
	0120	Room charges for semi-private rooms - general	0546 Ambulance service - neonatal
	0121	Room charges for semi-private rooms - medical/surgical/GYN	0547 Ambulance service - pharmacy
	0122	Room charges for semi-private rooms - obstetrics	0548 Ambulance service - telephone transmission EKG
	0123	Room charges for semi-private rooms - pediatric	0549 Ambulance service - other
	0124	Room charges for semi-private rooms - psychiatric	0550 Skilled nursing - general
	0125	Room charges for semi-private rooms - hospice	0551 Skilled nursing - visit charge
	0126	Room charges for semi-private rooms - detoxification	0552 Skilled nursing - hourly charge
	0127	Room charges for semi-private rooms - oncology	0559 Skilled nursing - other
	0128	Room charges for semi-private rooms - rehabilitation	0560 Medical social services - general
	0129	Room charges for semi-private rooms - other	0561 Medical social services - visit charge
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562 Medical social services - hourly charge
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569 Medical social services - other
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570 Home health aide - general
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571 Home health aide - visit charge

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience-charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0252	Pharmacy - non-generic drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices - nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take-home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home - home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home - home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home - maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0901	Behavior health treatments/services - electroshock
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less intensive
0362	Operating room services - organ transplant other than kidney	0913	Behavior health treatment/services - partial hospitalization - intensive
0367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback
0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383	Blood - plasma	0924	Other diagnostic services - allergy test
0384	Blood - platelets	0925	Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
0389	Blood - other	0940	Other therapeutic services - general

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

0390	Blood and blood component administration, storage and processing - general	0941	Other therapeutic services - recreational therapy
0391	Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration, storage and processing – processing and storage	0943	Other therapeutic services - cardiac rehabilitation
0399	Blood and blood component administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service
0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio
0472	Audiology - treatment	0995	Patient convenience items - nonpatient room rentals
0479	Audiology - other	0996	Patient convenience items - late discharge charge
0480	Cardiology - general	0997	Patient convenience items - admission kits
0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber
0482	Cardiology - stress test	0999	Patient convenience items - other
0483	Cardiology - echocardiology	1000	Behavior health accommodations - general
0489	Cardiology - other	1001	Behavior health accommodations - residential treatment - psychiatric
0490	Ambulatory surgical care - general	1002	Behavior health accommodations - residential treatment - chemical dependency

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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

**Length:** 4    **Type:** Alphanumeric    **Data Source:** Claim

**Field 3: REVENUE\_CODE\_SEQUENCE\_NUMBER**

Assignment of numbers to indicate the order of submission of the revenue codes

**Length:** 3    **Type:** Alphanumeric    **Data Source:** Assigned

**Field 4: HCPCS\_QUALIFIER**

HCFA Common Procedure Coding System (HCPCS) Codes Indicator

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 5: HCPCS\_PROCEDURE\_CODE**

HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.

**Coding Scheme:** See <http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp> for complete list.

**Length:** 5    **Type:** Alphanumeric    **Data Source:** Claim

**Field 6: MODIFIER\_1**

Identifies special circumstances related to the performance of the service

**Coding Scheme:**

22	Increased prodederal services	P4	A patient with severe systemic disease that is a constant threat to life
23	Unusual Anesthesia	P5	A moribund patient who is not expected to survive without the operation
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	P6	A declared brain-dead patient whose organs are being removed for donor purposes
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service	E1	Upper left eyelid
26	Professional Component	E2	Lower left eyelid
27	Multiple Outpatient Hospital E/M Encounters on the Same Date	E3	Upper right eyelid
32	Mandated Services	E4	Lower right eyelid
33	Preventive Service	F1	Left hand, second digit
47	Anesthesia by Surgeon	F2	Left hand, third digit
50	Bilateral Procedure	F3	Left hand, fourth digit
51	Multiple Procedures	F4	Left hand, fifth digit
52	Reduced Services	F5	Right hand, thumb
53	Discontinued Procedure	F6	Right hand, second digit
54	Surgical Care Only	F7	Right hand, third digit
55	Postoperative Management Only	F8	Right hand, fourth digit
56	Preoperative Management Only	F9	Right hand, fifth digit



## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 7:**    **MODIFIER\_2**  
Identifies special circumstances related to the performance of the service.

