

**Center for Health Statistics**

**Texas Health Care Information Collection**

**TEXAS HOSPITAL INPATIENT DISCHARGE PUBLIC USE DATA FILE (PUDF**)

**USER MANUAL 2020**

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## BACKGROUND

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

THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004 and the DSHS Center for Health Statistics is now responsible for the collection and release of hospital discharge data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION

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

## PUBLIC USE DATA FILE (PUDF)

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

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

The Facility Type Indicator File is also included. This contains 12 variables including the THCIC ID and facility name and variables indicating whether the facility is a teaching facility or pediatric hospital or other specialty facility. The file also includes POA provider indicator and certification status.

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

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

The 2020 PUDF is available in four fixed length format text files, Base Data #1 (logical record length of 802 bytes), Base Data #2 (logical record length of 648 bytes), Charges (logical record length of 80 bytes), and Facility Type Data (logical record length of 71 bytes) files. The files are also available in tab- delimited format. The size of the files is as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First quarter, 702 hospitals:** | | | | | | |
| Base Data #1 | 774,322 records | 167 variables | Fixed field format | 594 MB | Tab-delimited | 314 MB |
| Base Data #2 | 774,322 records | 99 variables | Fixed field format | 480 MB | Tab-delimited | 203 MB |
| Charges | 13,507,546 records | 13 variables | Fixed field format | 1,056 MB | Tab-delimited | 633 MB |
| Facility Type Data | 702 records | 13 variables | Fixed field format | 50 KB | Tab-delimited | 38 KB |
| **Second quarter, 687 hospitals:** | | | | | | |
| Base Data #1 | 672,387 records | 167 variables | Fixed field format | 516 MB | Tab-delimited | 272 MB |
| Base Data #2 | 672,387 records | 99 variables | Fixed field format | 417 MB | Tab-delimited | 176 MB |
| Charges | 11,633,725 records | 13 variables | Fixed field format | 910 MB | Tab-delimited | 546 MB |
| Facility Type Data | 687 records | 13 variables | Fixed field format | 49 KB | Tab-delimited | 37 KB |
| **Third quarter, 688 hospitals:** | | | | | | |
| Base Data #1 | 740,900 records | 167 variables | Fixed field format | 569 MB | Tab-delimited | 299 MB |
| Base Data #2 | 740,900 records | 99 variables | Fixed field format | 459 MB | Tab-delimited | 190 MB |
| Charges | 15,601,963 records | 13 variables | Fixed field format | 1,220 MB | Tab-delimited | 750 MB |
| Facility Type Data | 688 records | 13 variables | Fixed field format | 49 KB | Tab-delimited | 37 KB |
| **Fourth quarter, 694 hospitals:** | | | | | | |
| Base Data #1 | 758,295 records | 167 variables | Fixed field format | 582 MB | Tab-delimited | 308 MB |
| Base Data #2 | 758,295 records | 99 variables | Fixed field format | 470 MB | Tab-delimited | 195 MB |
| Charges | 16,381,030 records | 13 variables | Fixed field format | 1,281 MB | Tab-delimited | 788 MB |
| Facility Type Data | 694 records | 13 variables | Fixed field format | 49 KB | Tab-delimited | 37 KB |

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

The PUDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals

using the THCIC 837 format. The following data elements are available in the PUDF beginning with data for 2004 or are not comparable to data collected in years prior to 2004:

|  |  |
| --- | --- |
| **BASE DATA #1 FILE (*Separated Base File 2011*)** | |
| FAC\_LONG\_TERM\_AC\_IND | Added 2004. Moved to Facility Type Indicator File in 2011 |
| PAT\_COUNTRY | Added 2004 |
| FIRST\_PAYMENT\_SRC | Replaces PAYMENT\_SOURCE\_1 and SOURCE\_PAYMENT\_CODE\_1 |
| SECOND\_PAYMENT\_SRC | Replaces PAYMENT\_SOURCE\_2 and SOURCE\_PAYMENT\_CODE\_2 |
| REVENUE\_CODE\_23 | No longer available |
| TOTAL\_CHARGES | Replaces TOTAL\_CHARGES\_23 |
| TOTAL\_CHARGES\_ACCOMM | Replaces CLAIM\_CHARGES\_ACCOMM |
| TOTAL\_NON\_COV\_CHARGES\_ACCOMM | Replaces CLAIM\_NON\_COV\_CHARGES\_ACCOMM |
| TOTAL\_CHARGES\_ANCIL | Replaces CLAIM\_CHARGES\_ANCIL |
| TOTAL\_NON\_COV\_CHARGES\_ANCIL | Replaces CLAIM\_NON\_COV\_CHARGES\_ANCIL |
| EXTERNAL\_CAUSE\_OF\_INJURY\_1 | Replaces EXTNAL\_CAUSE\_OF\_INJURY |
| EXTERNAL\_CAUSE\_OF\_INJURY\_2 to EXTERNAL\_CAUSE\_OF\_INJURY\_10 | Added 2004 |
| OTH\_DIAG\_CODE\_9 to OTH\_DIAG\_CODE\_25 | Added 2004 |
| OTH\_SURG\_PROC\_CODE\_6 to OTH\_SURG\_PROC\_CODE\_25 | Added 2004 |
| OTH\_SURG\_PROC\_DAY\_6 to OTH\_SURG\_PROC\_DAY\_25 | Added 2004 |
| OTH\_ICD9\_CODE\_6 to OTH\_ICD9\_CODE\_25 | Added 2004 |
| MS\_MDC name changed from CMS\_MDC (2011) | Added 2004 |
| INBOUND\_INDICATOR | Available 2004 only |
| POA\_PRINC\_DIAG \_CODE | Added 2011 |
| POA\_OTH\_DIAG\_CODE\_1 to POA\_OTH\_DIAG\_CODE\_24 | Added 2011 |
| POA\_E\_CODE\_1 to POA\_ E\_CODE\_10 | Added 2011 |
| MS\_GROUPER\_ ERROR \_CODE | Added 2011 |
| APR\_GROUPER\_ERROR\_CODE | Added 2011 |
| PRINC\_ICD9\_CODE | No longer available |
| OTH\_ICD9\_CODE\_1- OTH\_ICD9\_CODE\_24 | No longer available |
| EMERGENCY\_DEPT\_FLAG | Added 2017 |
| **BASE DATA #2 FILE *(added 2011) Moved calculated charge amounts and situational data elements to this file*** | |
| CONDITION\_CODE\_1 to CONDITION\_CODE\_8 | Added 2004 |
| OCCUR\_CODE\_1 to OCCUR\_CODE\_12 | Added 2004 |
| OCCUR\_DAY\_1 to OCCUR\_DAY\_12 | Added 2004 |
| OCCUR\_SPAN\_CODE\_1 to OCCUR\_SPAN\_CODE\_4 | Added 2004 |
| OCCUR\_SPAN\_FROM\_1 to OCCUR\_SPAN\_FROM\_4 | Added 2004 |
| OCCUR\_SPAN\_THRU\_1 to OCCUR\_SPAN\_THRU\_4 | Added 2004 |
| VALUE\_CODE\_1 to VALUE\_CODE\_12 | Added 2004 |
| VALUE\_AMOUNT\_1 to VALUE\_AMOUNT\_12 | Added 2004 |
| **CHARGES FILE** | |
| REVENUE\_CODE | Added 2004 |
| HCPCS\_QUALIFIER | Added 2004 |
| HCPCS\_PROCEDURE\_CODE | Added 2004 |
| MODIFIER\_1 TO MODIFIER\_4 | Added 2004 |
| UNIT\_MEASUREMENT\_CODE | Added 2004 |
| UNITS\_OF\_SERVICE | Added 2004 |
| UNIT\_RATE | Added 2004 |
| CHRGS\_LINE\_ITEM | Added 2004 |
| CHRGS\_NON\_COV | Added 2004 |
| **FACILITY TYPE INDICATOR FILE (added 2011) *Moved facility information data elements to this file*** | |
| POA\_PROVIDER\_INDICATOR | Moved from Base Data #1 file to Facility Type Indicator File in 2015 |
| CERT\_STATUS | Moved from Base Data #1 file to Facility Type Indicator File in 2015 |

## DATA PROCESSING AND QUALITY

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

Beginning with fourth (4th) quarter 2015 data ICD-10-CM diagnostic codes and ICD-10-PCS procedure codes were mandated by the Federal Government. The increased length of the codes required a change in the data file formats. Some data fields (for example, “POA\_Provider\_ Indicator” and Cert\_Status”) are

moved to the “Facility Type Indicator” file.

## PATIENT/PHYSICIAN CONFIDENTIALITY

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

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

* The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
* The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states.
* The entire ZIP code and gender code are suppressed if the ICD-10-CM or ICD-10-PCS codes indicates alcohol or drug use or an HIV diagnosis.
* The entire ZIP code and provider name are suppressed if a hospital has fewer than five discharges of a particular gender, including ‘unknown’. The provider ID is changed to '999998'.
* The entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter and the provider ID is changed to ‘999999’.
* The country code is suppressed if the country field has fewer than five discharges for that quarter.
* The county code is suppressed if a county has fewer than five discharges for that quarter.
* Age is represented by 22 age group codes for the general patient population and 5 age group codes for the HIV and alcohol and drug use patient populations.
* Race is changed to ‘Other’ and ethnicity is suppressed if a hospital has

fewer than ten discharges of a race.

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

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

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

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

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

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

It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients.

Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Hospital Discharge Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients.

## RESTRICTIONS ON DATA USE

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

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

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

* The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
* The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
* The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
* The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
* The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
* The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
* The licensee will use the following citation in any publication of information from this file:
* *Texas Hospital Inpatient Discharge Public Use Data File,* [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
* The licensee will indemnify, defend, and hold the DSHS, its members,

employees, and the Department’s contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and

* The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee’s agreement to comply with the above-stated requirements with the knowledge that under Sections 108.014 and 108.0141 of the Texas Health and Safety Code to knowingly or negligently release data in violation of this agreement is punishable by a fine of up to

$10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the PUDF user has been informed that the potential for both civil and criminal penalties exists.

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

## DATA LIMITATIONS

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

* Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92

format. Data for 2004 were collected in both UB-92 electronic format and THCIC 837 format. Because these are billing forms, the data collected are administrative data and not clinical data. Beginning with 2005 all data are collected from the THCIC 837 format.

* Records with Major Diagnositic Category (MDC) codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR- DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
* Hospital charges data are available after third (3rd) quarter 2000. Earlier data were not reported correctly by some hospitals.
* Secondary source of payment data are available after third (3rd) quarter 2000. Earlier data were not reported correctly by some hospitals.
* Gender is suppressed for patients with an ICD-10-CM code that indicates drug or alcohol use or an HIV diagnosis.
* The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the zip code. All of the ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug or alcohol use or an HIV diagnosis or if a hospital has fewer than five discharges of a

particular gender, including ‘unknown’. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If ZIP is '88888' the state abbreviation is changed to 'ZZ'. ZIP code is suppressed if a hospital has fewer than five patients of a particular gender, including ‘unknown’.

* Admission Source as reported by hospitals is suppressed, as recommended by the Council, when the Admission Type is ‘newborn’. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
* Uniform identification numbers for physicians are available after first (1st) quarter 2000 except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.
* The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals’ collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
* Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
* Race and ethnicity data are required by law and rule to submit for each patient, generally not collected by hospitals and may be subjectively captured.
* Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments if submitted by the facilities.
* County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
* DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility’s information system and may be understated.
* Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
* Length of stay is limited to 999 days prior to 2004 discharges.
* Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
* Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
* Updates to any PUDF CD’s are available through the THCIC website, <http://www.dshs.texas.gov/thcic/>, which should be checked periodically as notifications of an update will not be sent.
* DSHS collects data from all hospitals in the state not specifically exempted by statute prior to January 1, 2015 services. Some hospitals maybe exempted for certain situations (for example, natural or other disasters or other unusual conditions) for limited time periods. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
* Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

