

DSHS/THCIC

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Texas Department of State Health Services

DSHS Document # E25-14164

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Center for Health Statistics Texas Health Care Information Collection

TEXAS OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE DATA PUBLIC USE DATA FILE (PUDF)

USER MANUAL

2016

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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 requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for outpatient surgical and radiological services. These data are extracted from DSHS's outpatient services database. 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).

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 DSHS/THCIC DSHS Document # E25-14164

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.

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 healthcare facility 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 or ambulatory surgery center for the purpose of verifying information supplied in the DSHS Outpatient Services Public Use 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 Outpatient Public Use 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 outpatient records of patients in this data set with personally identifiable records from any other source, including any THCIC research data file (effective Aug 1, 2012);
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the 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 Outpatient Services 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.

OUTPATIENT FACILITY 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 or ambulatory surgery centers 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 or ambulatory surgery centers that submitted comments are identified in 'Reporting Status of Texas Outpatient Facilities'.

A Facility Type file with 29 variables, includes the THCIC_ID and facility name. Variables clarifying the type of provider (Pediatric, Teaching Facility, Long Term Care, etc.) are included also. This is useful for data users focusing on a certain type of facility. Additionally, POA provider indicator and certification status are included.

DATA FILES

The 2016 Q1 PUDF is available in four files, the Base Data, Classification data, Charges and Facility Type Data files. The files are also available in fixed length and tab-delimited formats. The size of the files are as follows:

First quarter, 947 facilities:

Base Data	4,532,995 records	128 variables	Fixed field format	3,918 MB	Tab-delimited	1,760 MB
Classification Data	4,532,995 records	83 variables	Fixed field format	1,253 MB	Tab-delimited	597 MB
Charges	30,286,184 records	19 variables	Fixed field format	3,165 MB	Tab-delimited	2,442 MB
Facility Type Data	947 records	29 variables	Fixed field format	84 KB	Tab-delimited	71 KB

Second quarter, 946 facilities:

Base Data	4,525,496 records	128 variables	Fixed field format	3,911 MB	Tab-delimited	1,758 MB
Classification Data	4,525,496 records	83 variables	Fixed field format	1,251 MB	Tab-delimited	596 MB
Charges	30,113,206 records	19 variables	Fixed field format	3,147 MB	Tab-delimited	2,429 MB
Facility Type Data	946 records	29 variables	Fixed field format	84 KB	Tab-delimited	71 KB

Third quarter, 952 facilities:

Base Data	4,517,291 records	128 variables	Fixed field format	3,904 MB	Tab-delimited	1,757 MB
Classification Data	4,517,291 records	83 variables	Fixed field format	1,248 MB	Tab-delimited	596 MB
Charges	30,182,087 records	19 variables	Fixed field format	3,154 MB	Tab-delimited	2,436 MB
Facility Type Data	952 records	29 variables	Fixed field format	84 KB	Tab-delimited	71 KB

Fourth quarter, 956 facilities:

Base Data	4,599,051 records	128 variables	Fixed field format	3,975 MB	Tab-delimited	1,787 MB
Classification Data	4,599,051 records	83 variables	Fixed field format	1,271 MB	Tab-delimited	607 MB
Charges	30,400,485 records	19 variables	Fixed field format	3,177 MB	Tab-delimited	2,454 MB
Facility Type Data	956 records	29 variables	Fixed field format	85 KB	Tab-delimited	71 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, SAS, and SPSS.

Updates to any PUDF CD's are available through the THCIC website, http://www.dshs.state.tx.us/thcic/, which should be checked periodically as notifications of an update will not be sent.

DATA DICTIONARY

This document provides 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 and brief explanation of the
	data element. Descriptions of data elements are taken from specifications
	manuals.
DSHS/THCIC	DSHS Dogument # E25 1/16/

Data	Provided by the health care facility on the claim form (Claim)							
Source								
	Assigned by DSHS (Assigned)							
	Calculated by DSHS (Calculated)							
Type	Alphanumeric or numeric							
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.							

Any data provided by a facility that has been determined to be invalid has been assigned the value ` (accent mark).

Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

CITATION

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

Texas Outpatient Surgical and Radiological Procedure Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

DATA DICTIONARY

BASE DATA FILE

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Description: Specialty Unit in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC_UNIT_1. Beginning Position: Length: DSHS/THCIC DSHS/THCIC Specialty Unit in which 4th most days during stay occurred based on number of days by Type of Calculated Data Source: Calculated Alphanumeric DSHS Document # E25-14164	Length:	1	Type:	Alphanumeric								
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Bill or Revenue Code. Coding Scheme: Same as SPEC_UNIT_1. Beginning Position: 29 Data Source: Calculated Length: Type: Alphanumeric DSHS/THCIC DSHS Document # E25-14164	Description:	Specialty Unit in which	4th most days during	stay occurred based on	number of days by Type of							
Beginning Position: 29 Length: 1 Data Source: Calculated Type: Alphanumeric DSHS/THCIC DSHS Document # E25-14164	-	Bill or Revenue Code.			3 - 2 - 2							
Beginning Position: 29 Length: 1 Data Source: Calculated Type: Alphanumeric DSHS/THCIC DSHS Document # E25-14164	Coding Scheme:	Same as SPEC UNIT 1										
Length:1Type:AlphanumericDSHS/THCICPage 8DSHS Document # E25-14164	S			Calculated								
DSHS/THCIC Page 8 DSHS Document # E25-14164	0 0											
Paga X			- 1 1000	•								
www.dshs.state.tx.us/THCIC Last Updated: September, 2017		(max ox o	— Раде 8 —									
	www.dshs.state.tx.us	s/THCIC		Last U	pdated: September, 2017							

Field 9: SEX CODE

Description: Gender of the patient as recorded at date of start of care.

Suppression: Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If

a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID

is '999998' and Provider Name and Patient ZIP Code are blank for those patients.

Coding Scheme: M Male F Fema

F Female U Unknown Invalid

Beginning Position: 30 Data Source: Claim

Beginning Position:	30		Data Source:		Claim			
Length:	1		1	Гуре:	Alphar	numeric		
Field 10:	PAT	COUNTY						
Description:		code of patient's	county					
-	001	Anderson	129	Donley	257	Kaufman	385	Real
Coding scheme:	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
	037 039	Bowie	165	Gaines	293	Limestone	421	Sherman
	039	Brazoria	167 169	Galveston Garza	295 297	Lipscomb Live Oak	423	Smith
	041	Brazos Brewster	171		297	Llano	425 427	Somervell Starr
	043	Briscoe	171	Gillespie Glasscock	301	Loving	427	Stephens
	043	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
	077 079	Clay	205	Hartley	333	Mills	461	Upton
	079	Cochran Coke	207 209	Haskell	335 337	Mitchell	463 465	Uvalde Val Verde
	081	Coke	209	Hays Hemphill	337	Montague Montgomery	463	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
DSHS/THCIC						т энэл)ocumen	t # F25_14164

DSHS/THCIC

DSHS Document # E25-14164

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	117 Deaf Smith	245 Jefferson	373 Polk	501 Yoakum
	119 Delta 121 Denton	247 Jim Hogg 249 Jim Wells	375 Potter 377 Presidio	503 Young 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:	31	Data Source:	Assigned; based on p	atient ZIP code
Length:	3	Type:	Alphanumeric	
Field 11:	PAT STATE			
Description:	State of the patient's ma	iling address in Texas	s and contiguous states.	Standard 2-character
1	Postal Service abbreviat		\mathcal{E}	
Coding Scheme:	AR Arkansas			
coung seneme.	LA Louisiana			
	NM New Mexico			
	OK Oklahoma			
	TX Texas			
		l American Territories		
	FC Foreign country			
Doginaing Dogition.	XX Foreign country 34	Data Source:	Claim	
Beginning Position:				
Length:	2	Type:	Alphanumeric	
Field 12:	PAT_ZIP	•		
Description:	Patient's five-digit ZIP			
Suppression:				state equals 'ZZ', ZIP code
	equals '88888'. If state 6			
	indicates alcohol or drug	g use or an HIV diagn	osis the ZIP code is blan	nk. If a facility has fewer
	than fifty outpatient serv	vices reported for the	quarter the ZIP code is b	blank. If a facility has
	fewer than 5 patients rep	ported of a particular	gender, including 'unkn	own', the ZIP Code is
	blank.	. 1	, ,	,
Beginning Position:	36	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 13:	PAT COUNTRY	турс.	ruphanamene	
	-	dontial address Tiste	naintainad by tha Intam	national Organization for
Description:		identiai addiess. List i	namamed by the intern	lational Organization for
G	Standardization (ISO).	5		
Suppression:	Suppressed if fewer than		country.	
Coding scheme:	See www.ISO.org for co	•	CI. '	
Beginning Position:	41	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 14:	PUBLIC_HEALTH_R			
Description:	Public Health Region of			
Coding scheme:				th, Crosby, Dallam, Deaf Smith,
G				ll, Hockley, Hutchinson, King,
			ey, Ochiltree, Oldham, Parmer	r, Potter, Randall, Roberts,
		erry, Wheeler, Yoakum cou	inties n, Comanche, Cottle, Eastland	d Figher Foord Hardeman
			tague, Nolan, Runnels, Scurry	
		rockmorton, Wichita, Wilb		,, ondektorora, otepheno,
	The state of the s			nnson, Kaufman, Navarro, Palo
		all, Somervell, Tarrant, Wi		•
		•	Franklin, Gregg, Harrison, H	•
			Smith, Titus, Upshur, Van Z	*