**Coding Scheme:** Same as MODIFIER\_1

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 8:**    **MODIFIER\_3**  
Identifies special circumstances related to the performance of the service.

**Coding Scheme:** Same as MODIFIER\_1

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 9:**    **MODIFIER\_4**  
Identifies special circumstances related to the performance of the service.

**Coding Scheme:** Same as MODIFIER\_1

**Length:** 2    **Type:** Alphanumeric    **Data Source:** Claim

**Field 10:**    **UNIT\_MEASUREMENT\_CODE**

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

<b>Coding Scheme:</b>	Code specifying the units in which a value is being expressed.		
	DA	Days	
	F2	International unit	
	UN	Unit	
<b>Length:</b>	2	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Claim
<b>Field 11:</b>	<b>UNITS_OF_SERVICE</b>		
	Numeric value of quantity		
<b>Length:</b>	7	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 12:</b>	<b>UNIT_RATE</b>		
	Rate per unit		
<b>Length:</b>	12	<b>Type:</b> Numeric	<b>Data Source:</b> Claim
<b>Field 13:</b>	<b>CHRG_LINE_ITEM</b>		
	Total amount of the charge		
<b>Length:</b>	14	<b>Type:</b> Numeric	<b>Data Source:</b> Assigned
<b>Field 14:</b>	<b>CHRG_NON_COV</b>		
	Total non-covered amount of the charge		
<b>Length:</b>	14	<b>Type:</b> Alphanumeric	<b>Data Source:</b> Assigned

**FACILITY TYPE INDICATOR FILE**

<b>Field 1:</b>	<b>THCIC_ID</b> Provider ID. Unique identifier assigned to the provider by THCIC.
<b>Length:</b>	6 <b>Type:</b> Alphanumeric <b>Data Source:</b> Assigned
<b>Field 2:</b>	<b>PROVIDER_NAME</b> Hospital name provided by the hospital.
<b>Length:</b>	55 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 3:</b>	<b>PROVIDER_ADDR</b> Hospital address provided by the hospital.
<b>Length:</b>	50 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 4:</b>	<b>PROVIDER_CITY</b> Hospital city provided by the hospital.
<b>Length:</b>	20 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 5:</b>	<b>PROVIDER_STATE</b> Hospital state provided by the hospital.
<b>Length:</b>	2 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 6:</b>	<b>PROVIDER_ZIP</b> Hospital ZIP code provided by the hospital.
<b>Length:</b>	9 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 7:</b>	<b>FAC_TEACHING_IND</b> Teaching Facility Indicator.
<b>Coding Scheme:</b>	A Member, Council of Teaching Hospitals X Other Teaching facility
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 8:</b>	<b>FAC_PSYCH_IND</b> Psychiatric Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 9:</b>	<b>FAC_REHAB_IND</b> Rehabilitation Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 10:</b>	<b>FAC_ACUTE_CARE_IND</b> Acute Care Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 11:</b>	<b>FAC_SNF_IND</b> Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 12:</b>	<b>FAC_LONG_TERM_AC_IND</b> Long Term Acute Care Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 13:</b>	<b>FAC_OTHER_LTC_IND</b> Other Long Term Care Facility Indicator.
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 14:</b>	<b>FAC_PEDS_IND</b> Pediatric Facility Indicator.
<b>Coding Scheme:</b>	C Member, Council of Teaching Hospitals X Facility also treat children
<b>Length:</b>	1 <b>Type:</b> Alphanumeric <b>Data Source:</b> Provider
<b>Field 15:</b>	<b>POA_PROVIDER_INDICATOR</b> Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals Children's or Pediatric Hospitals and Long Term Care Hospitals.

**Coding Scheme:** M Mixed (Facility has sections that would be exempted from reporting POA for those patients)  
 R Required  
 X Exempt  
 ` Invalid

**Length:** 1    **Type:** Alphanumeric    **Data Source:** Assigned

**Field 16: PROVIDER\_COUNTY**

FIPS code of provider's county.