## HOSPITAL COMMENTS

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

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

## CITATION

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

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



**Texas Hospital Inpatient Discharge Public Use Data File**

## DATA DICTIONARY

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

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

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

### BASE DATA #1 FILE

|  |  |  |  |
| --- | --- | --- | --- |
| **Field 1:** | **RECORD\_ID** |  |  |
| **Description:** | Record Identification Number. Unique number assigned to identify the record. First available  1st quarter 2002. Does NOT match the RECORD\_ID in THCIC Research Data Files (RDF’s). | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned |
| **Length:** | 12 | **Type:** | Alphanumeric |
| **Field 2:** | **DISCHARGE** |  |  |
| **Description:** | Discharge Quarter. Year and quarter of discharge. *yyyy*Q*n*. | | |
| **Beginning Position:** | 13 | **Data Source:** | Assigned |
| **Length:** | 6 | **Type:** | Alphanumeric |
| **Field 3:** | **THCIC\_ID** |  |  |
| **Description:** | Provider ID. Unique identifier assigned to the provider by DSHS. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Suppression:** | Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including ‘unknown’, Provider ID  is '999998'. | | | |
| **Beginning Position:** | 19 | **Data Source:** | Assigned |  |
| **Length:** | 6 | **Type:** | Alphanumeric |  |
| **Field 4:** | **TYPE\_OF\_ADMISSION** | |  |  |
| **Description:** | Code indicating the type of admission | |  |  |
| **Coding Scheme:** | 1 | Emergency |  |  |
|  | 2 | Urgent |  |  |
|  | 3 | Elective |  |  |
|  | 4 | Newborn |  |  |
|  | 5 | Trauma |  |  |
|  | 9 | Information not available |  |  |
|  | ` | Invalid |  |  |
| **Beginning Position:** | 25 | **Data Source:** | Claim |  |
| **Length:** | 1 | **Type:** | Alphanumeric |  |
| **Field 5:** | **SOURCE\_OF\_ADMISSION** | |  |  |
| **Description:** | Code indicating source of the admission. | |  |  |
| **Coding Scheme:** | 1 | Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) | |  |
|  | 2 | Clinic or Physician’s Office |  |  |
|  | 4 | Transfer from a hospital |  |  |
|  | 5 | Transfer from a skilled nursing facility, intermediate care facility or assisted living facility | | |
|  | 6 | Transfer from another health care facility |  |  |
|  | 8 | Court/Law Enforcement |  |  |
|  | 9 | Information not available |  |  |
|  | D | Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer | | |
|  | E | Transfer from Ambulatory Surgery Center |  |  |
|  | F | Transfer from a Hospice Facility |  |  |
|  | ` | Invalid |  |  |
| If Type of Admission=4 (Newborn) | | | | |
|  | 5 | Born inside this hospital |  |  |
|  | 6 | Born outside this hospital |  |  |
| **Beginning Position:** | 26 | **Data Source:** | Claim |  |
| **Length:** | 1 | **Type:** | Alphanumeric |  |
| **Field 6:** | **SPEC\_UNIT\_1** | |  |  |
| **Description:** | Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | | |
| **Coding Scheme:** | C | Coronary Care Unit | P | Pediatric Unit |
|  | D | Detoxification Unit | Y | Psychiatric Unit |
|  | I | Intensive Care Unit | R | Rehabilitation Unit |
|  | H | Hospice Unit | U | Sub-acute Care Unit |
|  | N | Nursery | S | Skilled Nursing Unit |
|  | B | Obstetric Unit | Blank | Acute Care |
|  | O | Oncology Unit |  |  |
| **Beginning Position:** | 27 | **Data Source:** | Calculated |  |
| **Length:** | 1 | **Type:** | Alphanumeric |  |
| **Field 7:** | **SPEC\_UNIT\_2** | |  |  |
| **Description:** | Specialty Units in which 2nd most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | | |
| **Coding Scheme:** | Same as field SPEC\_UNIT\_1 | |  |  |
| **Beginning Position:** | 28 | **Data Source:** | Calculated |  |
| **Length:** | 1 | **Type:** | Alphanumeric |  |
| **Field 8:** | **SPEC\_UNIT\_3** | |  |  |
| **Description:** | Specialty Units in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | | |
| **Coding Scheme:** | Same as field SPEC\_UNIT\_1 | |  |  |
| **Beginning Position:** | 29 | **Data Source:** | Calculated |  |
| **Length:** | 1 | **Type:** | Alphanumeric |  |
| **Field 9:** | **SPEC\_UNIT\_4** | |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description:** | Specialty Units in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | | | | | | |
| **Coding Scheme:** | Same as field SPEC\_UNIT\_1 | | |  |  |  |  |  |
| **Beginning Position:** | 30 |  | **Data Source:** | | Calculated | |  |  |
| **Length:** | 1 |  | **Type:** | | Alphanumeric | |  |  |
| **Field 10:** | **SPEC\_UNIT\_5** | |  |  |  |  |  |  |
| **Description:** | Specialty Units in which 5th most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | | | | | | |
| **Coding Scheme:** | Same as field SPEC\_UNIT\_1 | | |  |  |  |  |  |
| **Beginning Position:** | 31 |  | **Data Source:** | | Calculated | |  |  |
| **Length:** | 1 |  | **Type:** | | Alphanumeric | |  |  |
| **Field 11:** | **PAT\_STATE** | |  |  |  |  |  |  |
| **Description:** | State of the patient’s mailing address in Texas and contiguous states. Standard 2-character  Postal Service abbreviation. | | | | | | | |
| **Coding Scheme:** | AR Arkansas  LA Louisiana NM New Mexico OK Oklahoma TX Texas  ZZ All other states and American Territories FC Foreign country  XX Foreign country | | | |  |  |  |  |
| **Beginning Position:** | 32 |  | **Data Source:** | | Claim |  |  |  |
| **Length:** | 2 |  | **Type:** | | Alphanumeric | |  |  |
| **Field 12:** | **PAT\_ZIP** | |  |  |  |  |  |  |
| **Description:** | Patient’s five-digit ZIP code. | | |  |  |  |  |  |
| **Suppression:** | Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals ‘ZZ’, ZIP code equals ‘88888’. If state equals ‘FC’ (foreign country) ZIP code is blank**.** If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis, the ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules) the ZIP code is reported as “`” (back quote). If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular  gender, including ‘unknown’, the ZIP Code is blank. | | | | | | | |
| **Beginning Position:** | 34 |  | **Data Source:** | | Claim |  |  |  |
| **Length:** | 5 |  | **Type:** | | Alphanumeric | |  |  |
| **Field 13:** | **PAT\_COUNTRY** | |  |  |  |  |  |  |
| **Description:** | Country of patient’s residential address. List maintained by the International Organization for Standardization (ISO). If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the country is reported as “`”  (back quote). | | | | | | | |
| **Suppression:** | Suppressed if fewer than 5 patients from one country. | | | | |  |  |  |
| **Coding scheme:** | See [*www.ISO.org*](http://www.ISO.org/) for complete list. | | | |  |  |  |  |
| **Beginning Position:** | 39 |  | **Data Source:** | | Claim |  |  |  |
| **Length:** | 2 |  | **Type:** | | Alphanumeric | |  |  |
| **Field 14:** | **PAT\_COUNTY** | |  |  |  |  |  |  |
| **Description:** | FIPS code of patient’s county. | | |  |  |  |  |  |
| **Coding scheme:** | 001 | Anderson | 129 | Donley | 257 | Kaufman | 385 | Real |
| 003 | Andrews | 131 | Duval | 259 | Kendall | 387 | Red River |
|  | 005 | Angelina | 133 | Eastland | 261 | Kenedy | 389 | Reeves |
|  | 007 | Aransas | 135 | Ector | 263 | Kent | 391 | Refugio |
|  | 009 | Archer | 137 | Edwards | 265 | Kerr | 393 | Roberts |
|  | 011 | Armstrong | 139 | Ellis | 267 | Kimble | 395 | Robertson |
|  | 013 | Atascosa | 141 | El Paso | 269 | King | 397 | Rockwall |
|  | 015 | Austin | 143 | Erath | 271 | Kinney | 399 | Runnels |
|  | 017 | Bailey | 145 | Falls | 273 | Kleberg | 401 | Rusk |
|  | 019 | Bandera | 147 | Fannin | 275 | Knox | 403 | Sabine |
|  | 021 | Bastrop | 149 | Fayette | 283 | La Salle | 405 | San Augustine |
|  | 023 | Baylor | 151 | Fisher | 277 | Lamar | 407 | San Jacinto |
|  | 025 | Bee | 153 | Floyd | 279 | Lamb | 409 | San Patricio |
|  | 027 | Bell | 155 | Foard | 281 | Lampasas | 411 | San Saba |
|  | 029 | Bexar | 157 | Fort Bend | 285 | Lavaca | 413 | Schleicher |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 031 | Blanco | 159 | Franklin | 287 | Lee | 415 | Scurry |
|  | 033 | Borden | 161 | Freestone | 289 | Leon | 417 | Shackelford |
|  | 035 | Bosque | 163 | Frio | 291 | Liberty | 419 | Shelby |
|  | 037 | Bowie | 165 | Gaines | 293 | Limestone | 421 | Sherman |
|  | 039 | Brazoria | 167 | Galveston | 295 | Lipscomb | 423 | Smith |
|  | 041 | Brazos | 169 | Garza | 297 | Live Oak | 425 | Somervell |
|  | 043 | Brewster | 171 | Gillespie | 299 | Llano | 427 | Starr |
|  | 045 | Briscoe | 173 | Glasscock | 301 | Loving | 429 | Stephens |
|  | 047 | Brooks | 175 | Goliad | 303 | Lubbock | 431 | Sterling |
|  | 049 | Brown | 177 | Gonzales | 305 | Lynn | 433 | Stonewall |
|  | 051 | Burleson | 179 | Gray | 307 | McCulloch | 435 | Sutton |
|  | 053 | Burnet | 181 | Grayson | 309 | McLennan | 437 | Swisher |
|  | 055 | Caldwell | 183 | Gregg | 311 | McMullen | 439 | Tarrant |
|  | 057 | Calhoun | 185 | Grimes | 313 | Madison | 441 | Taylor |
|  | 059 | Callahan | 187 | Guadalupe | 315 | Marion | 443 | Terrell |
|  | 061 | Cameron | 189 | Hale | 317 | Martin | 445 | Terry |
|  | 063 | Camp | 191 | Hall | 319 | Mason | 447 | Throckmorton |
|  | 065 | Carson | 193 | Hamilton | 321 | Matagorda | 449 | Titus |
|  | 067 | Cass | 195 | Hansford | 323 | Maverick | 451 | Tom Green |
|  | 069 | Castro | 197 | Hardeman | 325 | Medina | 453 | Travis |
|  | 071 | Chambers | 199 | Hardin | 327 | Menard | 455 | Trinity |
|  | 073 | Cherokee | 201 | Harris | 329 | Midland | 457 | Tyler |
|  | 075 | Childress | 203 | Harrison | 331 | Milam | 459 | Upshur |
|  | 077 | Clay | 205 | Hartley | 333 | Mills | 461 | Upton |
|  | 079 | Cochran | 207 | Haskell | 335 | Mitchell | 463 | Uvalde |
|  | 081 | Coke | 209 | Hays | 337 | Montague | 465 | Val Verde |
|  | 083 | Coleman | 211 | Hemphill | 339 | Montgomery | 467 | Van Zandt |
|  | 085 | Collin | 213 | Henderson | 341 | Moore | 469 | Victoria |
|  | 087 | Collingsworth | 215 | Hidalgo | 343 | Morris | 471 | Walker |
|  | 089 | Colorado | 217 | Hill | 345 | Motley | 473 | Waller |
|  | 091 | Comal | 219 | Hockley | 347 | Nacogdoches | 475 | Ward |
|  | 093 | Comanche | 221 | Hood | 349 | Navarro | 477 | Washington |
|  | 095 | Concho | 223 | Hopkins | 351 | Newton | 479 | Webb |
|  | 097 | Cooke | 225 | Houston | 353 | Nolan | 481 | Wharton |
|  | 099 | Coryell | 227 | Howard | 355 | Nueces | 483 | Wheeler |
|  | 101 | Cottle | 229 | Hudspeth | 357 | Ochiltree | 485 | Wichita |
|  | 103 | Crane | 231 | Hunt | 359 | Oldham | 487 | Wilbarger |
|  | 105 | Crockett | 233 | Hutchinson | 361 | Orange | 489 | Willacy |
|  | 107 | Crosby | 235 | Irion | 363 | Palo Pinto | 491 | Williamson |
|  | 109 | Culberson | 237 | Jack | 365 | Panola | 493 | Wilson |
|  | 111 | Dallam | 239 | Jackson | 367 | Parker | 495 | Winkler |
|  | 113 | Dallas | 241 | Jasper | 369 | Parmer | 497 | Wise |
|  | 115 | Dawson | 243 | Jeff Davis | 371 | Pecos | 499 | Wood |
|  | 117 | Deaf Smith | 245 | Jefferson | 373 | Polk | 501 | Yoakum |
|  | 119 | Delta | 247 | Jim Hogg | 375 | Potter | 503 | Young |
|  | 121 | Denton | 249 | Jim Wells | 377 | Presidio | 505 | Zapata |
|  | 123 | Dewitt | 251 | Johnson | 379 | Rains | 507 | Zavala |
|  | 125 | Dickens | 253 | Jones | 381 | Randall |  |  |
|  | 127 | Dimmit | 255 | Karnes | 383 | Reagan | ` | Invalid |
| **Beginning Position:** | 41 |  |  | **Data Source:** | Assigned; based on patient ZIP code | | | |
| **Length:** | 3 |  |  | **Type:** | Alphanumeric | |  |  |
| **Field 15:** | **PUBLIC\_HEALTH\_REGION** | | | |  |  |  |  |
| **Description:** | Public Health Region of patient’s address. | | | |  |  |  |  |
| **Coding Scheme:** | 1 | Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts,  Sherman, Swisher, Terry, Wheeler, Yoakum counties | | | | | | |
|  | 2 | Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties | | | | | | |
|  | 3 | Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties | | | | | | |
|  | 4 | Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties | | | | | | |
|  | 5 | Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties | | | | | | |
|  | 6 | Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties | | | | | | |
|  | 7 | Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson,  San Saba, Travis, Washington, Williamson counties | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 8 | Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales,  Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties | |
|  | 9 | Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble,  Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties | |
|  | 10 | Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties | |
|  | 11 | Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak,  McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties | |
|  | ` | Invalid |  |
| **Beginning Position:** | 44 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 16:** | **PAT\_STATUS** | |  |
| **Description:** | Code indicating patient status as of the ending date of service for the period of care reported | | |
| **Coding Scheme:** | 01 | Discharged to home or self-care (routine discharge) | |
|  | 02 | Discharged/transferred to a short term general hospital for inpatient care | |
|  | 03 | Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled  care | |
|  | 04 | Discharged/transferred to a facility that provides custodial or supportive care | |
|  | 05 | Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007) | |
|  | 06 | Discharged/transferred to home under care of an organized home health service organization in anticipation of  covered skilled care | |
|  | 07 | Left against medical advice |  |
|  | 09 | Admitted as inpatient to this hospital |  |
|  | 20 | Expired |  |
|  | 21 | Discharged/transferred to Court/Law Enforcement | |
|  | 30 | Still patient |  |
|  | 40 | Expired at home |  |
|  | 41 | Expired in a medical facility |  |
|  | 42 | Expired, place unknown |  |
|  | 43 | Discharged/transferred to federal government operated health facility | |
|  | 50 | Hospice–home |  |
|  | 51 | Hospice–medical facility (Certified) providing hospice level of care | |
|  | 61 | Discharged/transferred within this institution to Medicare-approved swing bed | |
|  | 62 | Discharged/transferred to inpatient rehabilitation facility | |
|  | 63 | Discharged/transferred to Medicare-certified long term care hospital | |
|  | 64 | Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare | |
|  | 65 | Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital | |
|  | 66 | Discharged/transferred to Critical Access Hospital (CAH) | |
|  | 69 | Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013) | |
|  | 70 | Discharge/transfer to another type of health care institution not defined elsewhere in the code list | |
|  | 81 | Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-  2013) | |
|  | 82 | Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care  Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 83 | Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute  Care Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 84 | Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care  Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 85 | Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care  Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 86 | Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned  Acute Care Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 87 | Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission  (effective 10-1-2013) | |
|  | 88 | Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient  Readmission (effective 10-1-2013) | |
|  | 89 | Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care  Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 90 | Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part  Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 91 | Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care  Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 92 | Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with  a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 93 | Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned  Acute Care Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 94 | Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient  Readmission (effective 10-1-2013) | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 95 | Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List  with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) | | | | | |
|  | ` | Invalid |  |  |  |  |  |
| **Beginning Position:** | 46 |  | **Data Source:** | | Claim | |  |
| **Length:** | 2 |  | **Type:** |  | Alphanumeric | |  |
| **Field 17:** | **SEX\_CODE** | |  |  |  |  |  |
| **Description:** | Gender of the patient as recorded at date of admission or start of care. | | | | | |  |
| **Suppression:** | Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC  §290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as “U” (Unknown). If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is  ‘999998’ and Hospital Name and Patient ZIP Code are blank for those patients. | | | | | | |
| **Coding Scheme:** | M Male  F Female  U Unknown  ` Invalid | |  |  |  |  |  |
| **Beginning Position:** | 48 |  | **Data Source:** | | Claim | |  |
| **Length:** | 1 |  | **Type:** |  | Alphanumeric | |  |
| **Field 18:** | **RACE** | |  |  |  |  |  |
| **Description:** | Code indicating the patient’s race. | | |  |  |  |  |
| **Suppression:** | If a hospital has fewer than ten patients of one race that race is changed to ‘Other’ (code equals 5). | | | | | | |
| **Coding Scheme:** | 1 | American Indian/Eskimo/Aleut | |  |  |  |  |
|  | 2 | Asian or Pacific Islander | |  |  |  |  |
|  | 3 | Black |  |  |  |  |  |
|  | 4 | White |  |  |  |  |  |
|  | 5 | Other |  |  |  |  |  |
|  | ` | Invalid |  |  |  |  |  |
| **Beginning Position:** | 49 |  | **Data Source:** | | Claim | |  |
| **Length:** | 1 |  | **Type:** |  | Alphanumeric | |  |
| **Field 19:** | **ETHNICITY** | |  |  |  |  |  |
| **Description:** | Code indicating the Hispanic origin of the patient. | | | | |  |  |
| **Suppression:** | If a hospital has fewer than ten patients of one race the ethnicity of patients of that race is  suppressed (code is blank). | | | | | | |
| **Coding Scheme:** | 1 | Hispanic Origin |  |  |  |  |  |
|  | 2 | Not of Hispanic Origin |  |  |  |  |  |
|  | ` | Invalid |  |  |  |  |  |
| **Beginning Position:** | 50 |  | **Data Source:** | | Claim | |  |
| **Length:** | 1 |  | **Type:** |  | Alphanumeric | |  |
| **Field 20:** | **ADMIT\_WEEKDAY** | |  |  |  |  |  |
| **Description:** | Code indicating day of week patient is admitted | | | | |  |  |
| **Coding Scheme:** | 1 | Monday |  |  | 5 | Friday |  |
|  | 2 | Tuesday |  |  | 6 | Saturday |  |
|  | 3 | Wednesday |  |  | 7 | Sunday |  |
|  | 4 | Thursday |  |  | ` | Invalid |  |
| **Beginning Position:** | 51 |  | **Data Source:** | | Assigned | |  |
| **Length:** | 1 |  | **Type:** |  | Alphanumeric | |  |
| **Field 21:** | **LENGTH\_OF\_STAY** | |  |  |  |  |  |
| **Description:** | Length of stay in days *equals* Statement covers period through date *minus* Admission/start of  care date. The minimum length of stay is 1 day. The maximum is 9999 days. | | | | | | |
| **Beginning Position:** | 52 |  | **Data Source:** | | Calculated | |  |
| **Length:** | 4 |  | **Type:** |  | Alphanumeric | |  |
| **Field 22:** | **PAT\_AGE** | |  |  |  |  |  |
| **Description:** | Code indicating age of patient in days or years on date of discharge. | | | | | |  |
| **Coding Scheme:** | 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 |  | *HIV and drug/alcohol use patients:* | |
|  | 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 |  |  |  |  |
| **Beginning Position:** | 56 | **Data Source:** | | | Assigned | |  |  |
| **Length:** | 2 | **Type:** | |  | Alphanumeric | |  |  |
| **Field 23:** | **FIRST\_PAYMENT\_SRC** | |  |  |  |  |  |  |
| **Description:** | Code indicating the expected primary source of payment. | | | | | |  |  |
| **Coding Scheme:** | 09 | Self Pay (Removed from 5010 format, use “ZZ”  beginning 2Q2012 data) | | | HM | Health Maintenance Organization | | |
|  | 10 | Central Certification |  |  | LI | Liability |  |  |
|  | 11 | Other Non-federal Programs |  |  | LM | Liability Medical | | |
|  | 12 | Preferred Provider Organization (PPO) | | | MA | Medicare Part A | |  |
|  | 13 | Point of Service (POS) |  |  | MB | Medicare Part B | |  |
|  | 14 | Exclusive Provider Organization (EPO) | | | MC | Medicaid |  |  |
|  | 15 | Indemnity Insurance |  |  | TV | Title V |  |  |
|  | 16 | Health Maintenance Organization (HMO)  Medicare Risk | | | OF | Other Federal Program | | |
|  | AM | Automobile Medical |  |  | VA | Veteran Administration Plan | | |
|  | BL | Blue Cross/Blue Shield |  |  | WC | Workers Compensation Health Claim | | |
|  | CH | CHAMPUS |  |  | ZZ | Charity, Indigent or Unknown | | |
|  | CI | Commercial Insurance |  |  | `` | Codes 09 and ZZ, combined for 2004 & 2005 | | |
|  | DS | Disability Insurance |  |  | ` | Invalid |  |  |
| **Beginning Position:** | 58 | **Data Source:** | | | Claim |  |  |  |
| **Length:** | 2 | **Type:** | |  | Alphanumeric | |  |  |
| **Field 24:** | **SECONDARY\_PAYMENT\_SRC** | | |  |  |  |  |  |
| **Description:** | Code indicating the expected secondary source of payment. | | | | | |  |  |
| **Coding Scheme:** | Same as field FIRST\_PAYMENT\_SRC | | | |  |  |  |  |
| **Beginning Position:** | 60 | **Data Source:** | | | Claim |  |  |  |
| **Length:** | 2 | **Type:** | |  | Alphanumeric | |  |  |
| **Field 25:** | **TYPE\_OF\_BILL** | |  |  |  |  |  |  |
| **Description:** | Indicates the specific type of bill. | | |  |  |  |  |  |
| **Coding Scheme:** | *1st digit–Type of Facility* | | *2nd digit–Type of Care* | | |  | *3rd digit–Sequence of claim* | |
|  | 1 | Hospital | 1 | Inpatient, including Medicare  Part A | | | 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 |
| **Beginning Position:** | 62 | **Data Source:** | | | Claim |  |  |  |
| **Length:** | 3 | **Type:** | |  | Alphanumeric | |  |  |
| **Field 26:** | **TOTAL\_CHARGES** | |  |  |  |  |  |  |
| **Description:** | Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-  covered ancillary charges. Replaces TOTAL\_CHARGES\_23. | | | | | | | |
| **Beginning Position:** | 65 | **Data Source:** | | | Claim |  |  |  |
| **Length:** | 12 | **Type:** | |  | Numeric | |  |  |
| **Field 27:** | **TOTAL\_NON\_COV\_CHARGES** | | |  |  |  |  |  |
| **Description:** | Sum of non-covered accommodation charges, non-covered ancillary charges. | | | | | | | |
| **Beginning Position:** | 77 | **Data Source:** | | | Claim |  |  |  |
| **Length:** | 12 | **Type:** | |  | Numeric | |  |  |
| **Field 28:** | **TOTAL\_CHARGES\_ACCOMM** | | |  |  |  |  |  |
| **Description:** | Sum of covered and non-covered accommodation charges. | | | | | |  |  |
| **Beginning Position:** | 89 | **Data Source:** | | | Claim |  |  |  |
| **Length:** | 12 | **Type:** | |  | Numeric | |  |  |
| **Field 29:** | **TOTAL\_NON\_COV\_CHARGES\_ACCOMM** | | | | |  |  |  |
| **Description:** | Sum of non-covered accommodations charges. | | | | |  |  |  |