Verde, Victoria, Wilson, Zavala counties

San Jacinto, Shelby, Trinity, Tyler counties

Walker, Waller, Wharton counties

Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine,

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

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

Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery,

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				enard, M		os, Reagan, Re	eeves,	Schleicher, Sterling, Sutton,
	Terrell, Tom Green, Upton, Ward, Winkler counties Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties							
	10 11	Aransas, Bee, Brooks, Ca					enedy	. Kleberg. Live Oak.
	,	McMullen, Nueces, Refu						
Beginning Position:	43	Invalid	Data So	urce	Assigne	d		
Length:	2		Type:	ui cc.	Alphanu			
Field 15:		GTH OF SERVICE			111/2111111			
Description:		th of service in days ϵ		ment F	rom Date	through St	ateme	ent Thru Date. The
F		num length of service						
Beginning Position:	45	C	Data So		Calculat			
Length:	2		Type:		Alphanu	ımeric		
Field 16:		AGE						
Description:		indicating age of pat	ient in days	or year	rs on date	of service.		
Coding Scheme:	00	1-28 days	10	35-39			20	85-89
8	01	29-365 days	11	40-44			21	90+
	02	1-4 years	12	45-49				and drug/alcohol use patients:
	03 04	5-9 10-14	13 14	50-54 55-59			22 23	0-17 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:	47		Data So	urce:	Assigne			
Length:	2		Type:		Alphanu	ımeric		
Field 17:	RAC							
Description:		indicating the patient						
Suppression:				s of one	race that	race is cha	nged	to 'Other' (code equals 5).
Coding Scheme:	1 2	American Indian/Eskimo Asian or Pacific Islander						
	3	Black						
	4	White						
	5	Other						
D		Invalid						
	40	ilivalid	D-4- C-		C1.			
Beginning Position:	49	mvand	Data So	urce:	Claim			
Length:	1		Data So Type:	urce:	Claim Alphanu	ımeric		
Length: Field 18:	1 ETH	NICITY	Type:		Alphanu	ımeric		
Length: Field 18: Description:	1 ETH Code	NICITY indicating the Hispar	Type:	f the pa	Alphanu tient.		S 4: .	
Length: Field 18:	ETH Code If a fa	NICITY indicating the Hisparacility has fewer than	Type:	f the pa	Alphanu tient.		patie	ents of that race is
Length: Field 18: Description: Suppression:	ETH Code If a fa	NICITY indicating the Hisparacility has fewer than ressed (code is blank).	Type:	f the pa	Alphanu tient.		patie	ents of that race is
Length: Field 18: Description:	ETH Code If a fa suppr	NICITY indicating the Hisparacility has fewer than ressed (code is blank). Hispanic Origin	Type:	f the pa	Alphanu tient.		Epatie	ents of that race is
Length: Field 18: Description: Suppression:	ETH Code If a fa	NICITY indicating the Hisparacility has fewer than ressed (code is blank).	Type:	f the pa	Alphanu tient.		patie	ents of that race is
Length: Field 18: Description: Suppression:	ETH Code If a fa suppr	NICITY indicating the Hisparacility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin	Type:	f the pa	Alphanu tient.		? patie	ents of that race is
Length: Field 18: Description: Suppression: Coding Scheme:	ETH Code If a fa suppr	NICITY indicating the Hisparacility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin	Type: nic origin of ten patients	f the pa	Alphanutient.	ethnicity of	Patie	ents of that race is
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position:	ETH Code If a fa supprint 2 50	NICITY indicating the Hisparacility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin	Type: nic origin of ten patients Data So Type:	f the pa	Alphanutient. race the	ethnicity of	patie	ents of that race is
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length:	ETH Code If a fi suppring 2 50 1 FIRS	NICITY indicating the Hispar acility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRC indicating the expect	Type: nic origin of ten patients Data So Type: Edd primary	f the pa s of one urce:	Alphanutient. crace the Claim Alphanutof payme	ethnicity of	E patie	ents of that race is
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19:	ETH Code If a fi suppring 2 50 1 FIRS	PICITY Indicating the Hispara acility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRC Indicating the expect Self Pay (Removed from	Type: nic origin of ten patients Data So Type: Edd primary	f the pa s of one urce:	Alphanutient. crace the Claim Alphanutof payme	ethnicity of umeric nt.		ents of that race is
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	1 ETH Code If a fisupport 2 50 1 FIRS Code 09	PICITY Indicating the Hispar Indicating the Hispar Indicating the Hispar Indicating the Hispar Indicating Origin Invalid Invalid Invalid Indicating the expect Indicating the expect Indicating 2Q2012 data	Type: nic origin of ten patients Data So Type: Edd primary	f the pa s of one urce:	Alphanutient. Claim Alphanutof payme	ethnicity of imeric nt. Health Main		
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	1 ETH Code If a fi support 1 2 50 1 FIRS Code	PICITY Indicating the Hispara acility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRC Indicating the expect Self Pay (Removed from	Type: nic origin of ten patients Data So Type: Ced primary 15010 format,	f the pa s of one urce:	Alphanutient. crace the Claim Alphanutof payme	ethnicity of umeric nt.	ntenano	
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	1 ETH Code If a fi support 1 2 50 1 FIRS Code 09 10	e indicating the Hispar acility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRO indicating the expect Self Pay (Removed from beginning 2Q2012 data) Central Certification	Type: nic origin of ten patients Data So Type: Ed primary 15010 format,	f the pa s of one urce: source use "ZZ"	Alphanu tient. Claim Alphanu of payme HM	ethnicity of nmeric nt. Health Main	ntenano	
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	1 ETH Code If a fa support 1 2 50 1 FIRS Code 09 10 11 12 13	NICITY e indicating the Hisparacility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRC e indicating the expect Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Prograper Preferred Provider Organ Point of Service (POS)	Type: nic origin of ten patients Data So Type: Code primary 15010 format, ams nization (PPO)	f the pa s of one urce: source use "ZZ"	Alphanu tient. Claim Alphanu of payme HM LI LM MA MB	ethnicity of meric nt. Health Main Liability Liability Medicare Po Medicare Po	ntenano edical art A	
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	1 ETH Code If a fa support 1 2 50 1 FIRS Code 09 10 11 12 13 14	NICITY e indicating the Hisparacility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRC e indicating the expect Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Prograperied Provider Organ Point of Service (POS) Exclusive Provider Organ	Type: nic origin of ten patients Data So Type: Code primary 15010 format, ams nization (PPO)	f the pa s of one urce: source use "ZZ"	Claim Alphanu of payme HM LI LM MA MB MC	ethnicity of meric nt. Health Main Liability M. Liability M. Medicare P. Medicare P. Medicard	ntenano edical art A	
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	1 ETH Code If a fi support 1 2 2 50 1 FIRS Code 09 10 11 12 13 14 15	e indicating the Hispar acility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRO indicating the expect Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Orgar Point of Service (POS) Exclusive Provider Orga Indemnity Insurance	Type: nic origin of ten patients Data So Type: Code primary 5010 format, ams nization (PPO)	f the pa s of one urce: source use "ZZ"	Claim Alphanu of payme HM LI LM MA MB MC TV	ethnicity of meric nt. Health Main Liability M. Medicare P. Medicare P. Medicare P. Medicare T.	ntenand edical art A art B	ce Organization
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	1 ETH Code If a fa support 1 2 50 1 FIRS Code 09 10 11 12 13 14	NICITY e indicating the Hisparacility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRC e indicating the expect Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Prograperied Provider Organ Point of Service (POS) Exclusive Provider Organ	Type: nic origin of ten patients Data So Type: Code primary 5010 format, ams nization (PPO)	f the pa s of one urce: source use "ZZ"	Claim Alphanu of payme HM LI LM MA MB MC	ethnicity of meric nt. Health Main Liability M. Liability M. Medicare P. Medicare P. Medicard	ntenand edical art A art B	ce Organization
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	1 ETH Code If a fi support 2 50 1 FIRS Code 09 10 11 12 13 14 15 16 AM	e indicating the Hispar acility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRO Indicating the expect Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Orgar Point of Service (POS) Exclusive Provider Orga Indemnity Insurance Health Maintenance Org Medicare Risk Automobile Medical	Type: nic origin of ten patients Data So Type: Code primary 5010 format, ams nization (PPO)	f the pa s of one urce: source use "ZZ"	Claim Alphanu of payme HM LI LM MA MB MC TV OF	ethnicity of meric nt. Health Main Liability Modicare Podelicare Podelicaid Title V Other Feder	edical art A art B ral Prog	ce Organization gram ration Plan
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	1 ETH Code If a fi support 2	e indicating the Hispar acility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRO Indicating the expect Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Orgar Point of Service (POS) Exclusive Provider Orga Indemnity Insurance Health Maintenance Org Medicare Risk Automobile Medical Blue Cross/Blue Shield	Type: nic origin of ten patients Data So Type: Code primary 5010 format, ams nization (PPO)	f the pa s of one urce: source use "ZZ"	Claim Alphanu of payme HM LI LM MA MB MC TV OF VA WC	ethnicity of meric nt. Health Main Liability Medicare Periodicare Periodicare Periodicare Vother Feder Veteran Ad Workers Co	edical art A art B ral Prog ministr	ce Organization gram ration Plan sation Health Claim
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description: Coding Scheme:	1 ETH Code If a fi support 2 50 1 FIRS Code 09 10 11 12 13 14 15 16 AM	e indicating the Hispar acility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRO Indicating the expect Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Orgar Point of Service (POS) Exclusive Provider Orga Indemnity Insurance Health Maintenance Org Medicare Risk Automobile Medical	Type: nic origin of ten patients Data So Type: Code primary 5010 format, ams nization (PPO)	f the pa s of one urce: source use "ZZ"	Claim Alphanu of payme HM LI LM MA MB MC TV OF	ethnicity of meric nt. Health Main Liability Medicare Perican Medicare Pericand Title V Other Feder Veteran Ad Workers Co	edical art A art B ral Prog ministrompens ligent o	gram ration Plan ration Health Claim or Unknown
Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	1 ETH Code If a fissupport 2 50 1 FIRS Code 09 10 11 12 13 14 15 16 AM BL CH	e indicating the Hispar acility has fewer than ressed (code is blank). Hispanic Origin Not of Hispanic Origin Invalid ST_PAYMENT_SRO indicating the expect Self Pay (Removed from beginning 2Q2012 data) Central Certification Other Non-federal Progra Preferred Provider Orgar Preferred Provider Orga Indemnity Insurance Health Maintenance Org Medicare Risk Automobile Medical Blue Cross/Blue Shield CHAMPUS	Type: nic origin of ten patients Data So Type: Code primary 5010 format, ams nization (PPO)	f the pass of ones source: source use "ZZ"	Claim Alphanu of payme HM LI LM MA MB MC TV OF VA WC	ethnicity of meric nt. Health Main Liability Medicare Perican Medicare Perican Medicare Perican Control (Charity, Indicator) DSI	edical art A art B ral Prog ministrompens ligent c	ce Organization gram ration Plan sation Health Claim

Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble,

	CI	Commercial Insurance			`	Invalid		
	DS	Disability Insurance						
Beginning Position:	51		Data S	ource:	Claim			
Length:	2		Type:		Alphanu	ımeric		
Field 20:		ONDARY_PAYMEN						
Description:		indicating the expecte			ce of payr	nent.		
Coding Scheme:		e as field FIRST_PAY!						
Beginning Position:	53		Data S	ource:	Claim			
Length:	2		Type:		Alphanu	imeric		
Field 21:		E_OF_BILL					_	
Description:		ides specific information					rst d	igit = type of facility.
		nd digit = type of care.				he claim.	ard	diate Communication
Coding Scheme:		<i>it–Type of Facility</i> Hospital	2 ···· a	ligit–Type o	of Care , including N	Medicare	0	digit—Sequence of claim Non-payment/Zero claim
	1	Hospital	1	Part A	, meruding r	riculcare	U	Non-payment/Zero claim
	2	Skilled nursing	2	Inpatient,	, Medicare F	art B only	1	Admit through discharge claim
		Home health	3	Outpatier			2	Interim-first claim
		Religious non-medical health	h 4		nt Other, Me	dicare	3	Interim-continuing claim
		care–Hospital Religious non-medical healtl	h 5	Part B on	ny iate Care–Lo	evel I	4	Interim-last claim
		care–Extended care	n 5	memed	iate care L	2 4 6 1 1	•	mermi iast ciami
		Intermediate care	6		iate Care–L		5	Late charge(s) only claim
	7	Clinic	7	Sub-acute	e inpatient –	Level III	6	Adjustment of prior claim (Not
	8	Special facility	8	Swing be	d		7	used by Medicare) Replacement of prior claim
	0	Special facility	o	Swing oc	·u		8	Void/cancel of prior claim
Beginning Position:	55		Data S	ource:	Claim			·
Length:	3		Type:		Alphanu	ımeric		
Field 22:	CON	DITION CODE 1			•			
		describing a condition	relating	to the cl	aim.			
Coding Scheme:	01	Military service related	J		A0	TRICARI	E exte	rnal partnership program
· ·	02	Condition is employment			A1	EPSDT/C		
	03 04	Patient covered by insuran Information only bill.	ice not refle	ected here	A2 A3	Special Fe		licapped children's program
	05	Lien has been filed			A4	Family pl		
	06	ESRD patient in first 18 m	nonths of er	ntitlement	A5	Disability		
	00	covered by EGHP	1	c 1 ·		Disaointy		
	07	Treatment of non-terminal patient	condition	for nospice	A6	Vaccines/	Medio	care 100% payment
	06	Beneficiary would not pro	vide inforn	nation	A9	Cocomd on	.::	234224
	08	concerning other insurance				Second of		• •
	09	Neither patient or spouse is en			AA		•	rmed due to rape
	10	exists	nproyed ou	t no LGIII	AB	Abortion	perfor	med due to incest
	11	Disabled beneficiary but n	o LGHP co	overage	AC			med due to serious fatal genetic
		exists						ty, or abnormality med due to life endangering
	17	Patient is homeless			AD	physical c		
	18	Maiden name retained			AE	Abortion	perfor	med due to physical health of
	10	Warden hame retained			7112			ot life endangering
	19	Child retains mother's nan	ne		AF			med due to hological health of mother
	20	Danafisiam, magnagtad billi			AC			med due to social or economic
		Beneficiary requested billi	ing		AG	reasons		
	21	Billing for denial notice			AH	Elective a		on
	22	Patient on multiple drug re	_		AI	Sterilizati		
	23	Home care giver available		_	AJ	Payer resp	onsib	ble for co-payment
	24	Home IV patient also rece	_	services				
	25	Patient is non-US resident			AK	Air ambul	lance	required
	26	VA eligible patient choose a Medicare certified facilit		e services i	n AL	Specialize	ed trea	tment/bed unavailable
	27	Patient referred to a sole c		hospital for	r AM	Non-emer	gency	medically necessary stretcher
	41	a diagnostic laboratory tes	t		Alvi	transport	requir	ed

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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	В1	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 clinial 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	DR	Disaster related
51	Product Attestation of Unrelated Outpatient	E0	Changes in Patient Status
52	Nondiagnostic Services	G0	Distinct Medical Visit
	Out of Hospice Service Area Initial placement of a medical device provided as		
53	part of a clinical trial or a free sample No Skilled Home Health Visits in Billing Period.	H0	Delayed Filing, Statement of Intent Submitted
54	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	Reoccurence of Pericarditis Comorbid Category
58	Terminated Medicare+Choice organization enrollee	P1	Do not Resuscitate Order (DNR)
59	Non-primary ESRD facility	P7	Direct Inpatient Admissin 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 Request for reopening Reason Code - Other
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)
	74 Home		W2	Demonstration Indicator Duplicate of Original Bill
	75 Home - 100% reimburser	mant	W2 W3	Level I Appeal
	76 Back-up in facility dialys		W 3 W 4	Level II Appeal
	Provider accepts or is obl	ligated/required due to		Level III Appeal
	payment by a primary pay New coverage not impler	yer as payment	WS	Level III Appeal
	79 CORF services provided	-		
	80 Home dialysis - nursing f			
	81 C-section/Inductions <39 Necessity	•		
	82 C-section/Inductions <39	weeks-Elective		
	83 C-section/Inductions 39 v			
	84 Dialysis for Acute Kidne	Č		
	85 Delayed Recertification of Illness			
	Additional Hemodialysis Justification	Treatment with Medic	cal	
Beginning Position:	58	Data Source:	Claim	
Length:	2	Type:	Alphanı	ımeric
Field 23:	CONDITION_CODE_2			
	Code describing a condition	n relating to the cl	laim.	
Coding Scheme:	Same as Field CONDITIO	N_CODE_1.		
Beginning Position:	60	Data Source:	Claim	
Length:	2	Type:	Alphanı	ımeric
Field 24:	CONDITION CODE 3			
	Code describing a condition	n relating to the cl	laim.	
Coding Scheme:	Same as Field CONDITIO			
Beginning Position:	62	Data Source:	Claim	
Length:	2	Type:	Alphani	ımeric
Field 25:	CONDITION CODE 4	-)	1	
11014 201	Code describing a condition	n relating to the cl	laim.	
Coding Scheme:	Same as Field CONDITION			
Beginning Position:	64	Data Source:	Claim	
Length:	2	Type:	Alphanı	ımeric
Field 26:	CONDITION CODE 5	7 I	1	
	Code describing a condition	n relating to the cl	laim.	
Coding Scheme:	Same as Field CONDITIO			
Beginning Position:	66	Data Source:	Claim	
Length:	2	Type:	Alphanı	ımeric
Field 27:	CONDITION CODE 6	J I	1	
	Code describing a condition	n relating to the cl	laim.	
Coding Scheme:	Same as Field CONDITIO			
Beginning Position:	68	Data Source:	Claim	
Length:	2	Type:	Alphani	ımeric
Field 28:	CONDITION_CODE_7		•	***************************************
Coding Sahama	Code describing a condition	_	iaiiii.	
Coding Scheme:	Same as Field CONDITIO		Claim	
Beginning Position:	70 2	Data Source:	Claim	yma aria
Length:		Type:	Alphanı	IHEHE
Field 29:	CONDITION_CODE_8	1.4. 4 4 4	1	
	Code describing a condition		ıaım.	
G 11 G 2		NI CODE 1		
	Same as Field CONDITIO		a.	
Coding Scheme: Beginning Position:		N_CODE_1. Data Source:	Claim	
	Same as Field CONDITIO		Claim	DSHS Document # E25-14164

Length:	2	Type:	Alphanumeric
Field 30:	PAT_REASON_FOR_VI	SIT	
	ICD-10-CM diagnosis code	e, including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	74	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 31:	PRINC DIAG CODE	- <i>j</i> pev	
riciu 51.		for the principal	diagnosis, including the 4th, 5th, 6th and 7th
	digits if applicable. Decima		
Doginaina Dogitions	81	Data Source:	Claim
Beginning Position:			
Length:	7	Type:	Alphanumeric
Field 32:	OTH_DIAG_CODE_1	. 1 11 .1 4.	1 54 64 154 12 12 13 14 D 1 12
			th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	88	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 33:	OTH_DIAG_CODE_2		
	ICD-10-CM diagnosis code	e, including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	95	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 34:	OTH DIAG CODE 3		*
11014 0 11		e including the 4t	ch, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character	in, our and the digits if applicable. Beennal is
Beginning Position:	102	Data Source:	Claim
0	7		
Length:	· · · · · · · · · · · · · · · · · · ·	Type:	Alphanumeric
Field 35:	OTH_DIAG_CODE_4	. 1 1: .1 4	1 54 64 174 11 1 10 11 11 D 1 11
			th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	109	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 36:	OTH_DIAG_CODE_5		
			th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	116	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 37:	OTH DIAG CODE 6		-
	ICD-10-CM diagnosis code	e, including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	123	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 38:	OTH DIAG CODE 7	- J P **	
11014 001		including the 4t	ch, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character	, o, our and , ar argue it approaches Decimal to
Beginning Position:	130	Data Source:	Claim
	7		
Length:		Type:	Alphanumeric
Field 39:	OTH_DIAG_CODE_8		1. 54. 74 174. 1'.'4. 'C 1' 11. D' 1'.
			th, 5th, 6th and 7th digits if applicable. Decimal is
B 1 1 B 1 1	implied following the third		CI.
Beginning Position:	137	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 40:	OTH_DIAG_CODE_9		
			th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
D			
Beginning Position:	144	Data Source:	Claim
	144	Data Source:	
DSHS/THCIC			DSHS Document # E25-14164
		Data Source: — Page 15 —	