<b>Coding scheme:</b>	001	Anderson	129	Donley	257	Kaufman	385	Real
	003	Andrews	131	Duval	259	Kendall	387	Red River
	005	Angelina	133	Eastland	261	Kenedy	389	Reeves
	007	Aransas	135	Ector	263	Kent	391	Refugio
	009	Archer	137	Edwards	265	Kerr	393	Roberts
	011	Armstrong	139	Ellis	267	Kimble	395	Robertson
	013	Atascosa	141	El Paso	269	King	397	Rockwall
	015	Austin	143	Erath	271	Kinney	399	Runnels
	017	Bailey	145	Falls	273	Kleberg	401	Rusk
	019	Bandera	147	Fannin	275	Knox	403	Sabine
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
	025	Bee	153	Floyd	279	Lamb	409	San Patricio
	027	Bell	155	Foard	281	Lampasas	411	San Saba
	029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
	031	Blanco	159	Franklin	287	Lee	415	Scurry
	033	Borden	161	Freestone	289	Leon	417	Shackelford
	035	Bosque	163	Frio	291	Liberty	419	Shelby
	037	Bowie	165	Gaines	293	Limestone	421	Sherman
	039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
	041	Brazos	169	Garza	297	Live Oak	425	Somervell
	043	Brewster	171	Gillespie	299	Llano	427	Starr
	045	Briscoe	173	Glasscock	301	Loving	429	Stephens
	047	Brooks	175	Goliad	303	Lubbock	431	Sterling
	049	Brown	177	Gonzales	305	Lynn	433	Stonewall
	051	Burleson	179	Gray	307	McCulloch	435	Sutton
	053	Burnet	181	Grayson	309	McLennan	437	Swisher
	055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
	057	Calhoun	185	Grimes	313	Madison	441	Taylor
	059	Callahan	187	Guadalupe	315	Marion	443	Terrell
	061	Cameron	189	Hale	317	Martin	445	Terry
	063	Camp	191	Hall	319	Mason	447	Throckmorton
	065	Carson	193	Hamilton	321	Matagorda	449	Titus
	067	Cass	195	Hansford	323	Maverick	451	Tom Green
	069	Castro	197	Hardeman	325	Medina	453	Travis
	071	Chambers	199	Hardin	327	Menard	455	Trinity
	073	Cherokee	201	Harris	329	Midland	457	Tyler
	075	Childress	203	Harrison	331	Milam	459	Upshur
	077	Clay	205	Hartley	333	Mills	461	Upton
	079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
	081	Coke	209	Hays	337	Montague	465	Val Verde
	083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
	085	Collin	213	Henderson	341	Moore	469	Victoria
	087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
	089	Colorado	217	Hill	345	Motley	473	Waller
	091	Comal	219	Hockley	347	Nacogdoches	475	Ward
	093	Comanche	221	Hood	349	Navarro	477	Washington
	095	Concho	223	Hopkins	351	Newton	479	Webb
	097	Cooke	225	Houston	353	Nolan	481	Wharton
	099	Coryell	227	Howard	355	Nueces	483	Wheeler

## INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE

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

**Length:** 3    **Type:** Alphanumeric    **Data Source:** Assigned, based on provider ZIP code

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### Note about LCODE:

The “Census Block” and “Census Block Group” coding are geographic identifiers derived from a process called Geocoding. Geocoding is the process of assigning a geographic coordinate to a record for a given physical address. LCODE (Location code) quantifies the level of accuracy of the geocoding process.

LCODE classification:

- “A” code indicates that the record is accurate to the address level.
- “Z” code indicates the record is accurate to at least the ZIP code level.
  - “ZB” code indicates the record is accurate to the Census Block Group level.
  - “ZT” code indicates the record is accurate to at least the Census Tract level.
  - “ZC” code indicates the record is accurate to the ZIP code level.
- An “E” code indicates an error in geocoding and no value is provided.

The Block Group should be a 12-digit numerical value. If the LCODE is “ZT” or “ZC” a record should not have a value for Block Group. The LCODE will be included any time a data request includes Pat\_Addr\_Census\_Block or Pat\_Addr\_Census\_Block\_Group.