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| **Beginning Position:** | 101 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 30:** | **TOTAL\_CHARGES\_ANCIL** | |  |
| **Description:** | Sum of covered and non-covered ancillary charges. | | |
| **Beginning Position:** | 113 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 31:** | **TOTAL\_NON\_COV\_CHARGES\_ANCIL** | | |
| **Description:** | Sum of non-covered ancillary charges. | |  |
| **Beginning Position:** | 125 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 32:** | **ADMITTING\_DIAGNOSIS** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 137 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 33:** | **PRINC\_DIAG\_CODE** | |  |
| **Description:** | ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits  if applicable. Decimal is implied following the third character. | | |
| **Beginning Position:** | 144 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 34:** | **POA\_PRINC\_DIAG\_CODE** | |  |
| **Description:** | Code identifying whether Principal Diagnosis code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Y | Yes |  |
|  | N | No |  |
|  | U | Unknown |  |
|  | W 1 | Clinically Undetermined  Space (1st & 2nd Qtr. 2012 only) |  |
|  | ` | Invalid |  |
| **Beginning Position:** | 151 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 35:** | **OTH\_DIAG\_CODE\_1** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 152 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 36:** | **POA\_OTH\_DIAG\_CODE\_1** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_1 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 159 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 37:** | **OTH\_DIAG\_CODE\_2** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 160 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 38:** | **POA\_OTH\_DIAG\_CODE\_2** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_2 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 167 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 39:** | **OTH\_DIAG\_CODE\_3** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 168 | **Data Source:** | Claim |

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| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 40:** | **POA\_OTH\_DIAG\_CODE\_3** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_3 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 175 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 41:** | **OTH\_DIAG\_CODE\_4** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 176 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 42:** | **POA\_OTH\_DIAG\_CODE\_4** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_4 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 183 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 43:** | **OTH\_DIAG\_CODE\_5** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 184 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 44:** | **POA\_OTH\_DIAG\_CODE\_5** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_5 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 191 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 45:** | **OTH\_DIAG\_CODE\_6** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 192 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 46:** | **POA\_OTH\_DIAG\_CODE\_6** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_6 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 199 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 47:** | **OTH\_DIAG\_CODE\_7** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 200 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 48:** | **POA\_OTH\_DIAG\_CODE\_7** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_7 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 207 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 49:** | **OTH\_DIAG\_CODE\_8** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 208 | **Data Source:** | Claim |

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| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 50:** | **POA\_OTH\_DIAG\_CODE\_8** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_8 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 215 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 51:** | **OTH\_DIAG\_CODE\_9** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 216 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 52:** | **POA\_OTH\_DIAG\_CODE\_9** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_9 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 223 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 53:** | **OTH\_DIAG\_CODE\_10** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 224 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 54:** | **POA\_OTH\_DIAG\_CODE\_10** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_10 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 231 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 55:** | **OTH\_DIAG\_CODE\_11** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 232 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 56:** | **POA\_OTH\_DIAG\_CODE\_11** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_11 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 239 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 57:** | **OTH\_DIAG\_CODE\_12** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 240 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 58:** | **POA\_OTH\_DIAG\_CODE\_12** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_12 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 247 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 59:** | **OTH\_DIAG\_CODE\_13** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 248 | **Data Source:** | Claim |

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| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 60:** | **POA\_OTH\_DIAG\_CODE\_13** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_13 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 255 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 61:** | **OTH\_DIAG\_CODE\_14** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 256 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 62:** | **POA\_OTH\_DIAG\_CODE\_14** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_14 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 263 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 63:** | **OTH\_DIAG\_CODE\_15** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 264 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 64:** | **POA\_OTH\_DIAG\_CODE\_15** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_15 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 271 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 65:** | **OTH\_DIAG\_CODE\_16** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 272 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 66:** | **POA\_OTH\_DIAG\_CODE\_16** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_16 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 279 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 67:** | **OTH\_DIAG\_CODE\_17** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 280 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 68:** | **POA\_OTH\_DIAG\_CODE\_17** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_17 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 287 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 69:** | **OTH\_DIAG\_CODE\_18** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 288 | **Data Source:** | Claim |

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| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 70:** | **POA\_OTH\_DIAG\_CODE\_18** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_18 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 295 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 71:** | **OTH\_DIAG\_CODE\_19** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 296 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 72:** | **POA\_OTH\_DIAG\_CODE\_19** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_19 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 303 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 73:** | **OTH\_DIAG\_CODE\_20** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 304 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 74:** | **POA\_OTH\_DIAG\_CODE\_20** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_20 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 311 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 75:** | **OTH\_DIAG\_CODE\_21** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 312 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 76:** | **POA\_OTH\_DIAG\_CODE\_21** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_21 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 319 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 77:** | **OTH\_DIAG\_CODE\_22** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 320 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 78:** | **POA\_OTH\_DIAG\_CODE\_22** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_22 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 327 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 79:** | **OTH\_DIAG\_CODE\_23** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 328 | **Data Source:** | Claim |

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| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 80:** | **POA\_OTH\_DIAG\_CODE\_23** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_23 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 335 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 81:** | **OTH\_DIAG\_CODE\_24** | |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | |
| **Beginning Position:** | 336 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 82:** | **POA\_OTH\_DIAG\_CODE\_24** | |  |
| **Description:** | Code identifying whether Oth\_Diag\_Code\_24 code was present at the time the patient was  admitted to the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 343 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 83:** | **E\_CODE\_1** |  |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of the  primary external cause of morbidity. A decimal is implied following the third character. | | |
| **Beginning Position:** | 344 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 84:** | **POA\_E\_CODE\_1** | |  |
| **Description:** | Code identifying whether E\_Code\_1 code was present at the time the patient was admitted to  the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 351 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 85:** | **E\_CODE\_2** |  |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an  additional external cause of morbidity. Decimal is implied following the third character. | | |
| **Beginning Position:** | 352 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 86:** | **POA\_E\_CODE\_2** | |  |
| **Description:** | Code identifying whether E\_Code\_2 code was present at the time the patient was admitted to  the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 359 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 87:** | **E\_CODE\_3** |  |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an  additional external cause of morbidity. Decimal is implied following the third character. | | |
| **Beginning Position:** | 360 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 88:** | **POA\_E\_CODE\_3** | |  |
| **Description:** | Code identifying whether E\_Code\_3 code was present at the time the patient was admitted to  the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 367 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 89:** | **E\_CODE\_4** |  |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an  additional external cause of morbidity. Decimal is implied following the third character. | | |
| **Beginning Position:** | 368 | **Data Source:** | Claim |

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| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 90:** | **POA\_E\_CODE\_4** | |  |
| **Description:** | Code identifying whether E\_Code\_4 code was present at the time the patient was admitted to  the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 375 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 91:** | **E\_CODE\_5** |  |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an  additional external cause of morbidity. Decimal is implied following the third character. | | |
| **Beginning Position:** | 376 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 92:** | **POA\_E\_CODE\_5** | |  |
| **Description:** | Code identifying whether E\_Code\_5 code was present at the time the patient was admitted to  the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 383 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 93:** | **E\_CODE\_6** |  |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an  additional external cause of morbidity. Decimal is implied following the third character. | | |
| **Beginning Position:** | 384 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 94:** | **POA\_E\_CODE\_6** | |  |
| **Description:** | Code identifying whether E\_Code\_6 code was present at the time the patient was admitted to  the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 391 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 95:** | **E\_CODE\_7** |  |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an  additional external cause of morbidity. Decimal is implied following the third character. | | |
| **Beginning Position:** | 392 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 96:** | **POA\_E\_CODE\_7** | |  |
| **Description:** | Code identifying whether E\_Code\_7 code was present at the time the patient was admitted to  the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 399 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 97:** | **E\_CODE\_8** |  |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an  additional external cause of morbidity. Decimal is implied following the third character. | | |
| **Beginning Position:** | 400 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 98:** | **POA\_E\_CODE\_8** | |  |
| **Description:** | Code identifying whether E\_Code\_8 code was present at the time the patient was admitted to  the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 407 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 99:** | **E\_CODE\_9** |  |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an  additional external cause of morbidity. Decimal is implied following the third character. | | |
| **Beginning Position:** | 408 | **Data Source:** | Claim |

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| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 100:** | **POA\_E\_CODE\_9** | |  |
| **Description:** | Code identifying whether E\_Code\_9 code was present at the time the patient was admitted to  the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 415 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 101:** | **E\_CODE\_10** |  |  |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an  additional external cause of morbidity. Decimal is implied following the third character. | | |
| **Beginning Position:** | 416 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 102:** | **POA\_E\_CODE\_10** | |  |
| **Description:** | Code identifying whether E\_Code\_10 code was present at the time the patient was admitted to  the hospital | | |
| **Coding Scheme:** | Same as Field POA\_PRINC\_DIAG\_CODE | |  |
| **Beginning Position:** | 423 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 103:** | **PRINC\_SURG\_PROC\_CODE** | |  |
| **Description:** | Code for the principal surgical or other procedure performed during the period covered by the  bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 424 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 104:** | **PRINC\_SURG\_PROC\_DAY** | |  |
| **Description:** | Day of principal surgical or other procedure *equals* Principal Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 431 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 105:** | **OTH\_SURG\_PROC\_CODE\_1** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 435 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 106:** | **OTH\_SURG\_PROC\_DAY\_1** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date | | |
| **Beginning Position:** | 442 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 107:** | **OTH\_SURG\_PROC\_CODE\_2** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 446 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 108:** | **OTH\_SURG\_PROC\_DAY\_2** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date | | |
| **Beginning Position:** | 453 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 109:** | **OTH\_SURG\_PROC\_CODE\_3** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 457 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 110:** | **OTH\_SURG\_PROC\_DAY\_3** | |  |

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| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date | | |
| **Beginning Position:** | 464 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 111:** | **OTH\_SURG\_PROC\_CODE\_4** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 468 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 112:** | **OTH\_SURG\_PROC\_DAY\_4** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date | | |
| **Beginning Position:** | 475 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 113:** | **OTH\_SURG\_PROC\_CODE\_5** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 479 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 114:** | **OTH\_SURG\_PROC\_DAY\_5** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date | | |
| **Beginning Position:** | 486 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 115:** | **OTH\_SURG\_PROC\_CODE\_6** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 490 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 116:** | **OTH\_SURG\_PROC\_DAY\_6** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date | | |
| **Beginning Position:** | 497 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 117:** | **OTH\_SURG\_PROC\_CODE\_7** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 501 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 118:** | **OTH\_SURG\_PROC\_DAY\_7** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date | | |
| **Beginning Position:** | 508 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 119:** | **OTH\_SURG\_PROC\_CODE\_8** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 512 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 120:** | **OTH\_SURG\_PROC\_DAY\_8** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date | | |
| **Beginning Position:** | 519 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 121:** | **OTH\_SURG\_PROC\_CODE\_9** | |  |

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| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 523 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 122:** | **OTH\_SURG\_PROC\_DAY\_9** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 530 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 123:** | **OTH\_SURG\_PROC\_CODE\_10** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 534 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 124:** | **OTH\_SURG\_PROC\_DAY\_10** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 541 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 125:** | **OTH\_SURG\_PROC\_CODE\_11** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 545 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 126:** | **OTH\_SURG\_PROC\_DAY\_11** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 552 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 127:** | **OTH\_SURG\_PROC\_CODE\_12** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 556 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 128:** | **OTH\_SURG\_PROC\_DAY\_12** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 563 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 129:** | **OTH\_SURG\_PROC\_CODE\_13** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 567 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 130:** | **OTH\_SURG\_PROC\_DAY\_13** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 574 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 131:** | **OTH\_SURG\_PROC\_CODE\_14** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 578 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 132:** | **OTH\_SURG\_PROC\_DAY\_14** | |  |

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| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 585 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 133:** | **OTH\_SURG\_PROC\_CODE\_15** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 589 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 134:** | **OTH\_SURG\_PROC\_DAY\_15** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 596 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 135:** | **OTH\_SURG\_PROC\_CODE\_16** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 600 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 136:** | **OTH\_SURG\_PROC\_DAY\_16** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 607 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 137:** | **OTH\_SURG\_PROC\_CODE\_17** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 611 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 138:** | **OTH\_SURG\_PROC\_DAY\_17** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 618 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 139:** | **OTH\_SURG\_PROC\_CODE\_18** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 622 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 140:** | **OTH\_SURG\_PROC\_DAY\_18** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 629 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 141:** | **OTH\_SURG\_PROC\_CODE\_19** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 633 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 142:** | **OTH\_SURG\_PROC\_DAY\_19** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 640 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 143:** | **OTH\_SURG\_PROC\_CODE\_20** | |  |

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| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 644 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 144:** | **OTH\_SURG\_PROC\_DAY\_20** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 651 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 145:** | **OTH\_SURG\_PROC\_CODE\_21** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 655 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 146:** | **OTH\_SURG\_PROC\_DAY\_21** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 662 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 147:** | **OTH\_SURG\_PROC\_CODE\_22** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 666 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 148:** | **OTH\_SURG\_PROC\_DAY\_22** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 673 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 149:** | **OTH\_SURG\_PROC\_CODE\_23** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 677 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 150:** | **OTH\_SURG\_PROC\_DAY\_23** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 684 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 151:** | **OTH\_SURG\_PROC\_CODE\_24** | |  |
| **Description:** | Code for surgical or other procedure other than the principal procedure performed during the  period covered by the bill. ICD-10-PCS code. | | |
| **Beginning Position:** | 688 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |
| **Field 152:** | **OTH\_SURG\_PROC\_DAY\_24** | |  |
| **Description:** | Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*  Admission/Start of Care Date. | | |
| **Beginning Position:** | 695 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 153:** | **MS\_MDC** |  |  |
| **Description:** | Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for  Medicare beneficiaries. First available 2004. | | |
| **Beginning Position:** | 699 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |

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| **Field 154:** | **MS\_DRG** | |  |  |
| **Description:** | Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as  assigned for hospital payment for Medicare beneficiaries. | | | |
| **Beginning Position:** | 701 | **Data Source:** |  | Assigned |
| **Length:** | 3 | **Type:** |  | Alphanumeric |
| **Field 155:** | **MS\_GROUPER\_VERSION\_NBR** | |  |  |
| **Description:** | CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA\_GROUPER\_VERSION\_NBR) version used to assign MS DRG  and, MS MDC codes | | | |
| **Beginning Position:** | 704 | **Data Source:** |  | Assigned |
| **Length:** | 5 | **Type:** |  | Alphanumeric |
| **Field 156:** | **MS\_GROUPER\_ERROR\_CODE** | |  |  |
| **Description:** | Error codes identify potential variations with MS DRG code assignment | | | |
| **Coding Scheme:** | 00 | No errors. DRG successfully assigned. | 19 | DisableHac = 0 and at least one HAC POA is invalid or exempt |
|  | 01 | Diagnosis code cannot be used as principal  diagnosis | 20 | DisableHac is invalid and at least one HAC POA is N or  U |
|  | 02 | Record does not meet criteria for any DRG | 21 | DisableHac is invalid and at least one HAC POA is  invalid or exempt |
|  | 03 | Invalid Age | 22 | DisableHac = 0 and at least one HAC POA is exempt |
|  | 04 | Invalid Sex | 23 | DisableHac is invalid and at least one HAC POA is  exempt |
|  | 05 | Invalid Discharge Status | 24 | DisableHac = 0 and there are multiple HACs that have  different HAC POA values that are not Y, W, N, U |
|  | 10 | Illogical Principal Diagnosis (CMS only) | 25 | DisableHac is invalid and there are multiple HACs that  have different HAC POA values that are not Y or W |
|  | 11 | Invalid Principal Diagnosis |  |  |
| **Beginning Position:** | 709 | **Data Source:** |  | Assigned |
| **Length:** | 2 | **Type:** |  | Alphanumeric |
| **Field 157:** | **APR\_MDC** | |  |  |
| **Description:** | Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper. | | | |
| **Beginning Position:** | 711 | **Data Source:** |  | Assigned |
| **Length:** | 2 | **Type:** |  | Alphanumeric |
| **Field 158:** | **APR\_DRG** | |  |  |
| **Description:** | All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG  Grouper | | | |
| **Beginning Position:** | 713 | **Data Source:** |  | Assigned |
| **Length:** | 4 | **Type:** |  | Alphanumeric |
| **Field 159:** | **RISK\_MORTALITY** | |  |  |
| **Description:** | Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related  Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of dying. | | | |
| **Coding Scheme:** | 1 | Minor |  |  |
|  | 2 | Moderate |  |  |
|  | 3 | Major |  |  |
|  | 4 | Extreme |  |  |
| **Beginning Position:** | 717 | **Data Source:** |  | Assigned |
| **Length:** | 1 | **Type:** |  | Alphanumeric |
| **Field 160:** | **ILLNESS\_SEVERITY** | |  |  |
| **Description:** | Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of physiologic  decompensation. | | | |
| **Coding Scheme:** | 1 | Minor |  |  |
|  | 2 | Moderate |  |  |
|  | 3 | Major |  |  |
|  | 4  0 | Extreme  No class specified |  |  |
| **Beginning Position:** | 718 | **Data Source:** |  | Assigned |
| **Length:** | 1 | **Type:** |  | Alphanumeric |
| **Field 161:** | **APR\_GROUPER\_VERSION\_NBR** | |  |  |