Field 41: OFTH_DIAG_CODE_10 FOOD	Length:	7	Type:	Alphanumeric
implied following the third character. Field 42: OTH_DIAG_CODE_11 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: ISB Data Source: Claim Type: Alphanumeric Field 43: OTH_DIAG_CODE_12 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: I72 Data Source: Claim ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: I72 Data Source: Claim ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: I79 Data Source: Claim ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: I79 Data Source: Claim ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: I79 Data Source: Claim ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: I79 Data Source: Claim Type: Alphanumeric Beginning Position: I79 Data Source: Claim Type: Alphanumeric Beginning Position: I70 Data Source: Claim Type: Alphanumeric Begin	Field 41:			
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Field 43: OTH_DIAG_CODE_12 ICD_10_CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position 167		7	Type:	Alphanumeric
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Implied following the third character. Claim			e, including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is
Data Source: Claim				, , , , , , , , , , , , , , , , , , , ,
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Implied following the third character: 179 Data Source: Claim	riciu 43.		including the At	h 5th 6th and 7th digits if annliaghle Degimel is
Beginning Position: Length: 7 Data Source: Claim Type: Alphanumeric				in, 5th, 6th and 7th digits it applicable. Decimal is
Paginning Position: Field 49: Type: Alphanumeric	Daniuuiu a Danidiau.			Claim
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Field 47: OTH_DIAG_CODE_16 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: 193 Data Source: Claim		186		
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Field 48: OTH_DIAG_CODE_17 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. 200 Data Source: Claim 7 Type: Alphanumeric Field 49: OTH_DIAG_CODE_18 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. 207 Data Source: Claim 7 Type: Alphanumeric Field 50: OTH_DIAG_CODE_19 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: 214 Data Source: Claim Type: Alphanumeric Field 51: OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: 214 Data Source: Claim Type: Alphanumeric Field 51: OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: 221 Data Source: Claim DSHS Document # E25-14164		193		
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implied following the third character. 200 Data Source: Claim Type: Alphanumeric Field 49: OTH_DIAG_CODE_18 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: 207 Data Source: Claim Type: Alphanumeric Field 50: OTH_DIAG_CODE_19 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: 214 Data Source: Claim Length: 7 Type: Alphanumeric Field 51: OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: 214 Data Source: Claim Type: Alphanumeric Claim CD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: 221 Data Source: Claim DSHS/THCIC DSHS Document # E25-14164	Field 48:			1 54 64 154 11 11 11 11 11 11
Beginning Position: 200 Data Source: Claim				th, 5th, 6th and 7th digits if applicable. Decimal is
Type: Alphanumeric	B 1 1 B 14	-		ot :
Field 49: OTH_DIAG_CODE_18 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: Length: Type: Claim Alphanumeric OTH_DIAG_CODE_19 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: Length: Type: Claim Alphanumeric Field 51: OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: CD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: Claim DSHS/THCIC DSHS Document # E25-14164	0			
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Data Source: Claim Alphanumeric				th, 5th, 6th and 7th digits if applicable. Decimal is
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Field 51: OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: 221 Data Source: Claim DSHS/THCIC DSHS Document # E25-14164				
Field 51: OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: DSHS/THCIC Page 16 DSHS Document # E25-14164	Beginning Position:	214	Data Source:	
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Beginning Position: DSHS/THCIC Page 16 DSHS Document # E25-14164			Type:	Alphanumeric
implied following the third character. Beginning Position: 221 Data Source: Claim DSHS/THCIC Page 16 DSHS Document # E25-14164	Field 51:			
implied following the third character. Beginning Position: 221 Data Source: Claim DSHS/THCIC Page 16 DSHS Document # E25-14164		ICD-10-CM diagnosis code	e, including the 41	th, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position: 221 Data Source: Claim DSHS/THCIC Page 16 DSHS Document # E25-14164				
DSHS/THCIC DSHS Document # E25-14164	Beginning Position:			Claim
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Length:	7	Type:	Alphanumeric
Field 52:	OTH DIAG CODE 21		
		e, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		<i>5</i> 11
Beginning Position:	228	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 53:	OTH DIAG CODE 22	турс.	Tiphanamene
riciu 33.		including the At	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		ii, 5tii, 6tii and 7tii digits ii applicable. Decimai is
D			C1-:
Beginning Position:	235	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 54:	OTH_DIAG_CODE_23		1 64 64 154 155 16 15 11 15 15 15
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	242	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 55:	OTH_DIAG_CODE_24		
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	249	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 56:	RELATED CAUSE COI	DE 1	
	- -	_	an illness, injury or an accident.
Coding Scheme:	AA Auto accident	, <i>,</i> 8	, 3 3
couring sentence.	AB Abust		
	AP Another party responsible		
	EM Employment		
	OA Other accident		
Beginning Position:	256	Data Source:	Claim
0 0	2	Type:	Alphanumeric
Length: Field 57:	RELATED CAUSE COI		Aiphanumeric
riciu 37:			an illness, injury or an accident.
Cading Sahamas	Same as Field RELATED		
Coding Scheme:	258		Claim
Beginning Position:	238	Data Source:	
Length:		Type:	Alphanumeric
Field 58:	RELATED_CAUSE_COI	_	711
			an illness, injury or an accident.
Coding Scheme:	Same as Field RELATED_		
Beginning Position:	260		
Length:	2	Type:	Alphanumeric
Field 59:	E_CODE_1		
	•		h, 5th, 6th and 7th digits if applicable, of the
			nal is implied following the third character.
Beginning Position:	262	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 60:	E_CODE_2		
	ICD-10-CM diagnosis code	e, including the 4t	h, 5th, 6th and 7th digits if applicable, of an
	additional external cause of	morbidity. Decir	nal is implied following the third character.
Beginning Position:	269	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 61:	E CODE 3	• •	-
		e, including the 4t	h, 5th, 6th and 7th digits if applicable, of an
			nal is implied following the third character.
Beginning Position:	276	Data Source:	Claim
Length:	7	Type:	Alphanumeric
	,	- , p	
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ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.	Field 62:	E CODE 4		
Beginning Position: 283 Data Source: Claim			e, including the 4	th, 5th, 6th and 7th digits if applicable, of an
Field 63: F. CODE_5 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.				
Field 63: E. CODE_5 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character. 290 Data Source: Claim Field 64: E. CODE_6 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character. 291 Data Source: Claim Reginning Position: Length: 7 Type: Alphanumeric Field 65: E. CODE_7 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character. 304 Data Source: Claim Type: Alphanumeric Field 66: E. CODE_8 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. 311 Data Source: Claim Reginning Position: 1 Length: 7 Type: Alphanumeric Field 67: E. CODE_9 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. 311 Data Source: Claim Alphanumeric Field 68: E. CODE_9 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. 318 Data Source: Claim Length: 7 Type: Alphanumeric Field 69: E. CODE_10 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. 325 Data Source: Claim Beginning Position: 1 Length: 7 Type: Alphanumeric Field 70: PROC_CODE_1 Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: 342 Data Source: Claim Field 70: PROC_CODE_3 Code for surgical	0 0		Data Source:	
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.			Type:	Alphanumeric
Beginning Position: 20 Data Source: Claim	Field 63:			
Beginning Position 290 Data Source: Claim				
Field 64: E CODE 6 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.	D D			-
Field 64: E CODE 6 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character. 297				
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. Pricid 65: E_CODE_7 Type: Alphanumeric			Type:	Alphanumeric
Beginning Position: 297 Data Source: Claim	rieiu 04:		e including the 4	th 5th 6th and 7th digits if applicable of an
Detaining Position: 297 Type: Alphanumeric				
Field 65: F. CODE_7 CD-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: Length: 7	Beginning Position:			
Field 65: E_CODE_9				
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. Proceed			J P	1
Beginning Position: Content Co			e, including the 4	th, 5th, 6th and 7th digits if applicable, of an
Length: 7 Type: Alphanumeric		additional external cause of	f morbidity. Deci	mal is implied following the third character.
Field 66: E_CODE_8	Beginning Position:		Data Source:	Claim
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. Second			Type:	Alphanumeric
Beginning Position: Length: Position: Section Position: Claim Position: Priced 67: E_CODE_1 Priced 68: Claim Position: Claim Position: Claim Position: Priced 69: Pr	Field 66:			
Beginning Position: Length: 7 Type: Claim Alphanumeric				
Length: 7 Type: Alphanumeric	B B		•	
Field 67: E_CODE_9 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. 318				
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. 18			Type:	Alphanumeric
Beginning Position: 18	rieid 6/:		a including the A	th 5th 6th and 7th digits if applicable of an
Beginning Position: Length: Field 68: E_CODE_10 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: Length: 7 Type: Alphanumeric				
Length: 7 Type: Alphanumeric	Reginning Position			
Field 68: E_CODE_10 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: 325 Data Source: Claim				
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. 325		•		
Beginning Position: Length: 7 Type: Alphanumeric Claim			e, including the 4	th, 5th, 6th and 7th digits if applicable, of an
Length: 7 Type: Alphanumeric		additional external cause of	f morbidity. Deci	
Field 69: PROC_CODE_1 Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Solution: PROC_CODE_2 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Field 71: PROC_CODE_3 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Field 72: PROC_CODE_4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Solution: Claim Alphanumeric PROC_CODE_4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Solution: Alphanumeric DSHS Document # E25-14164	Beginning Position:	325	Data Source:	
Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code. 332 Data Source: Claim Alphanumeric		-	Type:	Alphanumeric
Beginning Position: Length: Field 70: PROC_CODE_2 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Field 71: PROC_CODE_3 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. PROC_CODE_3 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Field 72: PROC_CODE_4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. PROC_CODE_4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Alphanumeric Claim Length: Claim Alphanumeric Claim Length: DSHS Document # E25-14164	Field 69:			
Beginning Position: Length: 5 Type: Alphanumeric Claim				h the highest charge performed during the period
Length: 5 Type: Alphanumeric	D	•		Cl-:
Field 70: PROC_CODE_2 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: 5 Type: Alphanumeric PROC_CODE_3 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: 5 Type: Claim Length: 5 Type: Alphanumeric Field 72: PROC_CODE_4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Claim Length: DSHS/THCIC DSHS/THCIC DSHS Document # E25-14164	0 0			
Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: 5 Type: Alphanumeric		-	1 ype:	Alphanumeric
Beginning Position: 337 Data Source: Claim	riciu 70.		procedure with th	e next highest charge performed during the period
Beginning Position: Length: 5 Type: Alphanumeric				e next ingliest charge performed during the period
Field 71: PROC_CODE_3 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: 342 Data Source: Claim Length: 5 Type: Alphanumeric	Beginning Position:			Claim
Field 71: PROC_CODE_3 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Type: Alphanumeric PROC_CODE_4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Type: Alphanumeric DSHS/THCIC DSHS/THCIC DSHS Document # E25-14164				Alphanumeric
Covered by the bill. HCPCS or CPT code. 342 Data Source: Claim Alphanumeric		PROC CODE 3	× •	·
Beginning Position: 342 Data Source: Claim Length: 5 Type: Alphanumeric Field 72: PROC_CODE_4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: 347 Data Source: Claim Length: 5 Type: Alphanumeric DSHS/THCIC DSHS/THCIC Data Source: Data Source: Data Source: DSHS Document # E25-14164		Code for surgical or other p	procedure with th	e next highest charge performed during the period
Seginning Position: Length: 5 Type: Alphanumeric			S or CPT code.	
Field 72: PROC_CODE_4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Data Source: Claim Type: Alphanumeric DSHS/THCIC Page 18 DSHS Document # E25-14164	0 0		Data Source:	
Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. Beginning Position: Length: Data Source: Claim Type: Alphanumeric DSHS/THCIC DSHS/THCIC DSHS Document # E25-14164			Type:	Alphanumeric
covered by the bill. HCPCS or CPT code. Beginning Position: 347 Data Source: Claim Length: Type: Alphanumeric DSHS/THCIC Page 18 DSHS Document # E25-14164	Field 72:		1	
Beginning Position: 347 Length: 5 Data Source: Claim Type: Alphanumeric DSHS/THCIC Page 18 DSHS Document # E25-14164				e next highest charge performed during the period
Length: 5 Type: Alphanumeric DSHS/THCIC Page 18 DSHS Document # E25-14164	Doginning Dogition	•		Claim
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Field 73:	PROC CODE 5		
		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	352	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 74:	PROC_CODE_6		
			e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	357	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 75:	PROC_CODE_7		
			e next highest charge performed during the period
D D	covered by the bill. HCPC		OI.
Beginning Position:	362	Data Source:	Claim
Length:	5 PROC. CODE 6	Type:	Alphanumeric
Field 76:	PROC_CODE_8		
	covered by the bill. HCPC		e next highest charge performed during the period
Doginaina Dogitions	367	Data Source:	Claim
Beginning Position:	5		Alphanumeric
Length: Field 77:	PROC CODE 9	Type:	Aiphanumene
riciu //.		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		e next nighest charge performed during the period
Beginning Position:	372	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 78:	PROC_CODE_10	- JPC	
11010 701		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		8 81 81
Beginning Position:	377	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 79:	PROC_CODE_11		
			e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	382	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 80:	PROC_CODE_12		
			e next highest charge performed during the period
D D	covered by the bill. HCPC		CI.
Beginning Position:	387	Data Source:	Claim
Length:	5 BDOC CODE 12	Type:	Alphanumeric
Field 81:	PROC_CODE_13	nrocedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		e next nighest charge performed during the period
Beginning Position:	392	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 82:	PROC CODE 14	турс.	7 (ipinamamerie
riciu 02.		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		e new ingress enarge performed during the period
Beginning Position:	397	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 83:	PROC CODE 15	- J P **	<u> </u>
		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		C C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	•		Claim
Beginning Position:	402	Data Source:	Clailli
Beginning Position: Length:	402 5	Type:	Alphanumeric
Length:			Alphanumeric
0 0	5		