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

**DATA ELEMENT**

**BASE DATA FILE**

<b>Data Dictionary #</b>	<b>RDF Field Name</b>	<b>Length</b>	<b>Field Type</b>
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Charges Files)	12	Alphanumeric
2	PAT_UNIQUE_INDEX	10	Alphanumeric
3	THCIC_ID	6	Alphanumeric
4	SPEC_UNIT_1	1	Alphanumeric
5	SPEC_UNIT_2	1	Alphanumeric
6	SPEC_UNIT_3	1	Alphanumeric
7	SPEC_UNIT_4	1	Alphanumeric
8	SPEC_UNIT_5	1	Alphanumeric
9	ENCOUNTER_INDICATOR	2	Alphanumeric
10	SEX_CODE	1	Alphanumeric
11	BIRTH_DATE	8	Alphanumeric
12	PAT_AGE_GROUP	2	Alphanumeric
13	PAT_AGE_YEARS	3	Alphanumeric
14	PAT_AGE_DAYS	5	Alphanumeric
15	RACE	1	Alphanumeric
16	ETHNICITY	1	Alphanumeric
17	PAT_ADDR_CENSUS_BLOCK_GROUP	14	Alphanumeric
18	PAT_ADDR_CENSUS_BLOCK	5	Alphanumeric
19	PAT_CITY	30	Alphanumeric
20	PAT_STATE	2	Alphanumeric
21	PAT_ZIP	9	Alphanumeric
22	PAT_COUNTRY	2	Alphanumeric
23	PAT_COUNTY	3	Alphanumeric
24	PUBLIC_HEALTH_REGION	2	Alphanumeric
25	TYPE_OF_ADMISSION	1	Alphanumeric
26	SOURCE_OF_ADMISSION	1	Alphanumeric
27	FIRST_PAYMENT_SRC	2	Alphanumeric
28	FIRST_PAYER_ID	10	Alphanumeric
29	FIRST_PAYER_NAME	35	Alphanumeric
30	SECONDARY_PAYMENT_SRC	2	Alphanumeric
31	SECONDARY_PAYER_ID	10	Alphanumeric
32	SECONDARY_PAYER_NAME	35	Alphanumeric
33	ADMIT_START_OF_CARE	8	Alphanumeric
34	ADMIT_WEEKDAY	1	Alphanumeric
35	ADMIT_HOUR	2	Alphanumeric
36	STMT_PERIOD_FROM	8	Alphanumeric
37	STMT_PERIOD_THRU	8	Alphanumeric

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

<b>Data Dictionary #</b>	<b>RDF Field Name</b>	<b>Length</b>	<b>Field Type</b>
38	LENGTH OF STAY	4	Alphanumeric
39	PAT STATUS	2	Alphanumeric
40	DISCHARGE HOUR	2	Alphanumeric
41	TYPE OF BILL	3	Alphanumeric
42	ADMITTING DIAGNOSIS	7	Alphanumeric
43	PRINC DIAG CODE	7	Alphanumeric
44	POA PRINC DIAG CODE	1	Alphanumeric
45	OTH DIAG CODE 1	7	Alphanumeric
46	POA OTH DIAG CODE 1	1	Alphanumeric
47	OTH DIAG CODE 2	7	Alphanumeric
48	POA OTH DIAG CODE 2	1	Alphanumeric
49	OTH DIAG CODE 3	7	Alphanumeric
50	POA OTH DIAG CODE 3	1	Alphanumeric
51	OTH DIAG CODE 4	7	Alphanumeric
52	POA OTH DIAG CODE 4	1	Alphanumeric
53	OTH DIAG CODE 5	7	Alphanumeric
54	POA OTH DIAG CODE 5	1	Alphanumeric
55	OTH DIAG CODE 6	7	Alphanumeric
56	POA OTH DIAG CODE 6	1	Alphanumeric
57	OTH DIAG CODE 7	7	Alphanumeric
58	POA OTH DIAG CODE 7	1	Alphanumeric
59	OTH DIAG CODE 8	7	Alphanumeric
60	POA OTH DIAG CODE 8	1	Alphanumeric
61	OTH DIAG CODE 9	7	Alphanumeric
62	POA OTH DIAG CODE 9	1	Alphanumeric
63	OTH DIAG CODE 10	7	Alphanumeric
64	POA OTH DIAG CODE 10	1	Alphanumeric
65	OTH DIAG CODE 11	7	Alphanumeric
66	POA OTH DIAG CODE 11	1	Alphanumeric
67	OTH DIAG CODE 12	7	Alphanumeric
68	POA OTH DIAG CODE 12	1	Alphanumeric
69	OTH DIAG CODE 13	7	Alphanumeric
70	POA OTH DIAG CODE 13	1	Alphanumeric
71	OTH DIAG CODE 14	7	Alphanumeric
72	POA OTH DIAG CODE 14	1	Alphanumeric
73	OTH DIAG CODE 15	7	Alphanumeric
74	POA OTH DIAG CODE 15	1	Alphanumeric
75	OTH DIAG CODE 16	7	Alphanumeric
76	POA OTH DIAG CODE 16	1	Alphanumeric
77	OTH DIAG CODE 17	7	Alphanumeric
78	POA OTH DIAG CODE 17	1	Alphanumeric
79	OTH DIAG CODE 18	7	Alphanumeric
80	POA OTH DIAG CODE 18	1	Alphanumeric
81	OTH DIAG CODE 19	7	Alphanumeric
82	POA OTH DIAG CODE 19	1	Alphanumeric
83	OTH DIAG CODE 20	7	Alphanumeric