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| **Description:** | 3M™ All Patient Refined Diagnosis Related Grouper version used to assign APR DRG codes,  APR MDC codes, Risk of Mortality rankings and,Severity of Illness rankings | | | | |
| **Beginning Position:** | 719 |  | **Data Source:** | | Assigned |
| **Length:** | 5 |  | **Type:** |  | Alphanumeric |
| **Field 162:** | **APR\_GROUPER\_ERROR\_CODE** | | |  |  |
| **Description:** | Error codes identify potential variations with APR DRG code assignment | | | | |
| **Coding Scheme:** | 00 | No errors. DRG successfully assigned. | | 12 | Gestational age/birth weight conflict (APR only) |
|  | 01 | Diagnosis code cannot be used as  principal diagnosis | | 19 | DisableHac = 0 and at least one HAC POA is invalid or  exempt |
|  | 02 | Record does not meet criteria for any  DRG | | 20 | DisableHac is invalid and at least one HAC POA is N or U |
|  | 03 | Invalid Age | | 21 | DisableHac is invalid and at least one HAC POA is invalid  or exempt |
|  | 04 | Invalid Sex | | 22 | DisableHac = 0 and at least one HAC POA is exempt |
|  | 05 | Invalid Discharge Status | | 23 | DisableHac is invalid and at least one HAC POA is exempt |
|  | 06 | Invalid birthweight (AP & APR only) | | 24 | DisableHac = 0 and there are multiple HACs that have  different HAC POA values that are not Y, W, N, U |
|  | 09 | Invalid discharge age in days (AP &  APR only) | | 25 | DisableHac is invalid and there are multiple HACs that  have different HAC POA values that are not Y or W |
|  | 11 | Invalid Principal Diagnosis | |  |  |
| **Beginning Position:** | 724 |  | **Data Source:** | | Assigned |
| **Length:** | 2 |  | **Type:** |  | Alphanumeric |
| **Field 163:** | **ATTENDING\_PHYSICIAN\_UNIF\_ID** | | | |  |
| **Description:** | Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient’s medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients,  including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. | | | | |
| **Suppression:** | Suppressed when the number of physicians represented in a DRG for a hospital is less than the  minimum cell size of five. | | | | |
| **Coding Scheme:** | 9999999998 | | Cell size less than 5 |  |  |
|  | 9999999999 | | Temporary license or license number could not be matched | | |
| **Beginning Position:** | 726 |  | **Data Source:** | | Assigned |
| **Length:** | 10 |  | **Type:** |  | Alphanumeric |
| **Field 164:** | **OPERATING\_PHYSICIAN\_UNIF\_ID** | | | |  |
| **Description:** | Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat  patients. | | | | |
| **Suppression:** | Suppressed when the number of physicians represented in a DRG for a hospital is less than the  minimum cell size of five. | | | | |
| **Coding Scheme:** | 9999999998 | | Cell size less than 5 |  |  |
|  | 9999999999 | | Temporary license or license number could not be matched | | |
| **Beginning Position:** | 736 |  | **Data Source:** | | Assigned |
| **Length:** | 10 |  | **Type:** |  | Alphanumeric |
| **Field 165:** | **ENCOUNTER\_INDICATOR** | | |  |  |
| **Description:** | Indicates the number of claims used to create the encounter | | | | |
| **Beginning Position:** | 746 |  | **Data Source:** | | Calculated |
| **Length:** | 2 |  | **Type:** |  | Alphanumeric |
| **Field 166:** | **PROVIDER\_NAME** | | |  |  |
| **Description:** | Hospital name provided by the hospital. | | | |  |

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| **Suppression:** | Hospitals with fewer than 50 discharges (Provider ID equals ‘999999’) are assigned the name ‘Low Discharge Volume Hospital’. If a hospital has fewer than 5 discharges of a particular  gender, including ‘unknown’, Hospital Name is blank. | | |
| **Beginning Position:** | 748 | **Data Source:** | Provider |
| **Length:** | 55 | **Type:** | Alphanumeric |
| **Field 167:** | **EMERGENCY\_DEPT\_FLAG** | |  |
| **Description:** | Indicator of emergency department visit. | |  |
| **Coding Scheme:** | Y visit was emergency related  N Visit was not emergency related | |  |
| **Beginning Position:** | 802 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |

### BASE DATA #2 FILE

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| --- | --- | --- | --- |
| **Field 1:** | **RECORD\_ID** |  |  |
| **Description:** | Record Identification Number. Unique number assigned to identify the record. First available  1st quarter 2002. Does NOT match the RECORD\_ID in THCIC Research Data Files (RDF’s). | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned |
| **Length:** | 12 | **Type:** | Alphanumeric |
| **Field 2:** | **PRIVATE\_AMOUNT** | |  |
| **Description:** | Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 011X,  014X | | |
| **Beginning Position:** | 13 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 3:** | **SEMI\_PRIVATE\_AMOUNT** | |  |
| **Description:** | Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 010X,  012X-014X, 016X-019X | | |
| **Beginning Position:** | 25 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 4:** | **WARD\_AMOUNT** | |  |
| **Description:** | Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum of  charges associated with revenue codes 0100-0219, revenue center 015X. | | |
| **Beginning Position:** | 37 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 5:** | **ICU\_AMOUNT** | |  |
| **Description:** | Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR  algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 020X. | | |
| **Beginning Position:** | 49 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 6:** | **CCU\_AMOUNT** | |  |
| **Description:** | Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR  algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 021X. | | |
| **Beginning Position:** | 61 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 7:** | **OTHER\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099,  022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X. | | |
| **Beginning Position:** | 73 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 8:** | **PHARM\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 025X,  026X, and 063X. | | |
| **Beginning Position:** | 85 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 9:** | **MEDSURG\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using  MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X. | | |
| **Beginning Position:** | 97 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 10:** | **DME\_AMOUNT** | |  |

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| --- | --- | --- | --- |
| **Description:** | Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,  revenue centers 0290-0292, 0294-0299. | | |
| **Beginning Position:** | 109 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 11:** | **USED\_DME\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using  MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293. | | |
| **Beginning Position:** | 121 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 12:** | **PT\_AMOUNT** |  |  |
| **Description:** | Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR  algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. | | |
| **Beginning Position:** | 133 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 13:** | **OT\_AMOUNT** |  |  |
| **Description:** | Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center  043X. | | |
| **Beginning Position:** | 145 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 14:** | **SPEECH\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center  044X, 047X. | | |
| **Beginning Position:** | 157 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 15:** | **IT\_AMOUNT** |  |  |
| **Description:** | Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center  041X, 046X. | | |
| **Beginning Position:** | 169 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 16:** | **BLOOD\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge for blood provided during the patient’s stay. Calculated using  MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X. | | |
| **Beginning Position:** | 181 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 17:** | **BLOOD\_ADMIN\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge for blood storage and processing related to the patient’s stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other  than 0100-0219, revenue center 039X. | | |
| **Beginning Position:** | 193 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 18:** | **OR\_AMOUNT** |  |  |
| **Description:** | Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center  036X, 071X-072X. | | |
| **Beginning Position:** | 205 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 19:** | **LITH\_AMOUNT** | |  |

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| --- | --- | --- | --- |
| **Description:** | Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm.  Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X. | | |
| **Beginning Position:** | 217 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 20:** | **CARD\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X,  073X. | | |
| **Beginning Position:** | 229 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 21:** | **ANES\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm.  Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X. | | |
| **Beginning Position:** | 241 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 22:** | **LAB\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm.  Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X- 031X, 074X-075X. | | |
| **Beginning Position:** | 253 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 23:** | **RAD\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X,  032X-035X, 040X. | | |
| **Beginning Position:** | 265 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 24:** | **MRI\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of  charges associated with revenue codes other than 0100-0219, revenue center 061X. | | |
| **Beginning Position:** | 277 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 25:** | **OP\_AMOUNT** |  |  |
| **Description:** | Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR  algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. | | |
| **Beginning Position:** | 289 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 26:** | **ER\_AMOUNT** |  |  |
| **Description:** | Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center  045X. | | |
| **Beginning Position:** | 301 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 27:** | **AMBULANCE\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm.  Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X. | | |
| **Beginning Position:** | 313 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 28:** | **PRO\_FEE\_AMOUNT** | |  |
| **Description:** | Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR  algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. | | |
| **Beginning Position:** | 325 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |

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| **Field 29:** | **ORGAN\_AMOUNT** | |  |  |
| **Description:** | Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center  081X, 089X. | | | |
| **Beginning Position:** | 337 | **Data Source:** | Calculated | |
| **Length:** | 12 | **Type:** | Numeric | |
| **Field 30:** | **ESRD\_AMOUNT** | |  |  |
| **Description:** | Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using  MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X | | | |
| **Beginning Position:** | 349 | **Data Source:** | Calculated | |
| **Length:** | 12 | **Type:** | Numeric | |
| **Field 31:** | **CLINIC\_AMOUNT** | |  |  |
| **Description:** | Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm.  Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X. | | | |
| **Beginning Position:** | 361 | **Data Source:** | Calculated | |
| **Length:** | 12 | **Type:** | Numeric | |
| **Field 32:** | **OCCUR\_CODE\_1** | |  |  |
| **Description:** | Code describing a significant event relating to the claim. | | | |
| **Coding Scheme:** | 1 | Auto accident | 40 | Scheduled date of admission |
|  | 2 | No Fault Insurance Involved - Including Auto  Accident/Other | 41 | Date of first test of pre-admission testing |
|  | 3 | Accident/ Tort Liability | 42 | Date of discharge (hospice only) |
|  | 4 | Accident/ Employment Related | 43 | Scheduled date of canceled surgery |
|  | 5 | Other accident | 44 | Date treatment started - OT |
|  | 6 | Crime Victim | 45 | Date treatment started - ST |
|  | 9 | Start of Infertility Treatment Cycle | 46 | Date treatment started - Cardiac rehabilitation |
|  | 10 | Last Menstrual Period | 47 | Date cost outlier status begins |
|  | 11 | Onset of Symptoms/ Illness | A1 | Birthdate - Insured A |
|  | 12 | Date of Onset for a Chronically Dependent  Individual | A2 | Effective Date - Insured A Policy |
|  | 16 | Date of Last Therapy | A3 | Payer A benefits exhausted |
|  | 17 | Date Outpatient OT Plan Established or Last  Reviewed | A4 | Split Bill Date |
|  | 18 | Date of Retirement - Patient/Beneficiary | B1 | Birthdate - Insured B |
|  | 19 | Date of Retirement - Spouse | B2 | Effective date - Insured B Policy |
|  | 20 | Date Guarantee of Payment Began | B3 | Payer B benefits exhausted |
|  | 21 | Date UR Notice Received | C1 | Birthdate - Insured C |
|  | 22 | Date Active Care Ended | C2 | Effective date - Insured C Policy |
|  | 24 | Date Insurance Denied | C3 | Payer C benefits exhausted |
|  | 25 | Date Benefits Terminated by Primary Payer | DR | Katrina disaster related |
|  | 26 | Date SNF Bed Became Available | E1 | Birthdate - Insured D |
|  | 27 | Date Home Health Plan Established or Last Reviewed | E2 | Effective date - Insured D Policy |
|  | 28 | Date Comprehensive Outpatient Rehabilitation  Plan Established or Last Reviewed | E3 | Payer D benefits exhausted |
|  | 29 | Date Outpatient PT Plan established or last  reviewed | F1 | Birthdate - Insured E |
|  | 30 | Date Outpatient ST Plan established or last  reviewed | F2 | Effective date - Insured E Policy |
|  | 31 | Date beneficiary notified of intent to bill  (accommodations) | F3 | Payer E benefits exhausted |
|  | 32 | Date beneficiary notified of intent to bill  (procedures or treatments) | G1 | Birthdate - Insured F |
|  | 37 | Date of inpatient hospital discharge for non-  covered transplant patients | G2 | Effective date - Insured F Policy |
|  | 38 | Date treatment started for home IV therapy | G3 | Payer F benefits exhausted |
|  | 39 | Date discharged on a continuous course if IV therapy |  |  |
| **Beginning Position:** | 373 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 33:** | **OCCUR\_DAY\_1** | |  | |

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| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 375 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 34:** | **OCCUR\_CODE\_2** | |  |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |
| **Beginning Position:** | 379 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 35:** | **OCCUR\_DAY\_2** | |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 381 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 36:** | **OCCUR\_CODE\_3** | |  |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |
| **Beginning Position:** | 385 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 37:** | **OCCUR\_DAY\_3** | |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 387 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 38:** | **OCCUR\_CODE\_4** | |  |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |
| **Beginning Position:** | 391 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 39:** | **OCCUR\_DAY\_4** | |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 393 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 40:** | **OCCUR\_CODE\_5** | |  |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |
| **Beginning Position:** | 397 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 41:** | **OCCUR\_DAY\_5** | |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 399 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 42:** | **OCCUR\_CODE\_6** | |  |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |
| **Beginning Position:** | 403 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 43:** | **OCCUR\_DAY\_6** | |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |
| **Beginning Position:** | 405 | **Data Source:** | Calculated |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 44:** | **OCCUR\_CODE\_7** | |  |
| **Description:** | Code describing a significant event relating to the claim. | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |
| **Beginning Position:** | 409 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 45:** | **OCCUR\_DAY\_7** | |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | |

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| **Beginning Position:** | 411 | **Data Source:** | Calculated | |
| **Length:** | 4 | **Type:** | Alphanumeric | |
| **Field 46:** | **OCCUR\_CODE\_8** | |  |  |
| **Description:** | Code describing a significant event relating to the claim. | | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |  |
| **Beginning Position:** | 415 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 47:** | **OCCUR\_DAY\_8** | |  |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 417 | **Data Source:** | Calculated | |
| **Length:** | 4 | **Type:** | Alphanumeric | |
| **Field 48:** | **OCCUR\_CODE\_9** | |  |  |
| **Description:** | Code describing a significant event relating to the claim. | | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |  |
| **Beginning Position:** | 421 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 49:** | **OCCUR\_DAY\_9** | |  |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 423 | **Data Source:** | Calculated | |
| **Length:** | 4 | **Type:** | Alphanumeric | |
| **Field 50:** | **OCCUR\_CODE\_10** | |  |  |
| **Description:** | Code describing a significant event relating to the claim. | | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |  |
| **Beginning Position:** | 427 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 51:** | **OCCUR\_DAY\_10** | |  |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 429 | **Data Source:** | Calculated | |
| **Length:** | 4 | **Type:** | Alphanumeric | |
| **Field 52:** | **OCCUR\_CODE\_11** | |  |  |
| **Description:** | Code describing a significant event relating to the claim. | | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |  |
| **Beginning Position:** | 433 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 53:** | **OCCUR\_DAY\_11** | |  |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 435 | **Data Source:** | Calculated | |
| **Length:** | 4 | **Type:** | Alphanumeric | |
| **Field 54:** | **OCCUR\_CODE\_12** | |  |  |
| **Description:** | Code describing a significant event relating to the claim. | | | |
| **Coding Scheme:** | Same as Field OCCUR\_CODE\_1. | |  |  |
| **Beginning Position:** | 439 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 55:** | **OCCUR\_DAY\_12** | |  |  |
| **Description:** | Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 441 | **Data Source:** | Calculated | |
| **Length:** | 4 | **Type:** | Alphanumeric | |
| **Field 56:** | **OCCUR\_SPAN\_CODE\_1** | |  |  |
| **Description:** | Code describing a significant event relating to the claim that may affect payer processing. | | | |
| **Coding Scheme:** | 70 | Qualifying stay dates (for SNF use only) | 78 | SNF prior stay dates |
|  | 71 | Prior stay dates | 80 | Prior Same SNF prior stay dates for Payment  Ban Purposes |
|  | 72 | First/Last Visit | 81 | Antepartum Days at Reduced Level of Care |
|  | 73 | Benefit eligibility period | M0 | QIO/UR approved stay dates |
|  | 74 | Noncovered level of care/Leave of absence | M1 | Provider liability - no utilization |
|  | 75 | SNF level of care | M2 | Inpatient respite dates |
|  | 76 | Patient Liability Period | M3 | ICF level of care |

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|  | 77 | Provider Liability - Utilization Charged | M4 | Residential level of care |
| **Beginning Position:** | 445 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 57:** | **OCCUR\_SPAN\_FROM\_1** | |  |  |
| **Description:** | Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 447 | **Data Source:** | Calculated | |
| **Length:** | 6 | **Type:** | Alphanumeric | |
| **Field 58:** | **OCCUR\_SPAN\_THRU\_1** | |  |  |
| **Description:** | Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 453 | **Data Source:** | Calculated | |
| **Length:** | 6 | **Type:** | Alphanumeric | |
| **Field 59:** | **OCCUR\_SPAN\_CODE\_2** | |  |  |
| **Description:** | Code describing a significant event relating to the claim that may affect payer processing. | | | |
| **Coding Scheme:** | Same as Field OCCUR\_SPAN\_CODE\_1. | |  |  |
| **Beginning Position:** | 459 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 60:** | **OCCUR\_SPAN\_FROM\_2** | |  |  |
| **Description:** | Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 461 | **Data Source:** | Calculated | |
| **Length:** | 6 | **Type:** | Alphanumeric | |
| **Field 61:** | **OCCUR\_SPAN\_THRU\_2** | |  |  |
| **Description:** | Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 467 | **Data Source:** | Calculated | |
| **Length:** | 6 | **Type:** | Alphanumeric | |
| **Field 62:** | **OCCUR\_SPAN\_CODE\_3** | |  |  |
| **Description:** | Code describing a significant event relating to the claim that may affect payer processing. | | | |
| **Coding Scheme:** | Same as Field OCCUR\_SPAN\_CODE\_1. | |  |  |
| **Beginning Position:** | 473 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 63:** | **OCCUR\_SPAN\_FROM\_3** | |  |  |
| **Description:** | Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 475 | **Data Source:** | Calculated | |
| **Length:** | 6 | **Type:** | Alphanumeric | |
| **Field 64:** | **OCCUR\_SPAN\_THRU\_3** | |  |  |
| **Description:** | Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 481 | **Data Source:** | Calculated | |
| **Length:** | 6 | **Type:** | Alphanumeric | |
| **Field 65:** | **OCCUR\_SPAN\_CODE\_4** | |  |  |
| **Description:** | Code describing a significant event relating to the claim that may affect payer processing. | | | |
| **Coding Scheme:** | Same as Field OCCUR\_SPAN\_CODE\_1. | |  |  |
| **Beginning Position:** | 487 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 66:** | **OCCUR\_SPAN\_FROM\_4** | |  |  |
| **Description:** | Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 489 | **Data Source:** | Calculated | |
| **Length:** | 6 | **Type:** | Alphanumeric | |
| **Field 67:** | **OCCUR\_SPAN\_THRU\_4** | |  |  |
| **Description:** | Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date. | | | |
| **Beginning Position:** | 495 | **Data Source:** | Calculated | |
| **Length:** | 6 | **Type:** | Alphanumeric | |
| **Field 68:** | **CONDITION\_CODE\_1** | |  |  |
| **Description:** | Code describing a condition relating to the claim. | | |  |
| **Coding Scheme:** | 01 | Military service related | A0 | TRICARE external partnership program |
|  | 02 | Condition is employment related | A1 | EPSDT/CHAP |
|  | 03 | Patient covered by insurance not reflected here | A2 | Physically handicapped children's program |
|  | 04 | Information only bill. | A3 | Special Federal Funding |
|  | 05 | Lien has been filed | A4 | Family planning |