Field 84:	PROC_CODE_16		
			e next highest charge performed during the period
D ' ' D '/'	covered by the bill. HCPC		CI.
Beginning Position:	407 5	Data Source:	Claim
Length: Field 85:	PROC CODE 17	Type:	Alphanumeric
rieiu os:		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		e next ingliest charge performed during the period
Beginning Position:	412	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 86:	PROC_CODE_18	<u> </u>	•
			e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	417	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 87:	PROC_CODE_19	1 24 4	41:1 4 1
	Code for surgical or other j	procedure with the	e next highest charge performed during the period
Daginning Dagitian	422	Data Source:	Claim
Beginning Position: Length:	5	Type:	Alphanumeric
Field 88:	PROC CODE 20	1 урс.	тырныншене
ricia oo.		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		o nome migration entangle president and management president
Beginning Position:	427	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 89:	PROC_CODE_21		-
			e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	432	Data Source:	Claim
Length:	5 PDGG GODE 44	Type:	Alphanumeric
Field 90:	PROC_CODE_22	procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		e next nighest enarge performed during the period
Beginning Position:	437	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 91:	PROC CODE 23	• •	•
	Code for surgical or other	procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	442	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 92:	PROC_CODE_24	1 24 4	41:1 4 1
	Code for surgical or other j		e next highest charge performed during the period
Beginning Position:	447	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 93:	PROC_CODE_25	турс.	7 tiphanameric
i icia /o.		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	452	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 94:	OTHER_AMOUNT		
			ount. Calculated using MEDPAR algorithm. Sum
			ner than 0100-0219, revenue center 002-099, 22X-
	24X, 52X-53X, 55X-60X,		
Beginning Position:	457	Data Source:	Calculated
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Length:	12	Type:	Numeric		
Field 95:	PHARM_AMOUNT				
	Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR				
	Sum of charges associated v	with revenue code	es other than 0100-0219, revenue center 26X, 63X.		
Beginning Position:	469	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 96:	MEDSURG AMOUNT				
		Medical/Surgical	Supply Charge Amount. Calculated using		
			ated with revenue codes other than 0100-0219,		
	revenue center 27X, 62X.	C			
Beginning Position:	481	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 97:	DME AMOUNT				
		Ourable Medical I	Equipment Charge Amount. Calculated using		
			ated with revenue codes other than 0100-0219,		
	revenue centers 290-292, 29		,		
Beginning Position:	493	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 98:	USED DME AMOUNT	7 I			
		Jsed Durable Me	dical Equipment Charge Amount. Calculated		
			associated with revenue codes other than 0100-		
	0219, revenue center 293.				
Beginning Position:	505	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 99:	PT AMOUNT	- 3 P 0 1	1,444,544		
Ticiu >>:		hysical Therany	Charge Amount. Calculated using MEDPAR		
			evenue codes other than 0100-0219, revenue center		
	42X.	issociated with re	venue codes other than 0100 0217, revenue center		
Beginning Position:	517	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 100:	OT AMOUNT	турс.	rumene		
riciu 100.		occupational The	rapy Charge Amount. Calculated using MEDPAR		
	-	issociated with re	evenue codes other than 0100-0219, revenue center		
Reginning Position	42X.		evenue codes other than 0100-0219, revenue center		
	42X. 529	Data Source:	evenue codes other than 0100-0219, revenue center Calculated		
Length:	42X. 529 12		evenue codes other than 0100-0219, revenue center		
Length:	42X. 529 12 SPEECH_AMOUNT	Data Source: Type:	evenue codes other than 0100-0219, revenue center Calculated Numeric		
Length:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S	Data Source: Type: peech Pathology	evenue codes other than 0100-0219, revenue center Calculated Numeric Charge Amount. Calculated using MEDPAR		
Length:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, Salgorithm. Sum of charges a	Data Source: Type: peech Pathology	evenue codes other than 0100-0219, revenue center Calculated Numeric		
Length: Field 101:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X.	Data Source: Type: peech Pathology associated with re	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center		
Length: Field 101: Beginning Position:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541	Data Source: Type: peech Pathology associated with re Data Source:	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated		
Length: Field 101: Beginning Position: Length:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12	Data Source: Type: peech Pathology associated with re	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center		
Length: Field 101: Beginning Position:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12 IT_AMOUNT	Data Source: Type: peech Pathology associated with re Data Source: Type:	Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric		
Length: Field 101: Beginning Position: Length:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12 IT_AMOUNT Ancillary Service Charge, In	Data Source: Type: peech Pathology associated with re Data Source: Type:	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric y Charge Amount. Calculated using MEDPAR		
Length: Field 101: Beginning Position: Length:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12 IT_AMOUNT Ancillary Service Charge, In algorithm. Sum of charges a	Data Source: Type: peech Pathology associated with re Data Source: Type:	Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric		
Length: Field 101: Beginning Position: Length: Field 102:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12 IT_AMOUNT Ancillary Service Charge, It algorithm. Sum of charges a 41X, 46X.	Data Source: Type: peech Pathology associated with re Data Source: Type: mhalation Therapy associated with re	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center		
Length: Field 101: Beginning Position: Length: Field 102: Beginning Position:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12 IT_AMOUNT Ancillary Service Charge, In algorithm. Sum of charges a 41X, 46X. 553	Data Source: Type: peech Pathology associated with re Data Source: Type: phalation Therapy associated with re Data Source:	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated		
Length: Field 101: Beginning Position: Length: Field 102: Beginning Position: Length:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12 IT_AMOUNT Ancillary Service Charge, In algorithm. Sum of charges a 41X, 46X. 553 12	Data Source: Type: peech Pathology associated with re Data Source: Type: mhalation Therapy associated with re	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center		
Length: Field 101: Beginning Position: Length: Field 102: Beginning Position: Length:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12 IT_AMOUNT Ancillary Service Charge, In algorithm. Sum of charges a 41X, 46X. 553 12 BLOOD_AMOUNT	Data Source: Type: peech Pathology ssociated with re Data Source: Type: phalation Therapy associated with re Data Source: Type:	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Calculated Numeric		
Length: Field 101: Beginning Position: Length: Field 102: Beginning Position: Length:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12 IT_AMOUNT Ancillary Service Charge, It algorithm. Sum of charges a 41X, 46X. 553 12 BLOOD_AMOUNT Ancillary Service Charge. Company of the service of the servic	Data Source: Type: peech Pathology ssociated with re Data Source: Type: chalation Therapy ssociated with re Data Source: Type: Calculated using M	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric MEDPAR algorithm. Sum of charges associated		
Beginning Position: Length: Field 102: Beginning Position: Length: Field 103:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12 IT_AMOUNT Ancillary Service Charge, It algorithm. Sum of charges a 41X, 46X. 553 12 BLOOD_AMOUNT Ancillary Service Charge. C with revenue codes other the	Data Source: Type: peech Pathology ssociated with re Data Source: Type: halation Therapy ssociated with re Data Source: Type: Calculated using Man 0100-0219, re	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric MEDPAR algorithm. Sum of charges associated venue center 38X.		
Length: Field 101: Beginning Position: Length: Field 102: Beginning Position: Length:	42X. 529 12 SPEECH_AMOUNT Ancillary Service Charge, S algorithm. Sum of charges a 44X, 47X. 541 12 IT_AMOUNT Ancillary Service Charge, It algorithm. Sum of charges a 41X, 46X. 553 12 BLOOD_AMOUNT Ancillary Service Charge. Company of the service of the servic	Data Source: Type: peech Pathology ssociated with re Data Source: Type: chalation Therapy ssociated with re Data Source: Type: Calculated using M	Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric MEDPAR algorithm. Sum of charges associated		

	Ancillary Service Charge.	Calculated using l	MEDPAR algorithm. Sum of charges associated
	with revenue codes other t	han 0100-0219, re	evenue center 39X.
Beginning Position:	577	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 105:	OR_AMOUNT		
			Charge amount. Calculated using MEDPAR
		s associated with re	evenue codes other than 0100-0219, revenue center
	36X, 71X-72X.		
Beginning Position:	589	Data Source:	Calculated
Length: Field 106:	12 LITH AMOUNT	Type:	Numeric
rieia 100:		Lithotriney Chara	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 79X.
Beginning Position:	601	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 107:	CARD AMOUNT		
		Cardiology Charg	ge Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 48X, 73X.
Beginning Position:	613	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 108:	ANES_AMOUNT		
			e Amount. Calculated using MEDPAR algorithm.
D ' ' D ''			es other than 0100-0219, revenue center 37X.
Beginning Position:	625 12	Data Source:	Calculated
Length: Field 109:	LAB AMOUNT	Туре:	Numeric
rieia 109:	_	Laboratory Charg	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 30X-31X,
	74X-75X.	with revenue cou	es other than 0100 021), revenue center 50% 51%,
Beginning Position:	637	Data Source:	Calculated
Beginning Position: Length:	637 12	Data Source: Type:	Calculated Numeric
Length:	12 RAD_AMOUNT Ancillary Service Charge,	Type: Radiology Charge	Numeric e Amount. Calculated using MEDPAR algorithm.
Length:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated	Type: Radiology Charge	Numeric
Length: Field 110:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X.	Type: Radiology Charge with revenue cod	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X-
Length: Field 110: Beginning Position:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649	Type: Radiology Charge with revenue cod Data Source:	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated
Length: Field 110: Beginning Position: Length:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12	Type: Radiology Charge with revenue cod	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X-
Length: Field 110: Beginning Position:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT	Type: Radiology Charge with revenue code Data Source: Type:	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric
Length: Field 110: Beginning Position: Length:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge,	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amo	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric ount. Calculated using MEDPAR algorithm. Sum of
Length: Field 110: Beginning Position: Length: Field 111:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with re-	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric ount. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X.
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge,	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amo	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric ount. Calculated using MEDPAR algorithm. Sum of
Length: Field 110: Beginning Position: Length: Field 111:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with re-	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source:	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric ount. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with ref 661 12 OP_AMOUNT	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type:	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric ount. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with ref 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Service	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric ount. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with re 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X.	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with re-	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric ount. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with re 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with respect to the codes of	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric ount. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position: Length: Length:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with re 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with re-	Numeric e Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric ount. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with re 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12 ER_AMOUNT	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with re Data Source: Type:	Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric Dunt. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position: Length: Length:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with re 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12 ER_AMOUNT Ancillary Service Charge,	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with re Data Source: Type: Emergency Room	Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric Dunt. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric Charge Amount. Calculated using MEDPAR
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position: Length: Length:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with ref 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12 ER_AMOUNT Ancillary Service Charge, algorithm. Sum of charges	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with re Data Source: Type: Emergency Room	Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric Dunt. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position: Length: Field 113:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with re 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12 ER_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X.	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with research to the codes of the codes o	Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric Dunt. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position: Length: Field 113:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with ref 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12 ER_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12	Type: Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with research associated	Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric Dunt. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Calculated
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position: Length: Field 113:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with ref 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12 ER_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12	Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with research associated with re	Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric Dunt. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position: Length: Field 113: Beginning Position: Length: Field 114:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with ref 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12 ER_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12	Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with research associated with re	Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric Dunt. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Calculated Numeric
Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position: Length: Field 113:	RAD_AMOUNT Ancillary Service Charge, Sum of charges associated 35X, 40X. 649 12 MRI_AMOUNT Ancillary Service Charge, charges associated with re 661 12 OP_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12 ER_AMOUNT Ancillary Service Charge, algorithm. Sum of charges 49X-50X. 673 12 AMBULANCE_AMOUNT	Radiology Charge with revenue code Data Source: Type: MRI Charge Amovenue codes other Data Source: Type: Outpatient Services associated with research associated with re	Numeric Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 28X, 32X- Calculated Numeric Dunt. Calculated using MEDPAR algorithm. Sum of than 0100-0219, revenue center 61X. Calculated Numeric es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Calculated

			ge Amount. Calculated using MEDPAR algorithm.
Beginning Position:	697	Data Source:	es other than 0100-0219, revenue center 54X. Calculated
Length:	12	Type:	Numeric
Field 115:	PRO FEE AMOUNT	турс.	Trainerre
11014 115.		Professional Fee (Charge Amount. Calculated using MEDPAR
			evenue codes other than 0100-0219, revenue center
Beginning Position:	709	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 116:	ORGAN_AMOUNT		
			n Charge Amount. Calculated using MEDPAR
	-	associated with re	evenue codes other than 0100-0219, revenue center
Daginning Dagitians	81X, 89X. 721	Data Course	Calculated
Beginning Position: Length:	12	Data Source: Type:	Numeric
Field 117:	ESRD AMOUNT	туре.	Numeric
riciu 117.	-	End Stage Renal I	Dialysis Charge Amount. Calculated using
			ated with revenue codes other than 0100-0219,
	revenue center 80X, 82X-8		
Beginning Position:	733	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 118:	CLINIC_AMOUNT		
			ge Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 51X.
Beginning Position:	745	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 119:	TOTAL_CHARGES		
			ed accommodation charges, ancillary charges, non-
D D	covered ancillary charges.	_	
Beginning Position: Length:	757 12	Data Source:	Claim Numeric
Field 120:	TOTAL_NON_COV_CH	Type:	Numeric
riciu 120.			s, non-covered ancillary charges.
Beginning Position:	769	Data Source:	Claim
Length:	12	Type:	Numeric
Field 121:	TOTAL CHARGES AN		
	Sum of covered and non-co		harges.
Beginning Position:	781	Data Source:	Claim
Length:	12	Type:	Numeric
Field 122:	TOTAL_NON_COV_CH		_
.	Sum of non-covered ancilla		CI.:
Beginning Position:	793	Data Source:	Claim
Length:	12	Type:	Numeric
Field 123:	PHYSICIAN1_INDEX_N		hydician namental as the Operating Physician if
			hysician reported as the Operating Physician, if at, or Rendering Physician 1, if reported in the 837
			ndividual licensed to practice medicine under the
			practicioner other than a physician who provides a
			the outpatient's surgical or radiological
			gist, chiropractor, dentist, nurse practitioner, nurse
	midwive or podiatrist, auth		
Suppression:			reported for a facility or the number of physicians
	reported for CCS_PROC_C	CODE_1 for the fa	
Coding Scheme:	999999998 Cell size les		1 11 41 41 1
D G11G /D11- ~- ~	999999999 Temporary	license or license nun	nber could not be matched
DSHS/THCIC	/PHOLO	— Page 23 —	DSHS Document # E25-14164
www.dshs.state.tx.us	S/THCIC	8	Last Updated: September, 2017