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<b>Data Dictionary #</b>	<b>RDF Field Name</b>	<b>Length</b>	<b>Field Type</b>
84	POA OTH DIAG CODE 20	1	Alphanumeric
85	OTH DIAG CODE 21	7	Alphanumeric
86	POA OTH DIAG CODE 21	1	Alphanumeric
87	OTH DIAG CODE 22	7	Alphanumeric
88	POA OTH DIAG CODE 22	1	Alphanumeric
89	OTH DIAG CODE 23	7	Alphanumeric
90	POA OTH DIAG CODE 23	1	Alphanumeric
91	OTH DIAG CODE 24	7	Alphanumeric
92	POA OTH DIAG CODE 24	1	Alphanumeric
93	E CODE 1	7	Alphanumeric
94	POA E CODE 1	1	Alphanumeric
95	E CODE 2	7	Alphanumeric
96	POA E CODE 2	1	Alphanumeric
97	E CODE 3	7	Alphanumeric
98	POA E CODE 3	1	Alphanumeric
99	E CODE 4	7	Alphanumeric
100	POA E CODE 4	1	Alphanumeric
101	E CODE 5	7	Alphanumeric
102	POA E CODE 5	1	Alphanumeric
103	E CODE 6	7	Alphanumeric
104	POA E CODE 6	1	Alphanumeric
105	E CODE 7	7	Alphanumeric
106	POA E CODE 7	1	Alphanumeric
107	E CODE 8	7	Alphanumeric
108	POA E CODE 8	1	Alphanumeric
109	E CODE 9	7	Alphanumeric
110	POA E CODE 9	1	Alphanumeric
111	E CODE 10	7	Alphanumeric
112	POA E CODE 10	1	Alphanumeric
113	PRINC SURG PROC CODE	7	Alphanumeric
114	PRINC SURG PROC DATE	8	Alphanumeric
115	PRINC SURG PROC DAY	4	Alphanumeric
116	OTH SURG PROC CODE 1	7	Alphanumeric
117	OTH SURG PROC DATE 1	8	Alphanumeric
118	OTH SURG PROC DAY 1	4	Alphanumeric
119	OTH SURG PROC CODE 2	7	Alphanumeric
120	OTH SURG PROC DATE 2	8	Alphanumeric
121	OTH SURG PROC DAY 2	4	Alphanumeric
122	OTH SURG PROC CODE 3	7	Alphanumeric
123	OTH SURG PROC DATE 3	8	Alphanumeric
124	OTH SURG PROC DAY 3	4	Alphanumeric
125	OTH SURG PROC CODE 4	7	Alphanumeric
126	OTH SURG PROC DATE 4	8	Alphanumeric
127	OTH SURG PROC DAY 4	4	Alphanumeric
128	OTH SURG PROC CODE 5	7	Alphanumeric
129	OTH SURG PROC DATE 5	8	Alphanumeric