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

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|  | 54 | No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home  Health Agency | H2 | Discharge by a Hospice Provider for Cause |
|  | 55 | SNF bed not available | H3 | Reoccurrence of GI Bleed Comorbid Category |
|  | 56 | Medical appropriateness | H4 | Reoccurrence of Pneumonia Comorbid Category |
|  | 57 | SNF readmission | H5 | Reoccurrence of Pericarditis Comorbid Category |
|  | 58 | Terminated Medicare+Choice organization enrollee | P1 | Do not Resuscitate Order (DNR) |
|  | 59 | Non-primary ESRD facility | P7 | Direct Inpatient Admission from Emergency  Room |
|  | 60 | Day outlier | R1 | Request for reopening Reason Code -  Mathematical or Computational Mistake |
|  | 61 | Cost outlier | R2 | Request for reopening Reason Code -Inaccurate  Data Entry |
|  | 66 | Provider does not wish cost outlier payment | R3 | Request for reopening Reason Code -  Misapplication of a Fee Schedule |
|  | 67 | Beneficiary elects not to use life time reserve  (LTR) days | R4 | Request for reopening Reason Code - Computer  Errors |
|  | 68 | Beneficiary elects to use life time reserve (LTR)  days | R5 | Request for reopening Reason Code - Incorrectly  Identified Duplicate Claim |
|  | 69 | IME/DGME/N&AH Payment Only | R6 | Request for reopening Reason Code - Other  Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above |
|  | 70 | Self-administered anemia management drug | R7 | Request for reopening Reason Code -  Corrections other than clerical errors |
|  | 71 | Full care in unit | R8 | Request for reopening Reason Code - New and  Material Evidence |
|  | 72 | Self care in unit | R9 | Request for reopening Reason Code - Faulty  Evidence |
|  | 73 | Self care training | WO | United Mine Workers of America (UMWA)  Demonstration Indicator |
|  | 74 | Home | W2 | Duplicate of Original Bill |
|  | 75 | Home - 100% reimbursement | W3 | Level I Appeal |
|  | 76 | Back-up in facility dialysis | W4 | Level II Appeal |
|  | 77 | Provider accepts or is obligated/required due to a contractual arrangement or law to accept  payment by a primary payer as payment | W5 | Level III Appeal |
|  | 78 | New coverage not implemented by HMO |  |  |
|  | 79 | CORF services provided offsite |  |  |
|  | 80 | Home dialysis - nursing facility |  |  |
|  | 81 | C-section/Inductions <39 weeks-Medical Necessity |  |  |
|  | 82 | C-section/Inductions <39 weeks-Elective |  |  |
|  | 83 | C-section/Inductions 39 weeks or greater |  |  |
|  | 84 | Dialysis for Acute Kidney Injury (AKI) |  |  |
|  | 85 | Delayed Recertification of Hospice Terminal Illness |  |  |
|  | 86 | Additional Hemodialysis Treatment with Medical  Justification | |  |
| **Beginning Position:** | 501 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 69:** | **CONDITION\_CODE\_2** | |  |  |
| **Description:** | Code describing a condition relating to the claim. | | |  |
| **Coding Scheme:** | Same as Field CONDITION\_CODE\_1. | |  |  |
| **Beginning Position:** | 503 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 70:** | **CONDITION\_CODE\_3** | |  |  |
| **Description:** | Code describing a condition relating to the claim. | | |  |
| **Coding Scheme:** | Same as Field CONDITION\_CODE\_1. | |  |  |
| **Beginning Position:** | 505 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 71:** | **CONDITION\_CODE\_4** | |  |  |
| **Description:** | Code describing a condition relating to the claim. | | |  |

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| **Coding Scheme:** | Same as Field CONDITION\_CODE\_1. | |  |  |
| **Beginning Position:** | 507 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 72:** | **CONDITION\_CODE\_5** | |  |  |
| **Description:** | Code describing a condition relating to the claim. | | |  |
| **Coding Scheme:** | Same as Field CONDITION\_CODE\_1. | |  |  |
| **Beginning Position:** | 509 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 73:** | **CONDITION\_CODE\_6** | |  |  |
| **Description:** | Code describing a condition relating to the claim. | | |  |
| **Coding Scheme:** | Same as Field CONDITION\_CODE\_1. | |  |  |
| **Beginning Position:** | 511 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 74:** | **CONDITION\_CODE\_7** | |  |  |
| **Description:** | Code describing a condition relating to the claim. | | |  |
| **Coding Scheme:** | Same as Field CONDITION\_CODE\_1. | |  |  |
| **Beginning Position:** | 513 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 75:** | **CONDITION\_CODE\_8** | |  |  |
| **Description:** | Code describing a condition relating to the claim. | | |  |
| **Coding Scheme:** | Same as Field CONDITION\_CODE\_1. | |  |  |
| **Beginning Position:** | 515 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 76:** | **VALUE\_CODE\_1** | |  |  |
| **Description:** | Code describing information that may affect payer processing. | | | |
| **Coding Scheme:** | 01 | Most common semi-private rate | 58 | Arterial blood gas |
|  | 02 | Hospital has no semi-private rooms | 59 | Oxygen saturation |
|  | 04 | Inpatient professional component charges which  are combined billed | 60 | HHA branch MSA |
|  | 05 | Professional component included in charges and  also billed separately to carrier | 61 | Place of Residence where service is furnished  (HHA and hospice) |
|  | 06 | Blood deductible | 66 | Medicaid spend down amount |
|  | 08 | Life time reserve amount in the first calendar  year | 67 | Peritoneal dialysis |
|  | 09 | Coinsurance amount in the first calendar year | 68 | EPO-drug |
|  | 10 | Lifetime reserve amount in the second calendar  year | 69 | State charity care percentage |
|  | 11 | Coinsurance amount in the second calendar year | 80 | Covered Days |
|  | 12 | Working aged beneficiary/spouse with employer  group health plan | 81 | Non-covered Days |
|  | 13 | ESRD beneficiary in a Medicare coordination  period with an employer group health plan | 82 | Co-insurance Days |
|  | 14 | No fault, including auto/other | 83 | Lifetime Reserve Days |
|  | 15 | Worker's compensation | 84 | Shorter Duration Hemodialysis |
|  | 16 | Public health service (PHS) or other federal agency | A0 | Special zip code reporting |
|  | 21 | Catastrophic | A1 | Deductible payer A |
|  | 22 | Surplus | A2 | Coinsurance payer A |
|  | 23 | Recurring monthly income | A3 | Estimated responsibility payer A |
|  | 24 | Medicaid Rate Code | A4 | Covered self-administrable drugs - emergency |
|  | 25 | Offset to the patient - payment amount - prescription drugs | A5 | Covered self-administrable drugs - administrable in form and situation furnished to patient |
|  | 26 | Offset to the patient - payment amount - hearing  and ear services | A6 | Covered self-administrable drugs - diagnostic  study and other |
|  | 27 | Offset to the patient - payment amount - vision  and eye services | A7 | Co-payment payer A |
|  | 28 | Offset to the patient - payment amount - dental  services | A8 | Patient weight |
|  | 29 | Offset to the patient - payment amount -  chiropractic services | A9 | Patient height |
|  | 30 | Preadmission testing | AA | Regulatory surcharges, assessments, allowances  or health care related taxes - payer A |

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|  | 31 | Patient Liability Amount | AB | Other assessments or allowances (e.g., medical  education) - payer A |
|  | 32 | Multiple patient ambulance transport | B1 | Deductible payer B |
|  | 33 | Offset to the patient - payment amount - podiatric services | B2 | Coinsurance payer B |
|  | 34 | Offset to the patient - payment amount - other  medical services | B3 | Estimated responsibility payer B |
|  | 35 | Offset to the patient - payment amount - health  insurance premiums | B7 | Co-payment payer B |
|  | 37 | Units of blood furnished | BA | Regulatory surcharges, assessments, allowances  or health care related taxes - payer B |
|  | 38 | Blood deductible units | BB | Other assessments or allowances (e.g., medical  education) - payer B |
|  | 39 | Units of blood replaced | C1 | Deductible payer C |
|  | 40 | New coverage not implemented by HMO | C2 | Coinsurance payer C |
|  | 41 | Black lung | C3 | Estimated responsibility payer C |
|  | 42 | VA | C7 | Co-payment payer C |
|  | 43 | Disabled beneficiary under age 65 with LGHP | CA | Regulatory surcharges, assessments, allowances or health care related taxes - payer C |
|  | 44 | Amount provider agreed to accept from primary payer when this amount is less than charges but  higher than payment received | CB | Other assessments or allowances (e.g., medical education) - payer C |
|  | 45 | Accident hour | D3 | Patient estimated responsibility |
|  | 46 | Number of grace days | D4 | Clinical Trial Number Assigned by NLM/NIH |
|  | 47 | Any liability insurance | D5 | Last Kt/V Reading |
|  | 48 | Hemoglobin reading | FC | Patient Paid Amount |
|  | 49 | Hematocrit reading | FD | Credit Received from the Manufacturer for a Medical Device |
|  | 50 | Physical Therapy visits | G8 | Facility where Inpatient Hospice Service is  Delivered |
|  | 51 | Occupational Therapy visits | Y1 | Part A Demonstration Payment |
|  | 52 | Speech Therapy visits | Y2 | Part B Demonstration Payment |
|  | 53 | Cardiac rehab visits | Y3 | Part B Coinsurance |
|  | 54 | Newborn birth weight in grams | Y4 | Conventional Provider Payment |
|  | 55 | Eligibility threshold for charity care | Y5 | Part B Deductible |
|  | 56 | Skilled nurse - home visit hours |  |  |
|  | 57 | Home health aide - home visit hours |  |  |
| **Beginning Position:** | 517 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 77:** | **VALUE\_AMOUNT\_1** | |  |  |
| **Description:** | Dollar amount that may be affected. | |  |  |
| **Beginning Position:** | 519 | **Data Source:** | Claim |  |
| **Length:** | 9 | **Type:** | Alphanumeric | |
| **Field 78:** | **VALUE\_CODE\_2** | |  |  |
| **Description:** | Code describing information that may affect payer processing. | | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |  |
| **Beginning Position:** | 528 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 79:** | **VALUE\_AMOUNT\_2** | |  |  |
| **Description:** | Dollar amount that may be affected. | |  |  |
| **Beginning Position:** | 530 | **Data Source:** | Claim |  |
| **Length:** | 9 | **Type:** | Alphanumeric | |
| **Field 80:** | **VALUE\_CODE\_3** | |  |  |
| **Description:** | Code describing information that may affect payer processing. | | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |  |
| **Beginning Position:** | 539 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 81:** | **VALUE\_AMOUNT\_3** | |  | |
| **Description:** | Dollar amount that may be affected. | |  | |

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| **Beginning Position:** | 541 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 82:** | **VALUE\_CODE\_4** | |  |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |
| **Beginning Position:** | 550 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 83:** | **VALUE\_AMOUNT\_4** | |  |
| **Description:** | Dollar amount that may be affected. | |  |
| **Beginning Position:** | 552 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 84:** | **VALUE\_CODE\_5** | |  |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |
| **Beginning Position:** | 561 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 85:** | **VALUE\_AMOUNT\_5** | |  |
| **Description:** | Dollar amount that may be affected. | |  |
| **Beginning Position:** | 563 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 86:** | **VALUE\_CODE\_6** | |  |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |
| **Beginning Position:** | 572 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 87:** | **VALUE\_AMOUNT\_6** | |  |
| **Description:** | Dollar amount that may be affected. | |  |
| **Beginning Position:** | 574 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 88:** | **VALUE\_CODE\_7** | |  |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |
| **Beginning Position:** | 583 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 89:** | **VALUE\_AMOUNT\_7** | |  |
| **Description:** | Dollar amount that may be affected. | |  |
| **Beginning Position:** | 585 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 90:** | **VALUE\_CODE\_8** | |  |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |
| **Beginning Position:** | 594 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 91:** | **VALUE\_AMOUNT\_8** | |  |
| **Description:** | Dollar amount that may be affected. | |  |
| **Beginning Position:** | 596 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 92:** | **VALUE\_CODE\_9** | |  |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |
| **Beginning Position:** | 605 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 93:** | **VALUE\_AMOUNT\_9** | |  |
| **Description:** | Dollar amount that may be affected. | |  |

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| **Beginning Position:** | 607 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 94:** | **VALUE\_CODE\_10** | |  |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |
| **Beginning Position:** | 616 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 95:** | **VALUE\_AMOUNT\_10** | |  |
| **Description:** | Dollar amount that may be affected. | |  |
| **Beginning Position:** | 618 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 96:** | **VALUE\_CODE\_11** | |  |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |
| **Beginning Position:** | 627 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 97:** | **VALUE\_AMOUNT\_11** | |  |
| **Description:** | Dollar amount that may be affected. | |  |
| **Beginning Position:** | 629 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |
| **Field 98:** | **VALUE\_CODE\_12** | |  |
| **Description:** | Code describing information that may affect payer processing. | | |
| **Coding Scheme:** | Same as Field Value\_CODE\_1. | |  |
| **Beginning Position:** | 638 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 99:** | **VALUE\_AMOUNT\_12** | |  |
| **Description:** | Dollar amount that may be affected. | |  |
| **Beginning Position:** | 640 | **Data Source:** | Claim |
| **Length:** | 9 | **Type:** | Alphanumeric |

### CHARGES DATA FILE

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| **Field 1:** | **RECORD\_ID** | |  |  |
| **Description:** | Record Identification Number. Unique number assigned to identify the record. First available  1st quarter 2002. Does NOT match the RECORD\_ID in THCIC Research Data Files (RDF’s). | | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned | |
| **Length:** | 12 | **Type:** | Alphanumeric | |
| **Field 2:** | **REVENUE\_CODE** | |  |  |
| **Description:** | Code corresponding to each specific accommodation, ancillary service or billing calculation  related to the services being billed. | | | |
| **Coding Scheme:** | 0100 | All-inclusive room charges plus ancillary | 0527 | Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health  Shortage Area |
|  | 0101 | All-inclusive room charges | 0528 | Freestanding Clinic – Visit by RHC/FQHC  Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident) |
|  | 0110 | Room charges for private rooms - general | 0529 | Freestanding Clinic - other |
|  | 0111 | Room charges for private rooms -  medical/surgical/GYN | 0530 | Osteopathic service - general |
|  | 0112 | Room charges for private rooms - obstetrics | 0531 | Osteopathic service - therapy |
|  | 0113 | Room charges for private rooms - pediatric | 0539 | Osteopathic service - other |
|  | 0114 | Room charges for private rooms - psychiatric | 0540 | Ambulance service - general |
|  | 0115 | Room charges for private rooms - hospice | 0541 | Ambulance service - supplies |
|  | 0116 | Room charges for private rooms - detoxification | 0542 | Ambulance service - medical transport |
|  | 0117 | Room charges for private rooms - oncology | 0543 | Ambulance service - heart mobile |
|  | 0118 | Room charges for private rooms - rehabilitation | 0544 | Ambulance service - oxygen |
|  | 0119 | Room charges for private rooms - other | 0545 | Ambulance service - air ambulance |
|  | 0120 | Room charges for semi-private rooms - general | 0546 | Ambulance service - neonatal |
|  | 0121 | Room charges for semi-private rooms -  medical/surgical/GYN | 0547 | Ambulance service - pharmacy |
|  | 0122 | Room charges for semi-private rooms -  obstetrics | 0548 | Ambulance service - telephone transmission  EKG |
|  | 0123 | Room charges for semi-private rooms -  pediatric | 0549 | Ambulance service - other |
|  | 0124 | Room charges for semi-private rooms -  psychiatric | 0550 | Skilled nursing - general |
|  | 0125 | Room charges for semi-private rooms - hospice | 0551 | Skilled nursing - visit charge |
|  | 0126 | Room charges for semi-private rooms - detoxification | 0552 | Skilled nursing - hourly charge |
|  | 0127 | Room charges for semi-private rooms -  oncology | 0559 | Skilled nursing - other |
|  | 0128 | Room charges for semi-private rooms -  rehabilitation | 0560 | Medical social services - general |
|  | 0129 | Room charges for semi-private rooms - other | 0561 | Medical social services - visit charge |
|  | 0130 | Room charges for semi-private - 3/4 beds - rooms - general | 0562 | Medical social services - hourly charge |
|  | 0131 | Room charges for semi-private - 3/4 beds -  rooms - medical/surgical/GYN | 0569 | Medical social services - other |
|  | 0132 | Room charges for semi-private - 3/4 beds -  rooms - obstetrics | 0570 | Home health aide - general |
|  | 0133 | Room charges for semi-private - 3/4 beds -  rooms - pediatric | 0571 | Home health aide - visit charge |
|  | 0134 | Room charges for semi-private - 3/4 beds -  rooms - psychiatric | 0572 | Home health aide - hourly charge |
|  | 0135 | Room charges for semi-private - 3/4 beds -  rooms - hospice | 0579 | Home health aide - other |
|  | 0136 | Room charges for semi-private - 3/4 beds -  rooms - detoxification | 0580 | Other visits (home health) - general |
|  | 0137 | Room charges for semi-private - 3/4 beds -  rooms - oncology | 0581 | Other visits (home health) - visit charge |
|  | 0138 | Room charges for semi-private - 3/4 beds -  rooms - rehabilitation | 0582 | Other visits (home health) - hourly charge |
|  | 0139 | Room charges for semi-private - 3/4 beds -  rooms - other | 0583 | Other visits (home health) - assessment |
|  | 0140 | Room charges for private (deluxe) rooms -  general | 0589 | Other visits (home health) - other |