Field 124: PHYSICIAN2 INDEX NUMBER Uniform identifier assigned to the licensed physician reported as the other provider, if reported in the 83 7 Institutional Guide format, or the Rendering Physician 2, if reported in the 83 7 Professional Guide format, or the Rendering Physician 2, if reported in the 83 7 Professional Guide format, or the Rendering Physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including at echnician, psychologist, chiropractor, dentity, nurse practitioner, nurse midwive or podiarist, authorized by the facility to treat patients. Suppression: Suppression Suppressed when the number of physicians reported for a facility or the number of physicians represented for CCS_PROC_CODE_I for a facility to the number of physicians represented for CCS_PROC_CODE_I for a facility is less than five. 999999999 Suppression	Beginning Position:	805	Data Source:	Assigned			
Uniform identifier assigned to the licensed physician reported as the other provider, if reported in the 837 Institutional Guide format, Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwive or podiatrist, authorized by the facility to treat patients. Suppression: Suppression: Suppressed when the number of physicians reported for a facility or the number of physicians represented for CCS PROC CODE for a facility is less than five. 9999999999 The processional procedure in the procession of physicians represented for CCS PROC CODE for a facility or the number of physicians represented for CCS PROC CODE for a facility or the number of physicians represented for CCS PROC CODE for a facility or the number of physicians represented for CCS PROC CODE for a facility or the number of physicians represented for CCS PROC CODE for a facility or the number of physicians represented for CCS PROC CODE for a facility or the number of physicians represented for CCS PROC CODE for a facility or assisted by the facility or a facility or a facility or a facility or physicians represented for CCS PADMISSION Solution The processional Type Alphanumeric Field 126: SOURCE OF ADMISSION Coding Scheme: 1	Length:	10	Type:	Alphanumeric			
Coding Scheme: Speciments		Uniform identifier assigned to the licensed physician reported as the other provider, if reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwive or podiatrist, authorized by the facility to treat patients.					
Beginning Position: 815 Data Source: Assigned Length: 10 Type: Alphanumeric Field 125: INPUT_FORMAT Format in which the outpatient data file was submitted by the facility Coding Scheme: 1 837 Professional Length: 1 Type: Alphanumeric Beginning Position: 825 Data Source: Assigned Length: 1 Type: Alphanumeric Field 126: SOURCE_OF_ADMISSION Coding Scheme: 1 Non-Heathbear Facility Point of Origin (Beginning July 1, 2010) Coding Scheme: 1 Non-Heathbear Facility Point of Origin (Beginning July 1, 2010) Coding Scheme: 1 Non-Heathbear Facility Point of Origin (Beginning July 1, 2010) Coding Scheme: 1 Non-Heathbear Facility Point of Origin (Beginning July 1, 2010) Coding Scheme: 1 Non-Heathbear Facility Point of Origin (Beginning July 1, 2010) Coding Scheme: 1 Non-Heathbear Facility Point of Origin (Beginning July 1, 2010) Coding Scheme: 1 Non-Heathbear Facility Point of Origin (Beginning July 1, 2010) Coding Scheme: 1 Non-Heathbear Facility Point of Origin (Beginning July 1, 2010) Transfer from an aboptial Transfer from an aboptial Transfer from an aboptial to a facility or assisted living facility Transfer from an aboptial to a facility or assisted living facility in a Separt Claim to the Payer Fell Transfer from Allospice Facility T		represented for CC	S_PROC_CODE_1 for a				
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Field 127: Description: Coding Scheme: Discharged to home or self-care (routine discharge)		826		Claim			
Coding Scheme: Coding Scheme: Discharged to home or self-care (routine discharge)	Length:	1	Type:	Alphanumeric			
Coding Scheme: Discharged to home or self-care (routine discharge)	Field 127:	PAT_STATUS					
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DSHS/THCIC DSHS Document # E25-14164		61 Discharged/trans	sferred within this institution to				
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www.dshs.state.tx.us/THCIC Last Updated: September, 2017	DSHS/THCIC		Pogo 24	DSHS Document # E25-14164			
	www.dshs.state.tx.u	s/THCIC	1 agt 24	Last Updated: September, 2017			

- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility
- 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
- 71 Discharged/transferred to other outpatient service
- 72 Discharged/transferred to institution outpatient
- 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 (CAR) 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: 827 **Data Source:** Claim

Length: 2 Type: Alphanumeric

Field 128: PROVIDER NAME

Description: Name provided by the facility.

Suppression: Facilities reporting fewer than 50 events (Provider ID equals '999999') are assigned the name

'Low Volume Facility'. If a facility reported fewer than 5 events for a particular gender,

including 'unknown', Provider Name is blank.

Beginning Position: 829 **Data Source:** Provider **Length:** 55 **Type:** Alphanumeric

CLASSIFICATION DATA FILE

E. 114		CATION L	AIA FILE
Field 1:	RECORD_ID	TT	1, 11, 20, 4 1 1 20 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Description:			er assigned to identify the record. First available 1st
	quarter 2002. Does NOT ma		D_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 2:	CCS_PRIN_DIAG_CODI		
	Clinical Classifications Soft	ware (CCS) class	sification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis catego	ory.	
Beginning Position:	13	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 3:	CCS OTH DIAG CODE	2 1	-
	Clinical Classifications Soft	ware (CCS) class	sification of OTH_DIAG_CODE_1 into clinically
	meaningful diagnosis catego		
Beginning Position:	17	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 4:	CCS OTH DIAG CODE		111phanamerie
riciu 4.			sification of OTH_DIAG_CODE_2 into clinically
	meaningful diagnosis catego		sinculon of offi_Dirid_CODE_2 into chineary
Beginning Position:	21	Data Source:	Assigned
0 0	4		•
Length:		Type:	Alphanumeric
Field 5:	CCS_OTH_DIAG_CODE		'C' ' COTH DIAG CODE A' ' 1' ' 11
			sification of OTH_DIAG_CODE_3 into clinically
	meaningful diagnosis catego		
Beginning Position:	25	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 6:	CCS_OTH_DIAG_CODE		
			sification of OTH_DIAG_CODE_4 into clinically
	meaningful diagnosis catego	ory.	
Beginning Position:	29	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 7:	CCS OTH DIAG CODE	2 5	-
	Clinical Classifications Soft	ware (CCS) class	sification of OTH_DIAG_CODE_5 into clinically
	meaningful diagnosis catego		
Beginning Position:	33	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 8:	CCS OTH DIAG CODE		
ricia o.			sification of OTH DIAG CODE 6 into clinically
	meaningful diagnosis catego		Silication of offi_Dh to_cobb_0 into chineany
Beginning Position:	37	Data Source:	Assigned
	4		Alphanumeric
Length:		Type:	Атрианишенс
Field 9:	CCS_OTH_DIAG_CODE		ifi4ifoth blac cope 7: 4 11: 11
			sification of OTH_DIAG_CODE_7 into clinically
n	meaningful diagnosis catego		
Beginning Position:	41	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 10:	CCS_OTH_DIAG_CODE		
			sification of OTH_DIAG_CODE_8 into clinically
	meaningful diagnosis catego	ory.	
		Data Source:	Assigned
Beginning Position:	45		
0 0	45 4		•
Length:	4	Type:	Alphanumeric
0 0	4 CCS_OTH_DIAG_CODE	Type:	Alphanumeric
Length:	4 CCS_OTH_DIAG_CODE Clinical Classifications Soft	Type: 2_9 ware (CCS) class	•
Length:	4 CCS_OTH_DIAG_CODE	Type: 2_9 ware (CCS) class	Alphanumeric
Length:	4 CCS_OTH_DIAG_CODE Clinical Classifications Soft	Type: 2_9 ware (CCS) class	Alphanumeric

Beginning Position: Length:	49 4	Data Source: Type:	Assigned Alphanumeric	
Field 12:	CCS OTH DIAG CODE		111phonomeric	
11014 12.	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_10 into clinically			
Danimaina Danisiana	meaningful diagnosis categories	•	Assigned	
Beginning Position:	53 4	Data Source:	Assigned	
Length:		Type:	Alphanumeric	
Field 13:		tware (CCS) clas	sification of OTH_DIAG_CODE_11 into clinically	
	meaningful diagnosis categories			
Beginning Position:	57	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 14:		tware (CCS) clas	sification of OTH_DIAG_CODE_12 into clinically	
	meaningful diagnosis categories			
Beginning Position:	61	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 15:	CCS_OTH_DIAG_CODI Clinical Classifications Sof	tware (CCS) clas	sification of OTH_DIAG_CODE_13 into clinically	
Danimaina Danisiana	meaningful diagnosis categories	•	A: A	
Beginning Position:	65	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 16:		tware (CCS) clas	sification of OTH_DIAG_CODE_14 into clinically	
	meaningful diagnosis categories			
Beginning Position:	69	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 17:	CCS_OTH_DIAG_CODI			
			sification of OTH_DIAG_CODE_15 into clinically	
	meaningful diagnosis categories	ory.		
Beginning Position:	73	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 18:	CCS_OTH_DIAG_CODI			
	Clinical Classifications Sof meaningful diagnosis category	tware (CCS) classory.	sification of OTH_DIAG_CODE_16 into clinically	
Beginning Position:	77	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 19:	CCS OTH DIAG CODE		•	
		tware (CCS) clas	sification of OTH_DIAG_CODE_17 into clinically	
Beginning Position:	81	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 20:	CCS OTH DIAG CODE		This management	
Field 20.	Clinical Classifications Sof	tware (CCS) class	sification of OTH_DIAG_CODE_18 into clinically	
.	meaningful diagnosis categories			
Beginning Position:	85	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 21:	CCS_OTH_DIAG_CODI			
	Clinical Classifications Sof meaningful diagnosis category		sification of OTH_DIAG_CODE_19 into clinically	
Beginning Position:	89	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 22:	CCS_OTH_DIAG_CODE	E_20		
	Clinical Classifications Sof meaningful diagnosis category		sification of OTH_DIAG_CODE_20 into clinically	
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Beginning Position: Length:	93 4	Data Source: Type:	Assigned Alphanumeric
Field 23:	CCS OTH DIAG COD		Tiphanameric
11014 20.	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_21 into clinically		
	meaningful diagnosis categ	gory.	
Beginning Position:	97	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 24:		ftware (CCS) clas	sification of OTH_DIAG_CODE_22 into clinically
D D	meaningful diagnosis categ		A 1
Beginning Position:	101	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 25:		ftware (CCS) clas	sification of OTH_DIAG_CODE_23 into clinically
D	meaningful diagnosis categ		A: 1
Beginning Position:	105	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 26:	CCS_OTH_DIAG_COD Clinical Classifications Someaningful diagnosis category	ftware (CCS) clas	sification of OTH_DIAG_CODE_24 into clinically
Doginning Dogition	109	Data Source:	Assigned
Beginning Position:			Alphanymaria
Length:	GCS PROC CORE 1	Type:	Alphanumeric
Field 27:	CCS_PROC_CODE_1 Clinical Classifications Soi PROC_CODE_1 into clinic		Services and Procedures classification of procedure category.
Beginning Position:	113	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 28:	CCS PROC CODE 2		*
- 101			Services and Procedures classification of procedure category.
Beginning Position:	116	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 29:	CCS PROC CODE 3	• •	•
		ftware (CCS) for S	Services and Procedures classification of
	PROC CODE 3 into clinic		
Beginning Position:	119	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 30:	CCS PROC CODE 4	Type.	Alphanumeric
rieiu 50.	Clinical Classifications So		Services and Procedures classification of
.	PROC_CODE_4 into clinic		
Beginning Position:	122	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 31:		\ /	Services and Procedures classification of
	PROC_CODE_5 into clinic	cally meaningful 1	procedure category.
Beginning Position:	125	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 32:	CCS PROC CODE 6	rypc.	7 Aprilamente
rield 32:			Services and Procedures classification of procedure category.
Beginning Position:	128	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 33:	CCS PROC CODE 7	v I	•
* *			Services and Procedures classification of procedure category.
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Beginning Position:	131	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 34:	CCS_PROC_CODE_8	(222)	~
			Services and Procedures classification of
n n	PROC_CODE_8 into clinic		
Beginning Position:	134	Data Source:	Assigned
Length:	GCC PROC CORE 0	Type:	Alphanumeric
Field 35:	CCS_PROC_CODE_9	tween (CCS) for S	Services and Procedures classification of
	PROC CODE 9 into clinic		
Beginning Position:	137	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 36:	CCS PROC CODE 10	турс.	Tiphanameric
1014 000		tware (CCS) for S	Services and Procedures classification of
	PROC CODE 10 into clini		
Beginning Position:	140	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 37:	CCS PROC CODE 11	J 1	•
		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_11 into clini		
Beginning Position:	143	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 38:	CCS_PROC_CODE_12		
			Services and Procedures classification of
	PROC_CODE_12 into clini		
Beginning Position:	146	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 39:	CCS_PROC_CODE_13		
			Services and Procedures classification of
	PROC_CODE_13 into clini		
Beginning Position:	149	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 40:	CCS_PROC_CODE_14	(CCC) (S 1 D 1
			Services and Procedures classification of
Doginning Dogitions	PROC_CODE_14 into clini		
Beginning Position:	152	Data Source:	Assigned
Length: Field 41:	3 CCS PROC CODE 15	Type:	Alphanumeric
rieia 41:		tween (CCS) for S	Services and Procedures classification of
	PROC CODE 15 into clini	, ,	
Beginning Position:	155	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Lengun: Field 42:	CCS PROC CODE 16	rype.	Applanamente
riciu 74.		tware (CCS) for S	Services and Procedures classification of
	PROC CODE 16 into clini	, ,	
Beginning Position:	158	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 43:	CCS PROC CODE 17	- , p	
1014 101		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_17 into clini		
Beginning Position:	161	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 44:	CCS PROC CODE 18	-JF**	1
		tware (CCS) for S	Services and Procedures classification of
	PROC CODE 18 into clini		
		,	1 6 J.
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Beginning Position:	164 3	Data Source:	Assigned Alphanumeric	
Length: Field 45:	CCS PROC CODE 19	Type:	Aiphanumeric	
	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category.			
Beginning Position:	167	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 46:	PROC_CODE_20 into clini	ically meaningful		
Beginning Position:	170	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 47:	PROC_CODE_21 into clini	ically meaningful		
Beginning Position:	173	Data Source:	Assigned	
Length:	GGG PROG GODE 22	Type:	Alphanumeric	
Field 48:	PROC_CODE_22 into clini	ically meaningful		
Beginning Position:	176	Data Source:	Assigned	
Length: Field 49:	3 CCS PROC CODE 23	Type:	Alphanumeric	
	Clinical Classifications Sof PROC_CODE_23 into clini	ically meaningful		
Beginning Position:	179	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 50:	PROC_CODE_24 into clini	ically meaningful		
Beginning Position:	182	Data Source:	Assigned	
Length:	GGG PROG GODE 47	Type:	Alphanumeric	
Field 51:	PROC_CODE_25 into clini	ically meaningful		
Beginning Position:	185	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 52: Beginning Position:	EAPG_GRP_VER Enhanced Ambulatory Patie 188	ent Group Versio	n Number, as assigned by 3M EAPG Grouper	
Length:	12	Type:	Alphanumeric	
Field 53:	APC_GRP_VER Ambulatory Payment Class Not available 4Q09.	ification (APC) V	Version Number as assigned by 3M APC Grouper.	
Beginning Position:	200	Data Source:	Assigned	
Length:	12	Type:	Alphanumeric	
Field 54:	± 1 /		signed by 3M CRG Grouper. Not available 4Q09.	
Beginning Position:	212	Data Source:	Assigned	
Length:	CDC CTATUS A	Type:	Alphanumeric	
Field 55:	± 1 /		signed by 3M CRG Grouper. Not available 4Q09.	
Beginning Position:	213	Data Source:	Assigned	
Length:	1	Type:	Alphanumeric	
Field 56:	CRG_STATUS_3			
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	Clinical Risk Group (CRG)) status code as as	ssigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	214	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 57:	CRG STATUS 4		•
	Clinical Risk Group (CRG)) status code as as	ssigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	215	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 58:	CRG STATUS 5	- J per	
Ticia 50.) status code as as	ssigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	216	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 59:	CRG STATUS 6	1 ypc.	Alphanumene
rielu 39.) status anda as as	egian ad by 2M CPG Grouper, Not available 4000
Danimaina Danistana			ssigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	217	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 60:	CRG_STATUS_7		
	- '		ssigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	218	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 61:	CRG_STATUS_8		
	Clinical Risk Group (CRG)) status code as as	ssigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	219	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 62:	CRG STATUS 9		•
) status code as as	ssigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	220	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 63:	CRG STATUS 10	1 ј рег	Tiphanameric
ricia os.) status code as as	ssigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	221	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 64:	CRG CODE 1	турс.	Aiphanumenc
riciu 04.) aada aa aasiamas	1 by 2M CDC Crayman Nat available 4000
Danimaina Danitiana			by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	222	Data Source:	Assigned
Length:	SDC CODE A	Type:	Alphanumeric
Field 65:	CRG_CODE_2		11
	- · · · · ·	•	l by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	227	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 66:	CRG_CODE_3		
	Clinical Risk Group (CRG)		l by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	232	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 67:	CRG_CODE_4		
) code as assigned	l by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	237	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 68:	CRG_CODE_5	<i>V</i> 1	•
) code as assigned	by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	242	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 69:	CRG CODE 6	1 jpc.	тришинопо
1 1CIU U7.) code as assismad	l by 3M CRG Grouper. Not available 4Q09.
Roginning Dositions	247	Data Source:	Assigned
Beginning Position:			
Length:	5	Туре:	Alphanumeric
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Field 70:	CDC CODE 7		
rieia /u:	CRG_CODE_7	code as assigned	by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	252	Data Source:	Assigned
	5		Alphanumeric
Length: Field 71:	CRG CODE 8	Type:	Aiphanumeric
riciu /1.		code as assigned	by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	257	Data Source:	Assigned
Length:	5		Alphanumeric
Field 72:	CRG CODE 9	Type:	Aiphanumeric
riciu /2.		code as assigned	l by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	262	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 73:	CRG CODE 10	турс.	Alphanumeric
riciu 73.		code as assigned	by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	267	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 74:	CRG SEVERITY 1	турс.	Aiphanumeric
riciu /4.		severity code as	assigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	272	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 75:	CRG SEVERITY 2	турс.	Aiphanumeric
riciu /J.		severity code as	assigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	273	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 76:	CRG SEVERITY 3	турс.	ruphanamerie
ricia 70.		severity code as	assigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	274	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 77:	CRG SEVERITY 4	- J per	
11010 ///		severity code as	assigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	275	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 78:	CRG SEVERITY 5	<i>J</i> I · · ·	
		severity code as	assigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	276	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 79:	CRG SEVERITY 6		•
		severity code as	assigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	277	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 80:	CRG_SEVERITY_7		
	Clinical Risk Group (CRG)	severity code as	assigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	278	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 81:	CRG_SEVERITY_8		
	Clinical Risk Group (CRG)	severity code as	assigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	279	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 82:	CRG_SEVERITY_9		
	- '		assigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	280	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 83:	CRG_SEVERITY_10		
	± 1 /	•	assigned by 3M CRG Grouper. Not available 4Q09.
Beginning Position:	281	Data Source:	Assigned
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Length:	1	Type:	Alphanumeric
Lingtin.	1	Type.	7 Hphanamerie