**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

<b>Data Dictionary #</b>	<b>RDF Field Name</b>	<b>Length</b>	<b>Field Type</b>
130	OTH SURG PROC DAY 5	4	Alphanumeric
131	OTH SURG PROC CODE 6	7	Alphanumeric
132	OTH SURG PROC DATE 6	8	Alphanumeric
133	OTH SURG PROC DAY 6	4	Alphanumeric
134	OTH SURG PROC CODE 7	7	Alphanumeric
135	OTH SURG PROC DATE 7	8	Alphanumeric
136	OTH SURG PROC DAY 7	4	Alphanumeric
137	OTH SURG PROC CODE 8	7	Alphanumeric
138	OTH SURG PROC DATE 8	8	Alphanumeric
139	OTH SURG PROC DAY 8	4	Alphanumeric
140	OTH SURG PROC CODE 9	7	Alphanumeric
141	OTH SURG PROC DATE 9	8	Alphanumeric
142	OTH SURG PROC DAY 9	4	Alphanumeric
143	OTH SURG PROC CODE 10	7	Alphanumeric
144	OTH SURG PROC DATE 10	8	Alphanumeric
145	OTH SURG PROC DAY 10	4	Alphanumeric
146	OTH SURG PROC CODE 11	7	Alphanumeric
147	OTH SURG PROC DATE 11	8	Alphanumeric
148	OTH SURG PROC DAY 11	4	Alphanumeric
149	OTH SURG PROC CODE 12	7	Alphanumeric
150	OTH SURG PROC DATE 12	8	Alphanumeric
151	OTH SURG PROC DAY 12	4	Alphanumeric
152	OTH SURG PROC CODE 13	7	Alphanumeric
153	OTH SURG PROC DATE 13	8	Alphanumeric
154	OTH SURG PROC DAY 13	4	Alphanumeric
155	OTH SURG PROC CODE 14	7	Alphanumeric
156	OTH SURG PROC DATE 14	8	Alphanumeric
157	OTH SURG PROC DAY 14	4	Alphanumeric
158	OTH SURG PROC CODE 15	7	Alphanumeric
159	OTH SURG PROC DATE 15	8	Alphanumeric
160	OTH SURG PROC DAY 15	4	Alphanumeric
161	OTH SURG PROC CODE 16	7	Alphanumeric
162	OTH SURG PROC DATE 16	8	Alphanumeric
163	OTH SURG PROC DAY 16	4	Alphanumeric
164	OTH SURG PROC CODE 17	7	Alphanumeric
165	OTH SURG PROC DATE 17	8	Alphanumeric
166	OTH SURG PROC DAY 17	4	Alphanumeric
167	OTH SURG PROC CODE 18	7	Alphanumeric
168	OTH SURG PROC DATE 18	8	Alphanumeric
169	OTH SURG PROC DAY 18	4	Alphanumeric
170	OTH SURG PROC CODE 19	7	Alphanumeric
171	OTH SURG PROC DATE 19	8	Alphanumeric
172	OTH SURG PROC DAY 19	4	Alphanumeric
173	OTH SURG PROC CODE 20	7	Alphanumeric
174	OTH SURG PROC DATE 20	8	Alphanumeric
175	OTH SURG PROC DAY 20	4	Alphanumeric