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| 0141 | Room charges for private (deluxe) rooms - medical/surgical/GYN | 0590 | Units of service (home health) - general |
| 0142 | Room charges for private (deluxe) rooms -  obstetrics | 0600 | Oxygen (home health) - general |
| 0143 | Room charges for private (deluxe) rooms -  pediatric | 0601 | Oxygen (home health) - stat/equip/supply or  contents |
| 0144 | Room charges for private (deluxe) rooms -  psychiatric | 0602 | Oxygen (home health) - stat/equip/supply under  1 liter per minute |
| 0145 | Room charges for private (deluxe) rooms -  hospice | 0603 | Oxygen (home health) - stat/equip/supply over 4  liters per minute |
| 0146 | Room charges for private (deluxe) rooms -  detoxification | 0604 | Oxygen (home health) - portable add-in |
| 0147 | Room charges for private (deluxe) rooms -  oncology | 0609 | Oxygen (home health) - other |
| 0148 | Room charges for private (deluxe) rooms -  rehabilitation | 0610 | Magnetic Resonance Technology (MRT) - MRI  - general |
| 0149 | Room charges for private (deluxe) rooms -  other | 0611 | Magnetic Resonance Technology (MRT) - MRI  - brain (including brain stem) |
| 0150 | Room charges for ward rooms - general | 0612 | Magnetic Resonance Technology (MRT) - MRI  - spinal cord (including spine) |
| 0151 | Room charges for ward rooms -  medical/surgical/GYN | 0614 | Magnetic Resonance Technology (MRT) - MRI  - other |
| 0152 | Room charges for ward rooms - obstetrics | 0615 | Magnetic Resonance Technology (MRT) -  MRA – head and neck |
| 0153 | Room charges for ward rooms - pediatric | 0616 | Magnetic Resonance Technology (MRT) -  MRA – lower extremities |
| 0154 | Room charges for ward rooms - psychiatric | 0618 | Magnetic Resonance Technology (MRT) -  MRA – other |
| 0155 | Room charges for ward rooms - hospice | 0619 | Magnetic Resonance Technology (MRT) -  Other MRT |
| 0156 | Room charges for ward rooms - detoxification | 0621 | Medical/surgical supplies - incident to radiology |
| 0157 | Room charges for ward rooms - oncology | 0622 | Medical/surgical supplies - incident to other diagnostic services |
|  |  | 0623 | Medical/surgical supplies - surgical dressings |
| 0158 | Room charges for ward rooms - rehabilitation | 0624 | Medical/surgical supplies - FDA investigational devices |
| 0159 | Room charges for ward rooms - other | 0631 | Drugs requiring specific identification - single  source |
| 0160 | Room charges for other rooms - general | 0632 | Drugs requiring specific identification - multiple  source |
| 0164 | Room charges for other rooms – Sterile  Environment | 0633 | Drugs requiring specific identification -  restrictive prescription |
| 0167 | Room charges for other rooms – self care | 0634 | Drugs requiring specific identification - EPO,  less than 10,000 units |
| 0169 | Room charges for other rooms - other | 0635 | Drugs requiring specific identification - EPO,  10,000 or more units |
| 0170 | Room charges for nursery - general | 0636 | Drugs requiring specific identification -  requiring detailed coding |
| 0171 | Room charges for nursery - newborn level I | 0637 | Drugs requiring specific identification - self-  administrable |
| 0172 | Room charges for nursery - newborn level II | 0640 | Home IV therapy services - general |
| 0173 | Room charges for nursery - newborn level III | 0641 | Home IV therapy services - nonroutine nursing, central line |
| 0174 | Room charges for nursery - newborn level IV | 0642 | Home IV therapy services - IV site care, central  line |
| 0179 | Room charges for nursery - other | 0643 | Home IV therapy services - IV start/change,  peripheral line |
| 0180 | Room charges for LOA - general | 0644 | Home IV therapy services - nonroutine nursing,  peripheral line |
| 0182 | Room charges for LOA - patient convenience-  charges billable | 0645 | Home IV therapy services - training  patient/caregiver, central line |
| 0183 | Room charges for LOA - therapeutic leave | 0646 | Home IV therapy services - training, disabled  patient, central line |
| 0185 | Room charges for LOA – nursing home (for  hospitalization) | 0647 | Home IV therapy services - training,  patient/caregiver, peripheral |
| 0189 | Room charges for LOA - other | 0648 | Home IV therapy services - training, disabled  patient, peripheral |
| 0190 | Room charges for subacute care - general | 0649 | Home IV therapy services - other |

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| 0191 | Room charges for subacute care - Level I (skilled care) | 0650 | Hospice services - general |
| 0192 | Room charges for subacute care - Level II  (comprehensive care) | 0651 | Hospice services - routine home care |
| 0193 | Room charges for subacute care - Level III  (complex care) | 0652 | Hospice services - continuous home care |
| 0194 | Room charges for subacute care - Level IV  (intensive care) | 0655 | Hospice services - inpatient respite care |
| 0199 | Room charges for subacute care - other | 0656 | Hospice services - general inpatient care  (nonrespite) |
| 0200 | Room charges for intensive care - general | 0657 | Hospice services - physician services |
| 0201 | Room charges for intensive care - surgical | 0658 | Hospice services - room and board - nursing facility |
| 0202 | Room charges for intensive care - medical | 0659 | Hospice services - other |
| 0203 | Room charges for intensive care - pediatric | 0660 | Respite care - general |
| 0204 | Room charges for intensive care - psychiatric | 0661 | Respite care - hourly charge/skilled nursing |
| 0206 | Room charges for intensive care - intermediate intensive care unit (ICU) | 0662 | Respite care - hourly charge/aide/homemaker/companion |
| 0207 | Room charges for intensive care - burn care | 0663 | Respite care - daily charge |
| 0208 | Room charges for intensive care - trauma | 0669 | Respite care - other |
| 0209 | Room charges for intensive care - other | 0670 | Outpatient special residence - general |
| 0210 | Room charges for coronary care - general | 0671 | Outpatient special residence - hospital based |
| 0211 | Room charges for coronary care - myocardial infarction | 0672 | Outpatient special residence - contracted |
| 0212 | Room charges for coronary care - pulmonary  care | 0679 | Outpatient special residence - other |
| 0213 | Room charges for coronary care - heart  transplant | 0681 | Trauma response - level I |
| 0214 | Room charges for coronary care - intermediate  coronary care unit (CCU) | 0682 | Trauma response - level II |
| 0219 | Room charges for coronary care - other | 0683 | Trauma response - level III |
| 0220 | Special charges - general | 0684 | Trauma response - level IV |
| 0221 | Special charges - admission charge | 0689 | Trauma response - other |
| 0222 | Special charges - technical support charge | 0690 | Pre-hospice/Palliative Care Services - general |
| 0223 | Special charges - UR service charge | 0691 | Pre-hospice/Palliative Care Services – visit charge |
| 0224 | Special charges - late discharge, medically  necessary | 0692 | Pre-hospice/Palliative Care Services – hourly  charge |
| 0229 | Special charges - other | 0693 | Pre-hospice/Palliative Care Services -  evaluation |
| 0230 | Incremental nursing care - general | 0694 | Pre-hospice/Palliative Care Services –  consultation and education |
| 0231 | Incremental nursing care - nursery | 0695 | Pre-hospice/Palliative Care Services – inpatient  care |
| 0232 | Incremental nursing care - OB | 0696 | Pre-hospice/Palliative Care Services – physician  services |
| 0233 | Incremental nursing care - ICU (includes  transitional care) | 0699 | Pre-hospice/Palliative Care Services - other |
| 0234 | Incremental nursing care - CCU (includes  transitional care) | 0700 | Cast Room services - general |
| 0235 | Incremental nursing care - hospice | 0710 | Recovery Room services - general |
| 0239 | Incremental nursing care - other | 0720 | Labor/Delivery Room services - general |
| 0240 | All-inclusive ancillary - general | 0721 | Labor/Delivery Room services - labor |
| 0241 | All-inclusive ancillary - basic | 0722 | Labor/Delivery Room services - delivery |
| 0242 | All-inclusive ancillary - comprehensive | 0723 | Labor/Delivery Room services - circumcision |
| 0243 | All-inclusive ancillary - specialty | 0724 | Labor/Delivery Room services - birthing center |
| 0249 | All-inclusive ancillary - other | 0729 | Labor/Delivery Room services - other |
| 0250 | Pharmacy - general | 0730 | EKG/ECG services - general |
| 0251 | Pharmacy - generic drugs | 0731 | EKG/ECG services - holter monitor |
| 0252 | Pharmacy - nongeneric drugs | 0732 | EKG/ECG services - telemetry |
| 0253 | Pharmacy - take-home drugs | 0739 | EKG/ECG services - other |
| 0254 | Pharmacy - drugs incident to other diagnostic services | 0740 | EEG services - general |
| 0255 | Pharmacy - drugs incident to radiology | 0750 | Gastrointestinal services - general |

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

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| 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 |

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| 0387 | Blood - other derivatives (cryoprecipitate) | 0932 | Medical rehabilitation day program - full day |
| 0389 | Blood - other | 0940 | Other therapeutic services - general |
| 0390 | Blood and blood component administration, storage and processing - general | 0941 | Other therapeutic services - recreational therapy |
| 0391 | Blood and blood component administration,  storage and processing - administration | 0942 | Other therapeutic services - education/training |
| 0392 | Blood and blood component administration,  storage and processing – processing and storage | 0943 | Other therapeutic services - cardiac  rehabilitation |
| 0399 | Blood and blood component administration,  storage and processing - other | 0944 | Other therapeutic services - drug rehabilitation |
| 0400 | Other imaging services - general | 0945 | Other therapeutic services - alcohol  rehabilitation |
| 0401 | Other imaging services - diagnostic  mammography | 0946 | Other therapeutic services - complex medical  equipment - routine |
| 0402 | Other imaging services - ultrasound | 0947 | Other therapeutic services - complex medical  equipment - ancillary |
| 0403 | Other imaging services - screening  mammography | 0948 | Other therapeutic services – pulmonary  rehabilitation |
| 0404 | Other imaging services - PET | 0949 | Other therapeutic services - other |
| 0409 | Other imaging services - other | 0951 | Other therapeutic services – athletic training |
| 0410 | Respiratory services - general | 0952 | Other therapeutic services - kinesiotherapy |
| 0412 | Respiratory services - inhalation | 0953 | Other therapeutic services – chemical dependency (drug and alcohol) |
| 0413 | Respiratory services - hyperbaric oxygen  therapy | 0960 | Professional fees - general |
| 0419 | Respiratory services - other | 0961 | Professional fees - psychiatric |
| 0420 | Physical therapy - general | 0962 | Professional fees - ophthalmology |
| 0421 | Physical therapy - visit charge | 0963 | Professional fees - anesthesiologist (MD) |
| 0422 | Physical therapy - hourly charge | 0964 | Professional fees - anesthetist (CRNA) |
| 0423 | Physical therapy - group rate | 0969 | Professional fees - other |
| 0424 | Physical therapy - evaluation or reevaluation | 0971 | Professional fees - laboratory |
| 0429 | Physical therapy - other | 0972 | Professional fees - radiology - diagnostic |
| 0430 | Occupational therapy - general | 0973 | Professional fees - radiology - therapeutic |
| 0431 | Occupational therapy - visit charge | 0974 | Professional fees - radiology - nuclear medicine |
| 0432 | Occupational therapy - hourly charge | 0975 | Professional fees - operating room |
| 0433 | Occupational therapy - group rate | 0976 | Professional fees - respiratory therapy |
| 0434 | Occupational therapy - evaluation or reevaluation | 0977 | Professional fees - physical therapy |
| 0439 | Occupational therapy - other | 0978 | Professional fees - occupational therapy |
| 0440 | Speech-language pathology - general | 0979 | Professional fees - speech therapy |
| 0441 | Speech-language pathology - visit charge | 0981 | Professional fees - emergency room |
| 0442 | Speech-language pathology - hourly charge | 0982 | Professional fees - outpatient services |
| 0443 | Speech-language pathology - group rate | 0983 | Professional fees - clinic |
| 0444 | Speech-language pathology - evaluation or reevaluation | 0984 | Professional fees - medical social services |
| 0449 | Speech-language pathology - other | 0985 | Professional fees - EKG |
| 0450 | Emergency room - general | 0986 | Professional fees - EEG |
| 0451 | Emergency room - EMTALA emergency medical screening services | 0987 | Professional fees - hospital visit |
| 0452 | Emergency room - beyond EMTALA screening | 0988 | Professional fees - consultation |
| 0456 | Emergency room - urgent care | 0989 | Professional fees - private duty nurse |
| 0459 | Emergency room - other | 0990 | Patient convenience items - general |
| 0460 | Pulmonary function - general | 0991 | Patient convenience items - cafeteria/guest tray |
| 0469 | Pulmonary function - other | 0992 | Patient convenience items - private linen service |
| 0470 | Audiology - general | 0993 | Patient convenience items - telephone/telegraph |
| 0471 | Audiology - diagnostic | 0994 | Patient convenience items - TV/radio |
| 0472 | Audiology - treatment | 0995 | Patient convenience items - nonpatient room rentals |
| 0479 | Audiology - other | 0996 | Patient convenience items - late discharge  charge |
| 0480 | Cardiology - general | 0997 | Patient convenience items - admission kits |
| 0481 | Cardiology - cardiac cath lab | 0998 | Patient convenience items - beauty shop/barber |

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|  | 0482 | Cardiology - stress test | 0999 | Patient convenience items - other |
|  | 0483 | Cardiology - echocardiology | 1000 | Behavior health accommodations - general |
|  | 0489 | Cardiology - other | 1001 | Behavior health accommodations - residential treatment - psychiatric |
|  | 0490 | Ambulatory surgical care - general | 1002 | Behavior health accommodations - residential  treatment - chemical dependency |
|  | 0499 | Ambulatory surgical care - other | 1003 | Behavior health accommodations - supervised  living |
|  | 0500 | Outpatient services - general | 1004 | Behavior health accommodations - halfway  house |
|  | 0509 | Outpatient services - other | 1005 | Behavior health accommodations - group home |
|  | 0510 | Clinic - general | 2100 | Alternative therapy services - general |
|  | 0511 | Clinic - chronic pain | 2101 | Alternative therapy services - acupuncture |
|  | 0512 | Clinic - dental | 2102 | Alternative therapy services - acupressure |
|  | 0513 | Clinic - psychiatric | 2103 | Alternative therapy services - massage |
|  | 0514 | Clinic - OB/GYN | 2104 | Alternative therapy services - reflexology |
|  | 0515 | Clinic - pediatric | 2105 | Alternative therapy services - biofeedback |
|  | 0516 | Clinic - urgent care | 2106 | Alternative therapy services - hypnosis |
|  | 0517 | Clinic - family practice | 2109 | Alternative therapy services - other |
|  | 0519 | Clinic - other | 3101 | Adult day care, medical and social - hourly |
|  | 0520 | Freestanding Clinic - general | 3102 | Adult day care, social - hourly |
|  | 0521 | Freestanding Clinic - Clinic Visit by Member to RHC/FQHC | 3103 | Adult day care, medical and social - daily |
|  | 0522 | Freestanding Clinic - Home Visit by  RHC/FQHC Practitioner | 3104 | Adult day care, social - daily |
|  | 0523 | Freestanding Clinic - family practice | 3105 | Adult foster care - daily |
|  | 0524 | Freestanding Clinic - Visit by RHC/FQHC  Practitioner to a Member in a Covered Part A Stay at SNF | 3109 | Adult foster care - other |
|  | 0525 | Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered  Part A Stay) or NF or ICF MR or Other Residential Facility |  |  |
|  | 0526 | Freestanding Clinic - urgent care |  |  |
| **Beginning Position:** | 13 | **Data Source:** | Claim |  |
| **Length:** | 4 | **Type:** | Alphanumeric | |
| **Field 3:** | **HCPCS\_QUALIFIER** | |  |  |
| **Description:** | Code identifying the type/source of the descriptive number used in  HCPCS\_PROCEDURE\_CODE | | | |
| **Beginning Position:** | 17 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 4** | **HCPCS\_PROCEDURE\_CODE** | |  |  |
| **Description:** | HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or  accommodations. | | | |
| **Coding Scheme:** | See [*http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp*](http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp) for complete list. | | | |
| **Beginning Position:** | 19 | **Data Source:** | Claim |  |
| **Length:** | 5 | **Type:** | Alphanumeric | |
| **Field 5:** | **MODIFIER\_1** | |  |  |
| **Description:** | Identifies special circumstances related to the performance of the service | | | |
| **Coding Scheme:** | 22 | Increased procedural services | P4 | A patient with severe systemic disease that is a  constant threat to life |
|  | 23 | Unusual Anesthesia | P5 | A moribund patient who is not expected to  survive without the operation |
|  | 24 | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health  Care Professional during a Postoperative Period | P6 | A declared brain-dead patient whose organs are being removed for donor purposes |
|  | 25 | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the  Same Day of the Procedure or Other Service | E1 | Upper left eyelid |
|  | 26 | Professional Component | E2 | Lower left eyelid |