CHARGES DATA FILE

Field 1:	RECORD_ID						
Description:		d Identification Number. Unique number urter 2002. Does NOT match the RECOF					
Beginning Position:	1	Data Source:	Assigne				
Length:	12	Type:	Alphan				
		V 1	Aiphan	unienc			
Field 2:		REVENUE_CODE					
Description:		corresponding to each specific accommod to the services being billed.	dation, a	ncillary service or billing calculation			
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0516	Clinic - urgent care			
couring sememer	0101	All-inclusive room charges	0517	Clinic - family practice			
	0110	Room charges for private rooms - general	0519	Clinic - other			
	0111	Room charges for private rooms - medical/surgical/GYN	0520	Freestanding Clinic - general			
	0112	Room charges for private rooms - obstetrics	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC			
	0113	Room charges for private rooms - pediatric	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner			
	0114	Room charges for private rooms - psychiatric	0523	Freestanding Clinic - family practice			
	0115	Room charges for private rooms - hospice	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF			
	0116	Room charges for private rooms - detoxification	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility			
	0117	Room charges for private rooms - oncology	0526	Freestanding Clinic - urgent care			
	0118	Room charges for private rooms - rehabilitation	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area			
	0119	Room charges for private rooms - other	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)			
	0120	Room charges for semi-private rooms - general	0529	Freestanding Clinic - other			
	0121	Room charges for semi-private rooms - medical/surgical/GYN	0530	Osteopathic service - general			
	0122	Room charges for semi-private rooms - obstetrics	0531	Osteopathic service - therapy			
	0123	Room charges for semi-private rooms - pediatric	0539	Osteopathic service - other			
	0124	Room charges for semi-private rooms - psychiatric	0540	Ambulance service - general			
	0125	Room charges for semi-private rooms - hospice	0541	Ambulance service - supplies			
	0126	Room charges for semi-private rooms - detoxification	0542	Ambulance service - medical transport			
	0127	Room charges for semi-private rooms - oncology	0543	Ambulance service - heart mobile			
	0128	Room charges for semi-private rooms - rehabilitation	0544	Ambulance service - oxygen			
	0129	Room charges for semi-private rooms - other	0545	Ambulance service - air ambulance			
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0546	Ambulance service - neonatal			
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy			
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0548	Ambulance service - telephone transmission EKG			
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0549	Ambulance service - other			
	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0550	Skilled nursing - general			
	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0551	Skilled nursing - visit charge			
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0552	Skilled nursing - hourly charge			

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0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0559	Skilled nursing - other
0138	Room charges for semi-private - 3/4 beds -	0560	Medical social services - general
0139	rooms - rehabilitation Room charges for semi-private - 3/4 beds -	0561	Medical social services - visit charge
0140	rooms - other Room charges for private (deluxe) rooms -	0562	Medical social services - hourly charge
0141	general Room charges for private (deluxe) rooms -	0569	Medical social services - other
0142	medical/surgical/GYN Room charges for private (deluxe) rooms -	0570	Home health aide - general
0143	obstetrics Room charges for private (deluxe) rooms -	0571	Home health aide - visit charge
0144	pediatric Room charges for private (deluxe) rooms - psychiatric	0572	Home health aide - hourly charge
0145	Room charges for private (deluxe) rooms - hospice	0579	Home health aide - other
0146	Room charges for private (deluxe) rooms - detoxification	0580	Other visits (home health) - general
0147	Room charges for private (deluxe) rooms - oncology	0581	Other visits (home health) - visit charge
0148	Room charges for private (deluxe) rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0149	Room charges for private (deluxe) rooms - other	0583	Other visits (home health) - assessment
0150	Room charges for ward rooms - general	0589	Other visits (home health) - other
0151	Room charges for ward rooms -	0590	Units of service (home health) - general
0152	medical/surgical/GYN Room charges for ward rooms - obstetrics	0599	Units of service (home health) - other
0153	Room charges for ward rooms - pediatric	0600	Oxygen (home health) - general
0154	Room charges for ward rooms - psychiatric	0601	Oxygen (home health) - stat/equip/supply or contents
0155	Room charges for ward rooms - hospice	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0156	Room charges for ward rooms - detoxification	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0157	Room charges for ward rooms - oncology	0604	Oxygen (home health) - portable add-in
0158	Room charges for ward rooms - rehabilitation	0610	MRI - general
0159	Room charges for ward rooms - other	0611	MRI - brain (including brain stem)
0160	Room charges for other rooms - general	0612	MRI - spinal cord (including spine)
0161	Room charges for other rooms - medical/surgical/GYN	0619	MRI - other
0162	Room charges for other rooms - obstetrics	0621	Medical/surgical supplies - incident to radiology
0163	Room charges for other rooms - pediatric	0622	Medical/surgical supplies - incident to other diagnostic services
0164	Room charges for other rooms - psychiatric	0623	Medical/surgical supplies - surgical dressings
0165	Room charges for other rooms - hospice	0624	Medical/surgical supplies - FDA investigational devices
0166	Room charges for other rooms - detoxification	0630	Drugs requiring specific identification - general
0167	Room charges for other rooms - oncology	0631	Drugs requiring specific identification - single source
0168	Room charges for other rooms - rehabilitation	0632	Drugs requiring specific identification - multiple source
0169	Room charges for other rooms - other	0633	Drugs requiring specific identification - restrictive prescription
0170	Room charges for nursery - general	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0171	Room charges for nursery - newborn level I	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0172	Room charges for nursery - newborn level II	0636	Drugs requiring specific identification - requiring detailed coding
0173	Room charges for nursery - newborn level III	0637	Drugs requiring specific identification - self- adminstrable nto requiring detailed coding
0174	Room charges for nursery - newborn level IV	0640	Home IV therapy services - general
0179	Room charges for nursery - other	0641	Home IV therapy services - nonroutine nursing, central line

0180	Room charges for LOA - general	0642	Home IV therapy services - IV site care, central line
0182	Room charges for LOA - patient convenice- charges billable	0643	Home IV therapy services - IV start/change, peripheral line
0183	Room charges for LOA - therapeutic leave	0644	Home IV therapy services - nonroutine nursing, peripheral line
0184	Room charges for LOA - ICF mentally retarded - any reason	0645	Home IV therapy services - training patient/caregiver, central line
0185	Room charges for LOA - hospitalization	0646	Home IV therapy services - traning, disabled
0189	Room charges for LOA - other	0647	patient, central line Home IV therapy services - training,
0190	Room charges for subacute care - general	0648	patient/caregiver, peripheral Home IV therapy services - training, disabled
0191	Room charges for subacute care - Level I (skilled care)	0649	patient, peripheral Home IV therapy services - other
0192	Room charges for subacute care - Level II (comprehensive care)	0650	Hospice services - general
0193	Room charges for subacute care - Level III	0651	Hospice services - routine home care
0194	(complex care) Room charges for subacute care - Level IV (intensive care)	0652	Hospice services - continuous home care
0199	Room charges for subacute care - other	0655	Hospice services - inpatient respite care
0200	Room charges for intensive care - general	0656	Hospice services - general inpatient care
0201		0655	(nonrespite)
0201 0202	Room charges for intensive care - surgical	0657 0658	Hospice services - physician services
0202	Room charges for intensive care - medical	0038	Hospice services - room and board - nursing facility
0203	Room charges for intensive care - pediatric	0659	Hospice services - other
0204	Room charges for intensive care - psychiatric	0660	Respite care - general
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0661	Respite care - hourly charge/skilled nursing
0207	Room charges for intensive care - burn care	0662	Respite care - hourly charge/aide/homemaker/companion
0208	Room charges for intensive care - trauma	0663	Respite care - daily charge
0209	Room charges for intensive care - other	0669	Respite care - other
0210	Room charges for coronary care - general	0670	Outpatient special residence - general
0211	Room charges for coronary care - myocardial	0671	Outpatient special residence - hospital based
0212	infarction Room charges for coronary care - pulmonary care	0672	Outpatient special residence - contracted
0213	Room charges for coronary care - heart transplant	0679	Outpatient special residence - other
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0681	Trauma response - level I
0219	Room charges for coronary care - other	0682	Trauma response - level II
0220	Special charges - general	0683	Trauma response - level III
0221	Special charges - admission charge	0684	Trauma response - level IV
0222	Special charges - technical support charge	0689	Trauma response - other
0223	Special charges - UR service charge	0700	Cast Room services - general
0224	Special charges - late discharge, medically necessary	0709	Cast Room services - other
0229	Special charges - other	0710	Recovery Room services - general
0230	Incremental nursing care - general	0719	Recovery Room services - other
0231	Incremental nursing care - nursery	0720	Labor/Delivery Room services - general
0232	Incremental nursing care - OB	0721	Labor/Delivery Room services - labor
0233	Incremental nursing care - ICU (includes transitional care)	0722	Labor/Delivery Room services - delivery
0234	Incremental nursing care - CCU (includes transitional care)	0723	Labor/Delivery Room services - circumcision
0235	Incremental nursing care - hospice	0724	Labor/Delivery Room services - birthing center
0239	Incremental nursing care - other	0729	Labor/Delivery Room services - other
0240	All-inclusive ancillary - general	0730	EKG/ECG services - general
0249	All-inclusive ancillary - other	0731	EKG/ECG services - holter monitor