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

<b>Data Dictionary #</b>	<b>RDF Field Name</b>	<b>Length</b>	<b>Field Type</b>
176	OTH SURG PROC CODE 21	7	Alphanumeric
177	OTH SURG PROC DATE 21	8	Alphanumeric
178	OTH SURG PROC DAY 21	4	Alphanumeric
179	OTH SURG PROC CODE 22	7	Alphanumeric
180	OTH SURG PROC DATE 22	8	Alphanumeric
181	OTH SURG PROC DAY 22	4	Alphanumeric
182	OTH SURG PROC CODE 23	7	Alphanumeric
183	OTH SURG PROC DATE 23	8	Alphanumeric
184	OTH SURG PROC DAY 23	4	Alphanumeric
185	OTH SURG PROC CODE 24	7	Alphanumeric
186	OTH SURG PROC DATE 24	8	Alphanumeric
187	OTH SURG PROC DAY 24	4	Alphanumeric
188	MS MDC	2	Alphanumeric
189	APR MDC	2	Alphanumeric
190	MS DRG	3	Alphanumeric
191	APR DRG	4	Alphanumeric
192	RISK MORTALITY	1	Alphanumeric
193	ILLNESS SEVERITY	1	Alphanumeric
194	APR GROUPEL VERSION NBR	5	Alphanumeric
195	APR GROUPEL ERROR CODE	2	Alphanumeric
196	MS GROUPEL VERSION NBR	5	Alphanumeric
197	MS GROUPEL ERROR CODE	2	Alphanumeric
198	ATTENDING PHYSICIAN UNIF ID	10	Alphanumeric
199	OPERATING PHYSICIAN UNIF ID	10	Alphanumeric
200	OCCUR CODE 1	2	Alphanumeric
201	OCCUR DATE 1	8	Alphanumeric
202	OCCUR DAY 1	4	Alphanumeric
203	OCCUR CODE 2	2	Alphanumeric
204	OCCUR DATE 2	8	Alphanumeric
205	OCCUR DAY 2	4	Alphanumeric
206	OCCUR CODE 3	2	Alphanumeric
207	OCCUR DATE 3	8	Alphanumeric
208	OCCUR DAY 3	4	Alphanumeric
209	OCCUR CODE 4	2	Alphanumeric
210	OCCUR DATE 4	8	Alphanumeric
211	OCCUR DAY 4	4	Alphanumeric
212	OCCUR CODE 5	2	Alphanumeric
213	OCCUR DATE 5	8	Alphanumeric
214	OCCUR DAY 5	4	Alphanumeric
215	OCCUR CODE 6	2	Alphanumeric
216	OCCUR DATE 6	8	Alphanumeric
217	OCCUR DAY 6	4	Alphanumeric
218	OCCUR CODE 7	2	Alphanumeric
219	OCCUR DATE 7	8	Alphanumeric
220	OCCUR DAY 7	4	Alphanumeric
221	OCCUR CODE 8	2	Alphanumeric

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

<b>Data Dictionary #</b>	<b>RDF Field Name</b>	<b>Length</b>	<b>Field Type</b>
222	OCCUR DATE 8	8	Alphanumeric
223	OCCUR DAY 8	4	Alphanumeric
224	OCCUR CODE 9	2	Alphanumeric
225	OCCUR DATE 9	8	Alphanumeric
226	OCCUR DAY 9	4	Alphanumeric
227	OCCUR CODE 10	2	Alphanumeric
228	OCCUR DATE 10	8	Alphanumeric
229	OCCUR DAY 10	4	Alphanumeric
230	OCCUR CODE 11	2	Alphanumeric
231	OCCUR DATE 11	8	Alphanumeric
232	OCCUR DAY 11	4	Alphanumeric
233	OCCUR CODE 12	2	Alphanumeric
234	OCCUR DATE 12	8	Alphanumeric
235	OCCUR DAY 12	4	Alphanumeric
236	OCCUR SPAN CODE 1	2	Alphanumeric
237	OCCUR SPAN FROM 1	8	Alphanumeric
238	OCCUR SPAN THRU 1	8	Alphanumeric
239	OCCUR SPAN CODE 2	2	Alphanumeric
240	OCCUR SPAN FROM 2	8	Alphanumeric
241	OCCUR SPAN THRU 2	8	Alphanumeric
242	OCCUR SPAN CODE 3	2	Alphanumeric
243	OCCUR SPAN FROM 3	8	Alphanumeric
244	OCCUR SPAN THRU 3	8	Alphanumeric
245	OCCUR SPAN CODE 4	2	Alphanumeric
246	OCCUR SPAN FROM 4	8	Alphanumeric
247	OCCUR SPAN THRU 4	8	Alphanumeric
248	CONDITION CODE 1	2	Alphanumeric
249	CONDITION CODE 2	2	Alphanumeric
250	CONDITION CODE 3	2	Alphanumeric
251	CONDITION CODE 4	2	Alphanumeric
252	CONDITION CODE 5	2	Alphanumeric
253	CONDITION CODE 6	2	Alphanumeric
254	CONDITION CODE 7	2	Alphanumeric
255	CONDITION CODE 8	2	Alphanumeric
256	VALUE CODE 1	2	Alphanumeric
257	VALUE AMOUNT 1	9	Numeric
258	VALUE CODE 2	2	Alphanumeric
259	VALUE AMOUNT 2	9	Numeric
260	VALUE CODE 3	2	Alphanumeric
261	VALUE AMOUNT 3	9	Numeric
262	VALUE CODE 4	2	Alphanumeric
263	VALUE AMOUNT 4	9	Numeric
264	VALUE CODE 5	2	Alphanumeric
265	VALUE AMOUNT 5	9	Numeric
266	VALUE CODE 6	2	Alphanumeric
267	VALUE AMOUNT 6	9	Numeric