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|  | 27 | Multiple Outpatient Hospital E/M Encounters on the Same Date | E3 | Upper right eyelid |
|  | 32 | Mandated Services | E4 | Lower right eyelid |
|  | 33 | Preventive Service | F1 | Left hand, second digit |
|  | 47 | Anesthesia by Surgeon | F2 | Left hand, third digit |
|  | 50 | Bilateral Procedure | F3 | Left hand, fourth digit |
|  | 51 | Multiple Procedures | F4 | Left hand, fifth digit |
|  | 52 | Reduced Services | F5 | Right hand, thumb |
|  | 53 | Discontinued Procedure | F6 | Right hand, second digit |
|  | 54 | Surgical Care Only | F7 | Right hand, third digit |
|  | 55 | Postoperative Management Only | F8 | Right hand, fourth digit |
|  | 56 | Preoperative Management Only | F9 | Right hand, fifth digit |
|  | 57 | Decision for Surgery | FA | Left hand, thumb |
|  | 58 | Staged or Related Procedure or Service by the  Same Physician or Other Qualified Health Care Professional During the Postoperative Period | GG | Performance and payment of a screening  mammography and diagnostic mammography on same patient, same day. |
|  | 59 | Distinct Procedural Service | GH | Diagnostic mammogram converted from  screening mammogram on same day |
|  | 62 | Two Surgeons | LC | Left circumflex coronary artery |
|  | 63 | Procedure Performed on Infants less than 4kg | LD | Left anterior descending coronary artery |
|  | 66 | Surgical Team | LM | Left main coronary artery |
|  | 73 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the  Administration of Anesthesia | LT | Left side of the body procedure |
|  | 74 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after  Administration of Anesthesia | Q M | Ambulance service provided under arrangement by a provider of services |
|  | 76 | Repeat Procedure by Same Physician or Other  Qualified Health Care Professional | QN | Ambulance service furnished directly by a  provider of services |
|  | 77 | Repeat Procedure by Another Physician or Other  Qualified Health Care Professional | RC | Right coronary artery |
|  | 78 | Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the  Postoperative Period | RI | Ramus intermedius coronary artery |
|  | 79 | Unrelated Procedure or Service by the Same  Physician or Other Qualified Health Care Professional During the Postoperative Period | RT | Right side of the body procedure |
|  | 80 | Assistant Surgeon | T1 | Left foot, second digit |
|  | 81 | Minimum Assistant Surgeon | T2 | Left foot, third digit |
|  | 82 | Repeat procedure by same physician | T3 | Left foot, fourth digit |
|  | 90 | Reference (Outside) Laboratory | T4 | Left foot, fifth digit |
|  | 91 | Repeat Clinical Diagnostic Laboratory Test | T5 | Right foot, great toe |
|  | 92 | Alternative Laboratory Platform Testing | T6 | Right foot, second digit |
|  | 95 | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System | T7 | Right foot, third digit |
|  | 99 | Multiple Modifiers | T8 | Right foot, fourth digit |
|  | 1P | Performance Measure Exclusion Modifier due to Medical Reasons | T9 | Right foot, fifth digit |
|  | 2P | Performance Measure Exclusion Modifier due to  Patient Reasons | TA | Left foot, great toe |
|  | 3P | Performance Measure Exclusion Modifier due to  System Reasons | XE | Separate Encounter |
|  | 8P | Performance Measure Reporting Modifier- Action  not performed, reason not otherwise specified | XS | Separate Structure |
|  | P1 | A normal healthy patient | XP | Separate Practitioner |
|  | P2 | A patient with mild systemic disease | XU | Unusual Non-Overlapping Service |
|  | P3 | A patient with severe systemic disease |  |  |
| **Beginning Position:** | 24 | **Data Source:** | Claim |  |
| **Length:** | 2 | **Type:** | Alphanumeric | |
| **Field 6:** | **MODIFIER\_2** | |  |  |
| **Description:** | Identifies special circumstances related to the performance of the service. | | | |

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| **Coding Scheme:** | Same as Field MODIFIER\_1 | |  |
| **Beginning Position:** | 26 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 7:** | **MODIFIER\_3** | |  |
| **Description:** | Identifies special circumstances related to the performance of the service. | | |
| **Coding Scheme:** | Same as Field MODIFIER\_1 | |  |
| **Beginning Position:** | 28 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 8:** | **MODIFIER\_4** | |  |
| **Description:** | Identifies special circumstances related to the performance of the service. | | |
| **Coding Scheme:** | Same as Field MODIFIER\_1 | |  |
| **Beginning Position:** | 30 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 9:** | **UNIT\_MEASUREMENT\_CODE** | |  |
| **Description:** | Code specifying the units in which a value is being expressed. | | |
| **Coding Scheme:** | DA | Days |  |
|  | F2 | International unit |  |
|  | UN | Unit |  |
| **Beginning Position:** | 32 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 10:** | **UNITS\_OF\_SERVICE** | |  |
| **Description:** | Numeric value of quantity | |  |
| **Beginning Position:** | 34 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Numeric |
| **Field 11:** | **UNIT\_RATE** | |  |
| **Description:** | Rate per unit | |  |
| **Beginning Position:** | 41 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 12:** | **CHRGS\_LINE\_ITEM** | |  |
| **Description:** | Total amount of the charge | |  |
| **Beginning Position:** | 53 | **Data Source:** | Assigned |
| **Length:** | 14 | **Type:** | Numeric |
| **Field 13:** | **CHRGS\_NON\_COV** | |  |
| **Description:** | Total non-covered amount of the charge | |  |
| **Beginning Position:** | 67 | **Data Source:** | Assigned |
| **Length:** | 14 | **Type:** | Numeric |

### FACILITY TYPE INDICATOR FILE

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Field 1:** | **THCIC\_ID** |  |  |
| **Description:** | Provider ID. Unique identifier assigned to the provider by DSHS. | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned |
| **Length:** | 6 | **Type:** | Alphanumeric |
| **Field 2** | **PROVIDER\_NAME** | |  |
| **Description:** | Hospital name provided by the hospital. | |  |
| **Beginning Position:** | 7 | **Data Source:** | Provider |
| **Length:** | 55 | **Type:** | Alphanumeric |
| **Field 3:** | **FAC\_TEACHING\_IND** | |  |
| **Description:** | Teaching Facility Indicator. | |  |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Coding Scheme:** | A Member, Council of Teaching Hospitals  X Other teaching facility | |  |
| **Beginning Position:** | 62 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 4:** | **FAC\_PSYCH\_IND** | |  |
| **Description:** | Psychiatric Facility Indicator. | |  |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 63 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 5:** | **FAC\_REHAB\_IND** | |  |
| **Description:** | Rehabilitation Facility Indicator. | |  |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 64 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 6:** | **FAC\_ACUTE\_CARE\_IND** | |  |
| **Description:** | Acute Care Facility Indicator. | |  |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 65 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 7:** | **FAC\_SNF\_IND** | |  |
| **Description:** | Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital. | | |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 66 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 8:** | **FAC\_LONG\_TERM\_AC\_IND** | |  |
| **Description:** | Long Term Acute Care Facility Indicator. | |  |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 67 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 9:** | **FAC\_OTHER\_LTC\_IND** | |  |
| **Description:** | Other Long Term Care Facility Indicator. | |  |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Beginning Position:** | 68 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 10:** | **FAC\_PEDS\_IND** | |  |
| **Description:** | Pediatric Facility Indicator. | |  |
| **Suppression:** | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| **Coding Scheme:** | C Member, National Association of Children’s Hospitals and Related Institutions (NACHRI)  X Facilities that also treat children | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Beginning Position:** | 69 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 11:** | **POA\_PROVIDER\_INDICATOR** | |  |
| **Description:** | Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children’s or Pediatric Hospitals  and Long Term Care Hospitals. | | |
| **Coding Scheme:** | M | Mixed (Facility has sections that would be exempted from reporting POA for those patients) | |
|  | R | Required |  |
|  | X | Exempt |  |
|  | ` | Invalid |  |
| **Beginning Position:** | 70 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 12:** | **CERT\_STATUS** | |  |
| **Description:** | Assignment of a code to indicate the certification of data and submission of comments by the  hospital. First available 3rd quarter 1999. | | |
| **Coding Scheme:** | 1 | Certified, without comment |  |
|  | 2 | Certified, with comment |  |
|  | 3 | Certified, with comment, comment not received by deadline | |
|  | 4 | Hospital elected not to certify |  |
|  | 5 | Hospital closed, data not certified |  |
|  | 6 | Hospital out of compliance, did not certify data | |
|  | 7 | Data not certified. Hospital affected by natural or man-made disaster (Starting 4Q2016) | |
| **Beginning Position:** | 71 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |



**Texas Hospital Inpatient Discharge Public Use Data File**

# DATA FIELDS

### BASE DATA #1 FILE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | FIELD NAME *(Base Data #1 File)* | Position | Length | Field Type |
| 1 | RECORD\_ID Does NOT match the RECORD\_ID in THCIC Research Data Files (RDF’s). | 1 | 12 | Alphanumeric |
| 2 | DISCHARGE | 13 | 6 | Alphanumeric |
| 3 | THCIC\_ID | 19 | 6 | Alphanumeric |
| 4 | TYPE\_OF\_ADMISSION | 25 | 1 | Alphanumeric |
| 5 | SOURCE\_OF\_ADMISSION | 26 | 1 | Alphanumeric |
| 6 | SPEC\_UNIT\_1 | 27 | 1 | Alphanumeric |
| 7 | SPEC\_UNIT\_2 | 28 | 1 | Alphanumeric |
| 8 | SPEC\_UNIT\_3 | 29 | 1 | Alphanumeric |
| 9 | SPEC\_UNIT\_4 | 30 | 1 | Alphanumeric |
| 10 | SPEC\_UNIT\_5 | 31 | 1 | Alphanumeric |
| 11 | PAT\_STATE | 32 | 2 | Alphanumeric |
| 12 | PAT\_ZIP | 34 | 5 | Alphanumeric |
| 13 | PAT\_COUNTRY | 39 | 2 | Alphanumeric |
| 14 | PAT\_COUNTY | 41 | 3 | Alphanumeric |
| 15 | PUBLIC\_HEALTH\_REGION | 44 | 2 | Alphanumeric |
| 16 | PAT\_STATUS | 46 | 2 | Alphanumeric |
| 17 | SEX\_CODE | 48 | 1 | Alphanumeric |
| 18 | RACE | 49 | 1 | Alphanumeric |
| 19 | ETHNICITY | 50 | 1 | Alphanumeric |
| 20 | ADMIT\_WEEKDAY | 51 | 1 | Alphanumeric |
| 21 | LENGTH\_OF\_STAY | 52 | 4 | Alphanumeric |
| 22 | PAT\_AGE | 56 | 2 | Alphanumeric |
| 23 | FIRST\_PAYMENT\_SRC | 58 | 2 | Alphanumeric |
| 24 | SECONDARY\_PAYMENT\_SRC | 60 | 2 | Alphanumeric |
| 25 | TYPE\_OF\_BILL | 62 | 3 | Alphanumeric |
| 26 | TOTAL\_CHARGES | 65 | 12 | Numeric |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | FIELD NAME *(Base Data #1 File)* | Position | Length | Field Type |
| 27 | TOTAL\_NON\_COV\_CHARGES | 77 | 12 | Numeric |
| 28 | TOTAL\_CHARGES\_ACCOMM | 89 | 12 | Numeric |
| 29 | TOTAL\_NON\_COV\_CHARGES\_ACCOMM | 101 | 12 | Numeric |
| 30 | TOTAL\_CHARGES\_ANCIL | 113 | 12 | Numeric |
| 31 | TOTAL\_NON\_COV\_CHARGES\_ANCIL | 125 | 12 | Numeric |
| 32 | ADMITTING\_DIAGNOSIS | 137 | 7 | Alphanumeric |
| 33 | PRINC\_DIAG\_CODE | 144 | 7 | Alphanumeric |
| 34 | POA\_PRINC\_DIAG\_CODE | 151 | 1 | Alphanumeric |
| 35 | OTH\_DIAG\_CODE\_1 | 152 | 7 | Alphanumeric |
| 36 | POA\_OTH\_DIAG\_CODE\_1 | 159 | 1 | Alphanumeric |
| 37 | OTH\_DIAG\_CODE\_2 | 160 | 7 | Alphanumeric |
| 38 | POA\_OTH\_DIAG\_CODE\_2 | 167 | 1 | Alphanumeric |
| 39 | OTH\_DIAG\_CODE\_3 | 168 | 7 | Alphanumeric |
| 40 | POA\_OTH\_DIAG\_CODE\_3 | 175 | 1 | Alphanumeric |
| 41 | OTH\_DIAG\_CODE\_4 | 176 | 7 | Alphanumeric |
| 42 | POA\_OTH\_DIAG\_CODE\_4 | 183 | 1 | Alphanumeric |
| 43 | OTH\_DIAG\_CODE\_5 | 184 | 7 | Alphanumeric |
| 44 | POA\_OTH\_DIAG\_CODE\_5 | 191 | 1 | Alphanumeric |
| 45 | OTH\_DIAG\_CODE\_6 | 192 | 7 | Alphanumeric |
| 46 | POA\_OTH\_DIAG\_CODE\_6 | 199 | 1 | Alphanumeric |
| 47 | OTH\_DIAG\_CODE\_7 | 200 | 7 | Alphanumeric |
| 48 | POA\_OTH\_DIAG\_CODE\_7 | 207 | 1 | Alphanumeric |
| 49 | OTH\_DIAG\_CODE\_8 | 208 | 7 | Alphanumeric |
| 50 | POA\_OTH\_DIAG\_CODE\_8 | 215 | 1 | Alphanumeric |
| 51 | OTH\_DIAG\_CODE\_9 | 216 | 7 | Alphanumeric |
| 52 | POA\_OTH\_DIAG\_CODE\_9 | 223 | 1 | Alphanumeric |
| 53 | OTH\_DIAG\_CODE\_10 | 224 | 7 | Alphanumeric |
| 54 | POA\_OTH\_DIAG\_CODE\_10 | 231 | 1 | Alphanumeric |
| 55 | OTH\_DIAG\_CODE\_11 | 232 | 7 | Alphanumeric |
| 56 | POA\_OTH\_DIAG\_CODE\_11 | 239 | 1 | Alphanumeric |
| 57 | OTH\_DIAG\_CODE\_12 | 240 | 7 | Alphanumeric |
| 58 | POA\_OTH\_DIAG\_CODE\_12 | 247 | 1 | Alphanumeric |
| 59 | OTH\_DIAG\_CODE\_13 | 248 | 7 | Alphanumeric |
| 60 | POA\_OTH\_DIAG\_CODE\_13 | 255 | 1 | Alphanumeric |
| 61 | OTH\_DIAG\_CODE\_14 | 256 | 7 | Alphanumeric |
| 62 | POA\_OTH\_DIAG\_CODE\_14 | 263 | 1 | Alphanumeric |
| 63 | OTH\_DIAG\_CODE\_15 | 264 | 7 | Alphanumeric |
| 64 | POA\_OTH\_DIAG\_CODE\_15 | 271 | 1 | Alphanumeric |
| 65 | OTH\_DIAG\_CODE\_16 | 272 | 7 | Alphanumeric |
| 66 | POA\_OTH\_DIAG\_CODE\_16 | 279 | 1 | Alphanumeric |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | FIELD NAME *(Base Data #1 File)* | Position | Length | Field Type |
| 67 | OTH\_DIAG\_CODE\_17 | 280 | 7 | Alphanumeric |
| 68 | POA\_OTH\_DIAG\_CODE\_17 | 287 | 1 | Alphanumeric |
| 69 | OTH\_DIAG\_CODE\_18 | 288 | 7 | Alphanumeric |
| 70 | POA\_OTH\_DIAG\_CODE\_18 | 295 | 1 | Alphanumeric |
| 71 | OTH\_DIAG\_CODE\_19 | 296 | 7 | Alphanumeric |
| 72 | POA\_OTH\_DIAG\_CODE\_19 | 303 | 1 | Alphanumeric |
| 73 | OTH\_DIAG\_CODE\_20 | 304 | 7 | Alphanumeric |
| 74 | POA\_OTH\_DIAG\_CODE\_20 | 311 | 1 | Alphanumeric |
| 75 | OTH\_DIAG\_CODE\_21 | 312 | 7 | Alphanumeric |
| 76 | POA\_OTH\_DIAG\_CODE\_21 | 319 | 1 | Alphanumeric |
| 77 | OTH\_DIAG\_CODE\_22 | 320 | 7 | Alphanumeric |
| 78 | POA\_OTH\_DIAG\_CODE\_22 | 327 | 1 | Alphanumeric |
| 79 | OTH\_DIAG\_CODE\_23 | 328 | 7 | Alphanumeric |
| 80 | POA\_OTH\_DIAG\_CODE\_23 | 335 | 1 | Alphanumeric |
| 81 | OTH\_DIAG\_CODE\_24 | 336 | 7 | Alphanumeric |
| 82 | POA\_OTH\_DIAG\_CODE\_24 | 343 | 1 | Alphanumeric |
| 83 | E\_CODE\_1 | 344 | 7 | Alphanumeric |
| 84 | POA\_E\_CODE\_1 | 351 | 1 | Alphanumeric |
| 85 | E\_CODE\_2 | 352 | 7 | Alphanumeric |
| 86 | POA\_E\_CODE\_2 | 359 | 1 | Alphanumeric |
| 87 | E\_CODE\_3 | 360 | 7 | Alphanumeric |
| 88 | POA\_E\_CODE\_3 | 367 | 1 | Alphanumeric |
| 89 | E\_CODE\_4 | 368 | 7 | Alphanumeric |
| 90 | POA\_E\_CODE\_4 | 375 | 1 | Alphanumeric |
| 91 | E\_CODE\_5 | 376 | 7 | Alphanumeric |
| 92 | POA\_E\_CODE\_5 | 383 | 1 | Alphanumeric |
| 93 | E\_CODE\_6 | 384 | 7 | Alphanumeric |
| 94 | POA\_E\_CODE\_6 | 391 | 1 | Alphanumeric |
| 95 | E\_CODE\_7 | 392 | 7 | Alphanumeric |
| 96 | POA\_E\_CODE\_7 | 399 | 1 | Alphanumeric |
| 97 | E\_CODE\_8 | 400 | 7 | Alphanumeric |
| 98 | POA\_E\_CODE\_8 | 407 | 1 | Alphanumeric |
| 99 | E\_CODE\_9 | 408 | 7 | Alphanumeric |
| 100 | POA\_E\_CODE\_9 | 415 | 1 | Alphanumeric |
| 101 | E\_CODE\_10 | 416 | 7 | Alphanumeric |
| 102 | POA\_E\_CODE\_10 | 423 | 1 | Alphanumeric |
| 103 | PRINC\_SURG\_PROC\_CODE | 424 | 7 | Alphanumeric |
| 104 | PRINC\_SURG\_PROC\_DAY | 431 | 4 | Alphanumeric |
| 105 | OTH\_SURG\_PROC\_CODE\_1 | 435 | 7 | Alphanumeric |
| 106 | OTH\_SURG\_PROC\_DAY\_1 | 442 | 4 | Alphanumeric |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | FIELD NAME *(Base Data #1 File)* | Position | Length | Field Type |
| 107 | OTH\_SURG\_PROC\_CODE\_2 | 446 | 7 | Alphanumeric |
| 108 | OTH\_SURG\_PROC\_DAY\_2 | 453 | 4 | Alphanumeric |
| 109 | OTH\_SURG\_PROC\_CODE\_3 | 457 | 7 | Alphanumeric |
| 110 | OTH\_SURG\_PROC\_DAY\_3 | 464 | 4 | Alphanumeric |
| 111 | OTH\_SURG\_PROC\_CODE\_4 | 468 | 7 | Alphanumeric |
| 112 | OTH\_SURG\_PROC\_DAY\_4 | 475 | 4 | Alphanumeric |
| 113 | OTH\_SURG\_PROC\_CODE\_5 | 479 | 7 | Alphanumeric |
| 114 | OTH\_SURG\_PROC\_DAY\_5 | 486 | 4 | Alphanumeric |
| 115 | OTH\_SURG\_PROC\_CODE\_6 | 490 | 7 | Alphanumeric |
| 116 | OTH\_SURG\_PROC\_DAY\_6 | 497 | 4 | Alphanumeric |
| 117 | OTH\_SURG\_PROC\_CODE\_7 | 501 | 7 | Alphanumeric |
| 118 | OTH\_SURG\_PROC\_DAY\_7 | 508 | 4 | Alphanumeric |
| 119 | OTH\_SURG\_PROC\_CODE\_8 | 512 | 7 | Alphanumeric |
| 120 | OTH\_SURG\_PROC\_DAY\_8 | 519 | 4 | Alphanumeric |
| 121 | OTH\_SURG\_PROC\_CODE\_9 | 523 | 7 | Alphanumeric |
| 122 | OTH\_SURG\_PROC\_DAY\_9 | 530 | 4 | Alphanumeric |
| 123 | OTH\_SURG\_PROC\_CODE\_10 | 534 | 7 | Alphanumeric |
| 124 | OTH\_SURG\_PROC\_DAY\_10 | 541 | 4 | Alphanumeric |
| 125 | OTH\_SURG\_PROC\_CODE\_11 | 545 | 7 | Alphanumeric |
| 126 | OTH\_SURG\_PROC\_DAY\_11 | 552 | 4 | Alphanumeric |
| 127 | OTH\_SURG\_PROC\_CODE\_12 | 556 | 7 | Alphanumeric |
| 128 | OTH\_SURG\_PROC\_DAY\_12 | 563 | 4 | Alphanumeric |
| 129 | OTH\_SURG\_PROC\_CODE\_13 | 567 | 7 | Alphanumeric |
| 130 | OTH\_SURG\_PROC\_DAY\_13 | 574 | 4 | Alphanumeric |
| 131 | OTH\_SURG\_PROC\_CODE\_14 | 578 | 7 | Alphanumeric |
| 132 | OTH\_SURG\_PROC\_DAY\_14 | 585 | 4 | Alphanumeric |
| 133 | OTH\_SURG\_PROC\_CODE\_15 | 589 | 7 | Alphanumeric |
| 134 | OTH\_SURG\_PROC\_DAY\_15 | 596 | 4 | Alphanumeric |
| 135 | OTH\_SURG\_PROC\_CODE\_16 | 600 | 7 | Alphanumeric |
| 136 | OTH\_SURG\_PROC\_DAY\_16 | 607 | 4 | Alphanumeric |
| 137 | OTH\_SURG\_PROC\_CODE\_17 | 611 | 7 | Alphanumeric |
| 138 | OTH\_SURG\_PROC\_DAY\_17 | 618 | 4 | Alphanumeric |
| 139 | OTH\_SURG\_PROC\_CODE\_18 | 622 | 7 | Alphanumeric |
| 140 | OTH\_SURG\_PROC\_DAY\_18 | 629 | 4 | Alphanumeric |
| 141 | OTH\_SURG\_PROC\_CODE\_19 | 633 | 7 | Alphanumeric |
| 142 | OTH\_SURG\_PROC\_DAY\_19 | 640 | 4 | Alphanumeric |
| 143 | OTH\_SURG\_PROC\_CODE\_20 | 644 | 7 | Alphanumeric |
| 144 | OTH\_SURG\_PROC\_DAY\_20 | 651 | 4 | Alphanumeric |
| 145 | OTH\_SURG\_PROC\_CODE\_21 | 655 | 7 | Alphanumeric |
| 146 | OTH\_SURG\_PROC\_DAY\_21 | 662 | 4 | Alphanumeric |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | FIELD NAME *(Base Data #1 File)* | Position | Length | Field Type |
| 147 | OTH\_SURG\_PROC\_CODE\_22 | 666 | 7 | Alphanumeric |
| 148 | OTH\_SURG\_PROC\_DAY\_22 | 673 | 4 | Alphanumeric |
| 149 | OTH\_SURG\_PROC\_CODE\_23 | 677 | 7 | Alphanumeric |
| 150 | OTH\_SURG\_PROC\_DAY\_23 | 684 | 4 | Alphanumeric |
| 151 | OTH\_SURG\_PROC\_CODE\_24 | 688 | 7 | Alphanumeric |
| 152 | OTH\_SURG\_PROC\_DAY\_24 | 695 | 4 | Alphanumeric |
| 153 | MS\_MDC | 699 | 2 | Alphanumeric |
| 154 | MS\_DRG | 701 | 3 | Alphanumeric |
| 155 | MS\_GROUPER\_VERSION\_NBR | 704 | 5 | Alphanumeric |
| 156 | MS\_GROUPER\_ERROR\_CODE | 709 | 2 | Alphanumeric |
| 157 | APR\_MDC | 711 | 2 | Alphanumeric |
| 158 | APR\_DRG | 713 | 4 | Alphanumeric |
| 159 | RISK\_MORTALITY | 717 | 1 | Alphanumeric |
| 160 | ILLNESS\_SEVERITY | 718 | 1 | Alphanumeric |
| 161 | APR\_GROUPER\_VERSION\_NBR | 719 | 5 | Alphanumeric |
| 162 | APR\_GROUPER\_ERROR\_CODE | 724 | 2 | Alphanumeric |
| 163 | ATTENDING\_PHYSICIAN\_UNIF\_ID | 726 | 10 | Alphanumeric |
| 164 | OPERATING\_PHYSICIAN\_UNIF\_ID | 736 | 10 | Alphanumeric |
| 165 | ENCOUNTER\_INDICATOR | 746 | 2 | Alphanumeric |
| 166 | PROVIDER\_NAME | 748 | 55 | Alphanumeric |
| 167 | EMERGENCY\_DEPT\_FLAG | 803 | 1 | Alphanumeric |
|  | **Record\_Length** |  | **803** |  |