025	0 Pharmacy - general	0732	EKG/ECG services - telemetry
025	1 Pharmacy - generic drugs	0739	EKG/ECG services - other
025	2 Pharmacy - nongeneric drugs	0740	EEG services - general
025	3 Pharmacy - take-home drugs	0749	EEG services - other
025	4 Pharmacy - drugs incident to other diagnoservices	ostic 0750	Gastrointestinal services - general
025		0759	Gastrointestinal services - other
025		0760	Treatment or observation room services - general
025	7 Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
025	8 Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
025	9 Pharmacy - other		
026	0 IV Therapy - general	0769	Treatment or observation room services - other
026	1 IV Therapy - infusion pump	0770	Preventive care services - general
026	2 IV Therapy - pharmacy services	0771	Preventive care services - vaccine administration
026	3 IV Therapy - durg/supply delivery	0779	Preventive care services - other
026	4 IV Therapy - supplies	0780	Telemedicine services - general
026		0789	Telemedicine services - other
027	1.2		Lithotripsy services - general
027	C 11 C	0790	Extra-corporeal shockwave therapy - general
027		erile 0799	Extra-corporeal shockwave therapy - other
027	•		Lithotripsy services - other
027		0800	Inpatient renal dialysis services - general
027		0801	Inpatient renal dialysis services - hemodialysis
027	•	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
027	` /	kygen 0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
027		her 0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
027		her 0809	Inpatient renal dialysis services - other
028	0 Oncology - general	0810	Organ acquisition - general
028	9 Oncology - other	0811	Organ acquisition - living donor
029	0 DME - general	0812	Organ acquisition - cadaver donor
029	1 DME - rental	0813	Organ acquisition - unknown donor
029	2 DME - purchase of new	0814	Organ acquisition - unsuccessful organ search- donor bank charges
029	3 DME - purchase of used	0819	Organ acquisition - other donor
029	4 DME - supplies/drugs for DME effectiver	ness 0820	Hemodialysis - outpatient or home - general
029	9 DME - other equipment	0821	Hemodialysis - outpatient or home - composite
030	• •	0825	or other rate Hemodialysis - outpatient or home - support
030	1 Laboratory - chemistry	0829	services Hemodialysis - outpatient or home - other
030	,	0829	Peritoneal dialysis - outpatient or home -
	,		general
030	•	0831	Peritoneal dialysis - outpatient or home - composite or other rate
030	, ,	0835	Peritoneal dialysis - outpatient or home - support services
030	,	0839	Peritoneal dialysis - outpatient or home - other
030	, .,		CAPD - outpatient or home - general
030	,	0841	CAPD - outpatient or home - composite or other rate
030	•	0845	CAPD - outpatient or home - support services
031	0 Laboratory pathological - general	0849	CAPD - outpatient or home - other

0:	311	Laboratory pathological - cytology	0850	CCPD - outpatient or home - general
0:	312	Laboratory pathological - histology	0851	CCPD - outpatient or home - composite or other
0.	313	Laboratory pathological - biopsy	0855	rate CCPD - outpatient or home - support services
	319	Laboratory pathological - other	0859	CCPD - outpatient or home - other
	320	Radiology - diagnostic - general	0839	Miscellaneous dialysis - general
	321	Radiology - diagnostic - angiocardiography	0881	Miscellaneous dialysis - general Miscellaneous dialysis - ultrafiltration
	322	Radiology - diagnostic - arthrography	0882	Miscellaneous dialysis - home aide visit
	323	Radiology - diagnostic - arteriography	0882	Miscellaneous dialysis - other
	323	Radiology - diagnostic - chest x-ray	0900	Behavior health reatments/services - general
	329	Radiology - diagnostic - other	0900	Behavior health treatments/services -
0.	329	Radiology - diagnostic - other	0901	electroshock
0:	330	Radiology - therapeutic and/or chemotherapy	0902	Behavior health treatments/services - milieu
0.	331	adminstration - general	0903	therapy Pahaviaral health treatments/corviace play
0.	331	Radiology - therapeutic and/or chemotherapy adminstration - chemotherapy - injected	0903	Behavioral health treatments/services - play therapy
0:	332	Radiology - therapeutic and/or chemotherapy	0904	Behavior health treatments/services - activity
		adminstration - chemotherapy - oral		therapy
0.	333	Radiology - therapeutic and/or chemotherapy	0905	Behavior health treatments/services - intensive
0.	335	adminstration - radiation therapy Radiology - therapeutic and/or chemotherapy	0906	outpatient services - psychiatric Behavior health treatments/services - intensive
0.	333	adminstration - chemotherapy - IV	0700	outpatient services - chemical dependency
0:	339	Radiology - therapeutic and/or chemotherapy	0907	Behavior health treatments/services -
0	2.40	adminstration - other	0000	community behavioral health program
	340	Nuclear medicine - general	0909	Behavior health treatments - other
	341	Nuclear medicine - diagnostic procedures	0910	Reserved
0.	342	Nuclear medicine - therapeutic procedures	0911	Behavior health treatment/services - rehabilitation
0.	343	Nuclear medicine - diagnostic radiopharmaceuticals	0912	Behavior health treatment/services - partial hospitalization - less intensive
0:	344	Nuclear medicine - therapeutic	0913	Behavior health treatment/services - partial
0.	2.40	radiopharmaceuticals	0014	hospitalization - intensive
0.	349	Nuclear medicine - other	0914	Behavior health treatment/services - individual therapy
0:	350	CT scan - general	0915	Behavior health treatment/services - group
0.	351	CT scan - head	0916	therapy Behavior health treatment/services - family
•		or seal. Head	0,10	therapy
0.	352	CT scan - body	0917	Behavior health treatment/services - biofeedback
0:	359	CT scan - other	0918	Behavior health treatment/services - testing
0:	360	Operating room services - general	0919	Behavior health treatment/services - other
0:	361	Operating room services - minor surgery	0920	Other diagnostic services - general
0:	362	Operating room services - organ transplant	0921	Other diagnostic services - peripheral vascular
		other than kidney		lab
	367	Operating room services - kidney transplant	0922	Other diagnostic services - electromyelogram
	369	Operating room services - other	0923	Other diagnostic services - pap smear
	370	Anesthesia - general	0924	Other diagnostic services - allergy test
	371	Anesthesia - incident to radiology	0925	Other diagnostic services - pregnancy test
0.	372	Anesthesia - incident to other diagnostic services	0929	Other diagnostic services - other
0.	374	Anesthesia - acupuncture	0931	Medical rehabilitation day program - half day
0.	379	Anesthesia - other	0932	Medical rehabilitation day program - full day
0.	380	Blood - general	0940	Other therapeutic services - general
0:	381	Blood - packed red cells	0941	Other therapeutic services - recreational therapy
03	382	Blood - whole blood	0942	Other therapeutic services - education/training
0.	383	Blood - plasma	0943	Other therapeutic services - cardiac rehabilitation
0:	384	Blood - platelets	0944	Other therapeutic services - drug rehabilitation
0:	385	Blood - leukocytes	0945	Other therapeutic services - alcohol
0.	386	Blood - other components	0946	rehabilitation Other therapeutic services - complex medical
				equipment - routine

0387	Blood - other derivatives (cryoprecipitates)	0947	Other therapeutic services - complex medical equipment - ancillary
0389	Blood - other	0949	Other therapeutic services - other
0390	Blood amd blood component administration, storage and processing - general	0960	Professional fees - general
0391	Blood and blood component administration, storage and processing - administration	0961	Professional fees - psychiatric
0399	Blood and blood component administration, storage and processing - other	0962	Professional fees - ophthalmology
0400	Other imaging services - general	0963	Professional fees - anesthesiologist (MD)
0401	Other imaging services - diagnostic	0964	Professional fees - anesthetist (CRNA)
	mammography		,
0402	Other imaging services - ultrasound	0969	Professional fees - other
0403	Other imaging services - screening mammography	0970	Professional fees - general
0404	Other imaging services - PET	0971	Professional fees - laboratory
0409	Other imaging services - other	0972	Professional fees - radiology - diagnostic
0410	Respiratory services - general	0973	Professional fees - radiology - therapeutic
0412	Respiratory services - inhalation	0974	Professional fees - readiology - nuclear medicine
0413	Respiratory services - hyperbaric oxygen therapy	0975	Professional fees - operating room
0419	Respiratory services - other	0976	Professional fees - respiratory therapy
0420	Physical therapy - general	0977	Professional fees - physical therapy
0421	Physical therapy - visit charge	0978	Professional fees - occupational therapy
0422	Physical therapy - hourly charge	0979	Professional fees - speech therapy
0423	Physical therapy - group rate	0980	Professional fees - general
0424	Physical therapy - evaluation or reevaluation	0981	Professional fees - emergency room
0429	Physical therapy - other	0982	Professional fees - outpatient services
0430	Occupational therapy - general	0983	Professional fees - clinic
0431	Occupational therapy - visit charge	0984	Professional fees - medical social services
0432	Occupational therapy - hourly charge	0985	Professional fees - EKG
0433	Occupational therapy - group rate	0986	Professional fees - EEG
0434	Occupational therapy - evaluation or reevaluation	0987	Professional fees - hospital visit
0439	Occupational therapy - other	0988	Professional fees - consultation
0440	Speech-language pathology - general	0989	Professional fees - private duty nurse
0441	Speech-language pathology - visit charge	0990	Patient convenience items - general
0442	Speech-language pathology - hourly charge	0991	Patient convenience items - cafeteria/guest tray
0443	Speech-language pathology - group rate	0992	Patient convenience items - private linen service
0444	Speech-language pathology - evaluation or reevaluation	0993	Patient convenience items - telephone/telegraph
0449	Speech-language pathology - other	0994	Patient convenience items - TV/radio
0450	Emergency room - general	0995	Patient convenience items - nonpatient room rentals
0451	Emergency room - EMTALA emergency medical screening services	0996	Patient convenience items - late discharge charge
0452	Emergency room - beyond EMTALA screening	0997	Patient convenience items - admission kits
0456	Emergency room - urgent care	0998	Patient convenience items - beauty shop/barber
0459	Emergency room - other	0999	Patient convenience items - other
0460	Pulmonary function - general	1000	Behavior health accommodations - general
0469	Pulmonary function - other	1000	Behavior health accommodations - residential
0470	Audiology - general	1002	treatment - psychiatric Behavior health accommodations - residential
0471	Audiology - diagnostic	1003	treatment - chemical dependency Behavior health accommodations - supervised
0472	Audiology - treatment	1004	living Behavior health accommodations - halfway house
0479	Audiology - other	1005	Behavior health accommodations - group home
0480	Cardiology - general	2100	Alternative therapy services - general
0481	Cardiology - cardiac cath lab	2101	Alternative therapy services - acupuncture
0481	Cardiology - cardiac cath lab	2101	Alternative therapy services - acupuncture

	0482	Cardiology - stress test		2102	Alternative therapy services - acupressure
	0483	Cardiology - echocardiology		2103	Alternative therapy services - massage
	0489	Cardiology - other		2104	Alternative therapy services - reflexology
	0490	Ambulatory surgical care - general		2105	Alternative therapy services - biofeedback
	0499	Ambulatory surgical care - other		2106	Alternative therapy services - hypnosis
	0500	Outpatient services - general		2109	Alternative therapy services - other
	0509	Outpatient services - other		3101	Adult day care, medical and social - hourly
	0510	Clinic - general		3102	Adult day care, social - hourly
	0511	Clinic - chronic pain		3103	Adult day care, medical and social - daily
	0512	Clinic - dental		3104	Adult day care, social - daily
	0513	Clinic - psychiatric		3105	Adult foster care - daily
	0514	Clinic - OB/GYN		3109	Adult foster care - other
	0515	Clinic - pediatric			
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Length: Field 5: Description:	19 5 MOD Identi 22 23 24 25 26 27 32 33 47 50 51 52 53 54	IFIER_1 fies special circumstances relat Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management by the Same Physician or Other Qualicare Professional during a Postoperat Significant, Separately Identifiable Evand Management Service by the Same or Other Qualified Health Care Profesthe Same Day of the Procedure or Oth Professional Component Multiple Outpatient Hospital E/M Enethe Same Date Mandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only	nt Service iffed Health tive Period valuation e Physician assional on her Service	Alphan performa	nce of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit Right hand, thumb Right hand, second digit Right hand, third digit Right hand, third digit
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Length: Field 5: Description:	19 5 MOD Identi 22 23 24 25 26 27 32 33 47 50 51 52 53 54 55 56	IFIER_1 fies special circumstances related Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management by the Same Physician or Other Qualificated Professional during a Postoperated Significant, Separately Identifiable Evand Management Service by the Same or Other Qualified Health Care Profesthe Same Day of the Procedure or Other Professional Component Multiple Outpatient Hospital E/M English Evandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only Preoperative Management Only Decision for Surgery Staged or Related Procedure or Service Same Physician or Other Qualified Health Care Institute	nt Service ified Health tive Period valuation e Physician ssional on ner Service counters on	Alphan P4 P5 P6 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9	nce of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, third digit Left hand, fifth digit Right hand, thumb Right hand, third digit Right hand, tourth digit Right hand, fourth digit Right hand, third digit Right hand, fourth digit Right hand, fifth digit Left hand, fifth digit Left hand, fifth digit Right hand, second digit Right hand, fourth digit Right hand, fourth digit Right hand, fifth digit Left hand, thumb Performance and payment of a screening mammography and diagnostic mammography o
Length: Field 5: Description:	19 5 MOD Identi 22 23 24 25 26 27 32 33 47 50 51 52 53 54 55 56 57 58	IFIER_1 fies special circumstances related Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management by the Same Physician or Other Qualificant, Separately Identifiable Evand Management Service by the Same or Other Qualified Health Care Professional Component Multiple Outpatient Hospital E/M Englished Evand Management Service Service Services Professional Component Multiple Outpatient Hospital E/M Englished Evand Management Services Preventive Services Preventive Services Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only Preoperative Management Only Preoperative Management Only Staged or Related Procedure or Services Same Physician or Other Qualified Herofessional During the Postoperative	nt Service ified Health tive Period valuation e Physician ssional on ner Service counters on	Alphan Performa P4 P5 P6 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA GG	nce of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit Right hand, third digit Right hand, second digit Right hand, fourth digit Right hand, fourth digit Right hand, fourth digit Right hand, fifth digit Left hand, thumb Performance and payment of a screening mammography and diagnostic mammography o same patient, same day.
Beginning Position: Length: Field 5: Description: Coding Scheme:	19 5 MOD Identi 22 23 24 25 26 27 32 33 47 50 51 52 53 54 55 56 57	IFIER_1 fies special circumstances related Increased prodedural services Unusual Anesthesia Unrelated Evaluation and Management by the Same Physician or Other Qualificated Professional during a Postoperated Significant, Separately Identifiable Evand Management Service by the Same or Other Qualified Health Care Profesthe Same Day of the Procedure or Other Professional Component Multiple Outpatient Hospital E/M English Evandated Services Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only Preoperative Management Only Decision for Surgery Staged or Related Procedure or Service Same Physician or Other Qualified Health Care Institute	nt Service ified Health tive Period valuation e Physician ssional on ner Service counters on	Alphan performa	nce of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are being removed for donor purposes Upper left eyelid Lower left eyelid Lower right eyelid Lower right eyelid Left hand, second digit Left hand, fourth digit Left hand, fifth digit Right hand, third digit Right hand, second digit Right hand, fourth digit Right hand, fourth digit Right hand, fourth digit Right hand, fifth digit Left hand, third digit Right hand, second digit Right hand, second digit Right hand, third digit Right hand, fourth digit Right hand, fourth digit Right hand, fifth digit Left hand, thumb Performance and payment of a screening mammography on