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

<b>Data Dictionary #</b>	<b>RDF Field Name</b>	<b>Length</b>	<b>Field Type</b>
268	VALUE CODE 7	2	Alphanumeric
269	VALUE AMOUNT 7	9	Numeric
270	VALUE CODE 8	2	Alphanumeric
271	VALUE AMOUNT 8	9	Numeric
272	VALUE CODE 9	2	Alphanumeric
273	VALUE AMOUNT 9	9	Numeric
274	VALUE CODE 10	2	Alphanumeric
275	VALUE AMOUNT 10	9	Numeric
276	VALUE CODE 11	2	Alphanumeric
277	VALUE AMOUNT 11	9	Numeric
278	VALUE CODE 12	2	Alphanumeric
279	VALUE AMOUNT 12	9	Numeric
280	PRIVATE AMOUNT	12	Numeric
281	SEMI PRIVATE AMOUNT	12	Numeric
282	WARD AMOUNT	12	Numeric
283	ICU AMOUNT	12	Numeric
284	CCU AMOUNT	12	Numeric
285	OTHER AMOUNT	12	Numeric
286	PHARM AMOUNT	12	Numeric
287	MEDSURG AMOUNT	12	Numeric
288	DME AMOUNT	12	Numeric
289	USED DME AMOUNT	12	Numeric
290	PT AMOUNT	12	Numeric
291	OT AMOUNT	12	Numeric
292	SPEECH AMOUNT	12	Numeric
293	IT AMOUNT	12	Numeric
294	BLOOD AMOUNT	12	Numeric
295	BLOOD ADM AMOUNT	12	Numeric
296	OR AMOUNT	12	Numeric
297	LITH AMOUNT	12	Numeric
298	CARD AMOUNT	12	Numeric
299	ANES AMOUNT	12	Numeric
300	LAB AMOUNT	12	Numeric
301	RAD AMOUNT	12	Numeric
302	MRI AMOUNT	12	Numeric
303	OP AMOUNT	12	Numeric
304	ER AMOUNT	12	Numeric
305	AMBULANCE AMOUNT	12	Numeric
306	PRO FEE AMOUNT	12	Numeric
307	ORGAN AMOUNT	12	Numeric
308	ESRD AMOUNT	12	Numeric
309	CLINIC AMOUNT	12	Numeric
310	TOTAL CHARGES	12	Numeric
311	TOTAL NON COV CHARGES	12	Numeric
312	TOTAL CHARGES ACCOMM	12	Numeric
313	TOTAL NON COV CHARGES ACCOMM	12	Numeric

**INPATIENT HOSPITAL DISCHARGE RESEARCH DATA FILE**

<b>Data Dictionary #</b>	<b>RDF Field Name</b>	<b>Length</b>	<b>Field Type</b>
314	TOTAL CHARGES ANCIL	12	Numeric
315	TOTAL NON COV CHARGES ANCIL	12	Numeric
316	INBOUND_INDICATOR	1	Alphanumeric
317	EMERGENCY_DEPT_FLAG	1	Alphanumeric
318	DISCHARGE	6	Alphanumeric

**CHARGES FILE**

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

**FACILITY TYPE INDICATOR FILE**

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