### BASE DATA #2 FILE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | Field Name*(Base Data #2 File)* | Position | Length | Field Type |
| 1 | RECORD\_ID Does NOT match the RECORD\_ID in THCIC Research Data Files (RDF’s). | 1 | 12 | Alphanumeric |
| 2 | PRIVATE\_AMOUNT | 13 | 12 | Numeric |
| 3 | SEMI\_PRIVATE\_AMOUNT | 25 | 12 | Numeric |
| 4 | WARD\_AMOUNT | 37 | 12 | Numeric |
| 5 | ICU\_AMOUNT | 49 | 12 | Numeric |
| 6 | CCU\_AMOUNT | 61 | 12 | Numeric |
| 7 | OTHER\_AMOUNT | 73 | 12 | Numeric |
| 8 | PHARM\_AMOUNT | 85 | 12 | Numeric |
| 9 | MEDSURG\_AMOUNT | 97 | 12 | Numeric |
| 10 | DME\_AMOUNT | 109 | 12 | Numeric |
| 11 | USED\_DME\_AMOUNT | 121 | 12 | Numeric |
| 12 | PT\_AMOUNT | 133 | 12 | Numeric |
| 13 | OT\_AMOUNT | 145 | 12 | Numeric |
| 14 | SPEECH\_AMOUNT | 157 | 12 | Numeric |
| 15 | IT\_AMOUNT | 169 | 12 | Numeric |
| 16 | BLOOD\_AMOUNT | 181 | 12 | Numeric |
| 17 | BLOOD\_ADM\_AMOUNT | 193 | 12 | Numeric |
| 18 | OR\_AMOUNT | 205 | 12 | Numeric |
| 19 | LITH\_AMOUNT | 217 | 12 | Numeric |
| 20 | CARD\_AMOUNT | 229 | 12 | Numeric |
| 21 | ANES\_AMOUNT | 241 | 12 | Numeric |
| 22 | LAB\_AMOUNT | 253 | 12 | Numeric |
| 23 | RAD\_AMOUNT | 265 | 12 | Numeric |
| 24 | MRI\_AMOUNT | 277 | 12 | Numeric |
| 25 | OP\_AMOUNT | 289 | 12 | Numeric |
| 26 | ER\_AMOUNT | 301 | 12 | Numeric |
| 27 | AMBULANCE\_AMOUNT | 313 | 12 | Numeric |
| 28 | PRO\_FEE\_AMOUNT | 325 | 12 | Numeric |
| 29 | ORGAN\_AMOUNT | 337 | 12 | Numeric |
| 30 | ESRD\_AMOUNT | 349 | 12 | Numeric |
| 31 | CLINIC\_AMOUNT | 361 | 12 | Numeric |
| 32 | OCCUR\_CODE\_1 | 373 | 2 | Alphanumeric |
| 33 | OCCUR\_DAY\_1 | 375 | 4 | Alphanumeric |
| 34 | OCCUR\_CODE\_2 | 379 | 2 | Alphanumeric |
| 35 | OCCUR\_DAY\_2 | 381 | 4 | Alphanumeric |
| 36 | OCCUR\_CODE\_3 | 385 | 2 | Alphanumeric |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | Field Name*(Base Data #2 File)* | Position | Length | Field Type |
| 37 | OCCUR\_DAY\_3 | 387 | 4 | Alphanumeric |
| 38 | OCCUR\_CODE\_4 | 391 | 2 | Alphanumeric |
| 39 | OCCUR\_DAY\_4 | 393 | 4 | Alphanumeric |
| 40 | OCCUR\_CODE\_5 | 397 | 2 | Alphanumeric |
| 41 | OCCUR\_DAY\_5 | 399 | 4 | Alphanumeric |
| 42 | OCCUR\_CODE\_6 | 403 | 2 | Alphanumeric |
| 43 | OCCUR\_DAY\_6 | 405 | 4 | Alphanumeric |
| 44 | OCCUR\_CODE\_7 | 409 | 2 | Alphanumeric |
| 45 | OCCUR\_DAY\_7 | 411 | 4 | Alphanumeric |
| 46 | OCCUR\_CODE\_8 | 415 | 2 | Alphanumeric |
| 47 | OCCUR\_DAY\_8 | 417 | 4 | Alphanumeric |
| 48 | OCCUR\_CODE\_9 | 421 | 2 | Alphanumeric |
| 49 | OCCUR\_DAY\_9 | 423 | 4 | Alphanumeric |
| 50 | OCCUR\_CODE\_10 | 427 | 2 | Alphanumeric |
| 51 | OCCUR\_DAY\_10 | 429 | 4 | Alphanumeric |
| 52 | OCCUR\_CODE\_11 | 433 | 2 | Alphanumeric |
| 53 | OCCUR\_DAY\_11 | 435 | 4 | Alphanumeric |
| 54 | OCCUR\_CODE\_12 | 439 | 2 | Alphanumeric |
| 55 | OCCUR\_DAY\_12 | 441 | 4 | Alphanumeric |
| 56 | OCCUR\_SPAN\_CODE\_1 | 445 | 2 | Alphanumeric |
| 57 | OCCUR\_SPAN\_FROM\_1 | 447 | 6 | Alphanumeric |
| 58 | OCCUR\_SPAN\_THRU\_1 | 453 | 6 | Alphanumeric |
| 59 | OCCUR\_SPAN\_CODE\_2 | 459 | 2 | Alphanumeric |
| 60 | OCCUR\_SPAN\_FROM\_2 | 461 | 6 | Alphanumeric |
| 61 | OCCUR\_SPAN\_THRU\_2 | 467 | 6 | Alphanumeric |
| 62 | OCCUR\_SPAN\_CODE\_3 | 473 | 2 | Alphanumeric |
| 63 | OCCUR\_SPAN\_FROM\_3 | 475 | 6 | Alphanumeric |
| 64 | OCCUR\_SPAN\_THRU\_3 | 481 | 6 | Alphanumeric |
| 65 | OCCUR\_SPAN\_CODE\_4 | 487 | 2 | Alphanumeric |
| 66 | OCCUR\_SPAN\_FROM\_4 | 489 | 6 | Alphanumeric |
| 67 | OCCUR\_SPAN\_THRU\_4 | 495 | 6 | Alphanumeric |
| 68 | CONDITION\_CODE\_1 | 501 | 2 | Alphanumeric |
| 69 | CONDITION\_CODE\_2 | 503 | 2 | Alphanumeric |
| 70 | CONDITION\_CODE\_3 | 505 | 2 | Alphanumeric |
| 71 | CONDITION\_CODE\_4 | 507 | 2 | Alphanumeric |
| 72 | CONDITION\_CODE\_5 | 509 | 2 | Alphanumeric |
| 73 | CONDITION\_CODE\_6 | 511 | 2 | Alphanumeric |
| 74 | CONDITION\_CODE\_7 | 513 | 2 | Alphanumeric |
| 75 | CONDITION\_CODE\_8 | 515 | 2 | Alphanumeric |
| 76 | VALUE\_CODE\_1 | 517 | 2 | Alphanumeric |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | Field Name*(Base Data #2 File)* | Position | Length | Field Type |
| 77 | VALUE\_AMOUNT\_1 | 519 | 9 | Numeric |
| 78 | VALUE\_CODE\_2 | 528 | 2 | Alphanumeric |
| 79 | VALUE\_AMOUNT\_2 | 530 | 9 | Numeric |
| 80 | VALUE\_CODE\_3 | 539 | 2 | Alphanumeric |
| 81 | VALUE\_AMOUNT\_3 | 541 | 9 | Numeric |
| 82 | VALUE\_CODE\_4 | 550 | 2 | Alphanumeric |
| 83 | VALUE\_AMOUNT\_4 | 552 | 9 | Numeric |
| 84 | VALUE\_CODE\_5 | 561 | 2 | Alphanumeric |
| 85 | VALUE\_AMOUNT\_5 | 563 | 9 | Numeric |
| 86 | VALUE\_CODE\_6 | 572 | 2 | Alphanumeric |
| 87 | VALUE\_AMOUNT\_6 | 574 | 9 | Numeric |
| 88 | VALUE\_CODE\_7 | 583 | 2 | Alphanumeric |
| 89 | VALUE\_AMOUNT\_7 | 585 | 9 | Numeric |
| 90 | VALUE\_CODE\_8 | 594 | 2 | Alphanumeric |
| 91 | VALUE\_AMOUNT\_8 | 596 | 9 | Numeric |
| 92 | VALUE\_CODE\_9 | 605 | 2 | Alphanumeric |
| 93 | VALUE\_AMOUNT\_9 | 607 | 9 | Numeric |
| 94 | VALUE\_CODE\_10 | 616 | 2 | Alphanumeric |
| 95 | VALUE\_AMOUNT\_10 | 618 | 9 | Numeric |
| 96 | VALUE\_CODE\_11 | 627 | 2 | Alphanumeric |
| 97 | VALUE\_AMOUNT\_11 | 629 | 9 | Numeric |
| 98 | VALUE\_CODE\_12 | 638 | 2 | Alphanumeric |
| 99 | VALUE\_AMOUNT\_12 | 640 | 9 | Numeric |
|  | **Record\_Length** |  | **648** |  |

### CHARGES DATA FILE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | Field Name | Position | Length | Field Type |
| 1 | RECORD\_ID | 1 | 12 | Alphanumeric |
| 2 | REVENUE\_CODE | 13 | 4 | Alphanumeric |
| 3 | HCPCS\_QUALIFIER | 17 | 2 | Alphanumeric |
| 4 | HCPCS\_PROCEDURE\_CODE | 19 | 5 | Alphanumeric |
| 5 | MODIFIER\_1 | 24 | 2 | Alphanumeric |
| 6 | MODIFIER\_2 | 26 | 2 | Alphanumeric |
| 7 | MODIFIER\_3 | 28 | 2 | Alphanumeric |
| 8 | MODIFIER\_4 | 30 | 2 | Alphanumeric |
| 9 | UNIT\_MEASUREMENT\_CODE | 32 | 2 | Alphanumeric |
| 10 | UNITS\_OF\_SERVICE | 34 | 7 | Numeric |
| 11 | UNIT\_RATE | 41 | 12 | Numeric |
| 12 | CHRGS\_LINE\_ITEM | 53 | 14 | Numeric |
| 13 | CHRGS\_NON\_COV | 67 | 14 | Numeric |
|  | **Record\_Length** |  | **80** |  |

### FACILITY TYPE INDICATOR FILE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | Field Name | Position | Length | Field Type |
| 1 | THCIC\_ID | 1 | 6 | Alphanumeric |
| 2 | PROVIDER\_NAME | 7 | 55 | Alphanumeric |
| 3 | FAC\_TEACHING\_IND | 62 | 1 | Alphanumeric |
| 4 | FAC\_PSYCH\_IND | 63 | 1 | Alphanumeric |
| 5 | FAC\_REHAB\_IND | 64 | 1 | Alphanumeric |
| 6 | FAC\_ACUTE\_CARE\_IND | 65 | 1 | Alphanumeric |
| 7 | FAC\_SNF\_IND | 66 | 1 | Alphanumeric |
| 8 | FAC\_LONG\_TERM\_AC\_IND | 67 | 1 | Alphanumeric |
| 9 | FAC\_OTHER\_LTC\_IND | 68 | 1 | Alphanumeric |
| 10 | FAC\_PEDS\_IND | 69 | 1 | Alphanumeric |
| 11 | POA\_PROVIDER\_INDICATOR | 70 | 1 | Alphanumeric |
| 12 | CERT\_STATUS | 71 | 1 | Alphanumeric |
|  | **Record\_Length** |  | **71** |  |