DSHS/THCIC

Length: Field 9: Description: DSHS/THCIC		e specifying the units in which a value is be Days	eing exp	DSHS Document # E25-14164
Length: Field 9:			eino evr	pressed
Length:	TIMIT			
	2	Type: T MEASUREMENT CODE	Alphar	numeric
Beginning Position:	30	Data Source:	Claim	
Coding Scheme:		e as Field MODIFIER_1	·	
Description:	Ident	tifies special circumstances related to the p	erforma	ance of the service.
Field 8:		DIFIER_4		
Length:	2	Type:		numeric
Beginning Position:	28	Data Source:	Claim	
Coding Scheme:		e as Field MODIFIER 1		
Description:		tifies special circumstances related to the p	performa	ance of the service.
Field 7:		DIFIER 3	- приш	^^ -
Length:	2	Type:		numeric
Beginning Position:	26	Data Source:	Claim	
Coding Scheme:		e as Field MODIFIER 1	,011011110	ance of the service.
Description:		DIFIER_2 tifies special circumstances related to the p	erforms	ance of the service
Length: Field 6:		Type: DIFIER 2	Aipnar	iumene
Beginning Position:	24 2	Data Source:	Claim	numeric
Daginaina Dagida	P3	A patient with severe systemic disease	Cleim	
	P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
	P1	A normal healthy patient	XP	Separate Practitioner
		specified		
	or	Action not performed, reason not otherwise	Λδ	верагате винените
	8P	System Reasons Performance Measure Reporting Modifier-	XS	Separate Structure
	3P	Patient Reasons Performance Measure Exclusion Modifier due to	XE	Separate Encounter
	2P	Performance Measure Exclusion Modifier due to	TA	Left foot, great toe
	1P	Performance Measure Exclusion Modifier due to Medical Reasons	Т9	Right foot, fifth digit
	99	Multiple Modifiers	T8	Right foot, fourth digit
	0.0	Telecommunications System		
	95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video	T7	Right foot, third digit
	92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
	91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
	90	Reference (Outside) Laboratory	T4	Left foot, fifth digit
	82	Repeat procedure by same physician	T3	Left foot, fourth digit
	81	Minimum Assistant Surgeon	T2	Left foot, third digit
	80	Professional During the Postoperative Period Assistant Surgeon	T1	Left foot, second digit
	79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care	RT	Right side of the body procedure
		Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period		
	78	Qualified Health Care Professional Unplanned Return to the Operating/Procedure	RI	Ramus intermedius coronary artery
	77	Qualified Health Care Professional Repeat Procedure by Another Physician or Other	RC	provider of services Right coronary artery
	76	Administration of Anesthesia Repeat Procedure by Same Physician or Other	QN	Ambulance service furnished directly by a
	74	Surgery Center (ASC) Procedure prior to the Administration of Anesthesia Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after	QM	Ambulance service provided under arrangeme by a provider of services
	73	Discontinued Outpatient Hospital/Ambulatory	LT	Left side of the body procedure
	63 66	Surgical Team	LD LM	Left anterior descending coronary artery Left main coronary artery
		Procedure Performed on Infants less than 4kg		

Coding Scheme:	F2 International unit UN Unit		
Beginning Position:	32	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 10:	UNITS OF SERVICE	турс.	7 Homemorie
Description:	Numeric value of quantity	,	
Beginning Position:	34	Data Source:	Claim
Length:	7	Type:	Numeric
Field 11:	UNIT RATE	1) per	1.00110
Description:	Rate per unit		
Beginning Position:	41	Data Source:	Claim
Length:	12	Type:	Numeric
Field 12:	CHRGS LINE ITEM	J 1	
Description:	Total amount of the charg	e	
Beginning Position:	53	Data Source:	Assigned
Length:	14	Type:	Numeric
Field 13:	CHRGS NON COV		
Description:	Total non-covered amoun	t of the charge	
Beginning Position:	67	Data Source:	Assigned
Length:	14	Type:	Numeric
Field 14:	FINAL EAPG CATEG	ORY CODE	
	Enhanced Ambulatory Pat	ient Group (EAPC	G) category code, as assigned by 3M EAPG
	Grouper. Not available 4Q		
Beginning Position:	81	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 15:	FINAL_EAPG_TYPE_C		·
Field 15:	Enhanced Ambulatory Pat		G) type code, as assigned by 3M EAPG Grouper.
	Enhanced Ambulatory Pat Not available 4Q09.	ient Group (EAPO	
Beginning Position:	Enhanced Ambulatory Pat Not available 4Q09.	ient Group (EAPO Data Source:	Assigned
Beginning Position: Length:	Enhanced Ambulatory Pat Not available 4Q09. 83	ient Group (EAPO	
Beginning Position:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG	ient Group (EAPC Data Source: Type:	Assigned Alphanumeric
Beginning Position: Length:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato	ient Group (EAPC Data Source: Type:	Assigned
Beginning Position: Length: Field 16:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09.	Data Source: Type: ry Patient Group (Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not
Beginning Position: Length: Field 16: Beginning Position:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09.	Data Source: Type: ry Patient Group (Data Source:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned
Beginning Position: Length: Field 16: Beginning Position: Length:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5	Data Source: Type: ry Patient Group (Data Source: Type:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not
Beginning Position: Length: Field 16: Beginning Position:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO	Data Source: Type: ry Patient Group (Data Source: Type: Data Source: Type:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric
Beginning Position: Length: Field 16: Beginning Position: Length:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Class	Data Source: Type: ry Patient Group (Data Source: Type: Data Source: Type:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09.	Data Source: Type: ry Patient Group (Data Source: Type: DDE sification (APC)	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper.
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90	Data Source: Type: Type: Data Source: Type: Data Source: Type: DESTRUCTION (APC) Data Source:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper. Assigned
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position: Length:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90 5	Data Source: Type: Type: Data Source: Type: Data Source: Type: DDE Data Source: Type: Data Source: Type:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper.
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90 5 APC_PX_STATUS_IND	Data Source: Type: Type: Data Source: Type:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper. Assigned Alphanumeric
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position: Length:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90 5 APC_PX_STATUS_IND Ambulatory Payment Clas	Data Source: Type: Type: Data Source: Type: Data Source: Type: Data Source: Type: Data Source: Type: CODE ssification (APC)	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper. Assigned
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position: Length: Field 18:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90 5 APC_PX_STATUS_IND Ambulatory Payment Clas Grouper. Not available 4Q	Data Source: Type: Type: Data Source: Type: Data Source: Type: Data Source: Type: Data Source: Type: CODE ssification (APC) ssification (APC)	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper. Assigned Alphanumeric procedure status indicator as assigned by 3M APC
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position: Length: Field 18:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90 5 APC_PX_STATUS_IND Ambulatory Payment Clas Grouper. Not available 4Q	Data Source: Type: Type: Data Source: Type: Data Source: Type: Data Source: Type: CODE sification (APC) sification (APC) Data Source: Type: CODE sification (APC) Data Source: Data Source:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper. Assigned Alphanumeric procedure status indicator as assigned by 3M APC Assigned
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position: Length: Field 18: Beginning Position: Length:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90 5 APC_PX_STATUS_IND Ambulatory Payment Clas Grouper. Not available 4Q 95	Data Source: Type: Type: Data Source: Type: Data Source: Type: Data Source: Type: Data Source: Type: CODE ssification (APC) ssification (APC)	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper. Assigned Alphanumeric procedure status indicator as assigned by 3M APC
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position: Length: Field 18:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90 5 APC_PX_STATUS_IND Ambulatory Payment Clas Grouper. Not available 4Q95 2 APC_WEIGHT	Data Source: Type: Type: Data Source: Type: DODE Sification (APC) Sification (APC) Data Source: Type: Type: Doda Source: Type: Doda Source: Type:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper. Assigned Alphanumeric procedure status indicator as assigned by 3M APC Assigned Alphanumeric
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position: Length: Field 18: Beginning Position: Length:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90 5 APC_PX_STATUS_IND Ambulatory Payment Clas Grouper. Not available 4Q 95 2 APC_WEIGHT Ambulatory Payment Clas	Data Source: Type: Type: Data Source: Type: DODE Sification (APC) Sification (APC) Data Source: Type: Type: Doda Source: Type: Doda Source: Type:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper. Assigned Alphanumeric procedure status indicator as assigned by 3M APC Assigned
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position: Length: Field 18: Beginning Position: Length: Field 19:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90 5 APC_PX_STATUS_IND Ambulatory Payment Clas Grouper. Not available 4Q 95 2 APC_WEIGHT Ambulatory Payment Clas available 4Q09.	Data Source: Type: Type: Data Source: Type: DATA Source: Type: DATA Source: Type: DATA Source: Type: DATA Source: Type: DATA Source: Type: DATA Source: Type:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper. Assigned Alphanumeric procedure status indicator as assigned by 3M APC Assigned Alphanumeric weighting as assigned by 3M APC Grouper. Not
Beginning Position: Length: Field 16: Beginning Position: Length: Field 17: Beginning Position: Length: Field 18: Beginning Position: Length:	Enhanced Ambulatory Pat Not available 4Q09. 83 2 FINAL_EAPG Final Enhanced Ambulato available 4Q09. 85 5 APC_PROCEDURE_CO Ambulatory Payment Clas Not available 4Q09. 90 5 APC_PX_STATUS_IND Ambulatory Payment Clas Grouper. Not available 4Q 95 2 APC_WEIGHT Ambulatory Payment Clas	Data Source: Type: Type: Data Source: Type: DODE Sification (APC) Sification (APC) Data Source: Type: Type: Doda Source: Type: Doda Source: Type:	Assigned Alphanumeric (EAPG), as assigned by 3M EAPG Grouper. Not Assigned Alphanumeric procedure code as assigned by 3M APC Grouper. Assigned Alphanumeric procedure status indicator as assigned by 3M APC Assigned Alphanumeric

FACILITY TYPE INDICATOR FILE

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

Field 1:	THCIC_ID	_	
Description:	Provider ID. Unique identif		
Beginning Position:	1	Data Source:	Assigned
Length:	6	Type:	Alphanumeric
Field 2	PROVIDER_NAME		
Description:	Hospital name provided by		
Beginning Position:	7	Data Source:	Provider
Length:	55	Type:	Alphanumeric
Field 3:	FAC_TEACHING_IND		
Description:	Teaching facility indicator.		
Coding Scheme:	A Member, Council of Tea	ching Hospitals	
	X Other teaching facility		
Beginning Position:	62	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 4:	FAC_PSYCH_IND		
Description:	Psychiatric facility indicato		
Beginning Position:	63	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 5:	FAC REHAB IND		
Description:	Rehabilitation facility indic	ator.	
Beginning Position:	64	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 6:	FAC ACUTE CARE IN		
Description:	Acute care facility indicator		
Beginning Position:	65	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 7:	FAC SNF IND	V 1	•
Description:	Skilled nursing facility indi	cator.	
Beginning Position:	66	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 8:	FAC LONG TERM AC		•
Description:	Long term acute care facilit		
Beginning Position:	67	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 9:	FAC OTHER LTC IND		
Description:	Other long term care facilit		
Beginning Position:	68	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 10:	FAC PEDS IND	, , , , , , , , , , , , , , , , , , ,	
Description:	Pediatric facility Indicator.		
Coding Scheme:		iation of Children	's Hospitals and Related Institutions (NACHRI)
8	X Facilities that also treat c		1
Beginning Position:	69	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 11:	FAC CARDIOVASCULA		•
Description:	Cardiovascular facility indi		
Beginning Position:	70	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 12:	FAC CHIROPRACTIC		1
		· -	
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			-

Description:	Chiropractic care facility in	dicator.	
Beginning Position:	71	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 13:	FAC_ENDOSCOPY_IND		
Description:	Endoscopy facility indicator	r.	
Beginning Position:	72	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 14:	FAC_FOOT_IND		
Description:	Foot care facility indicator.		
Beginning Position:	73	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 15:	FAC_GASTROENTERO	LOGY_IND	
Description:	Gastroenterology facility in	dicator.	
Beginning Position:	74	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 16:	FAC_GENERAL_IND		
Description:	General care facility indicat	or.	
Beginning Position:	75	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 17:	FAC_NEUROLOGICAL	_IND	
Description:	Neurological care facility in	dicator.	
Beginning Position:	76	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 18:	FAC_OB_GYN_IND		
Description:	Obstetric and gynecology fa	acility indicator.	
Beginning Position:	77	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 19:	FAC_OPTHAMOLOGY_	IND	
Description:	Opthamology facility indica	itor.	
Beginning Position:	78	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 20:	FAC_ORAL_IND		
Description:	Oral health care facility indi	icator.	
Beginning Position:	79	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 21:	FAC_ORTHOPEDIC_IN		
Description:	Orthopedic care facility indi	icator.	
Beginning Position:	80	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 22:	FAC_OTOLARYNGOLO	_	
Description:	Otolaryngology facility indi	icator.	
Beginning Position:	81	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 23:	FAC_PAIN_MNGMT_II		
Description:	Pain management facility in		
Beginning Position:	82	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 24:	FAC_PLASTIC_IND		
Description:	Plastic surgery facility indic		
Beginning Position:	83	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 25:	FAC_THORACIC_IND		
Description:	Thoracic care facility Indica	ntor.	
Beginning Position:	84	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Delic/Tucic			DOILG Do 44 EQ5 14164
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Field 26:	FAC UROLOGY IND		
Description:	Urology care facility indica	tor.	
Beginning Position:	85	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 27:	FAC_OTHER_IND		
Description:	Other facility indicator.		
Beginning Position:	86	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 11:	POA_PROVIDER_INDIC	CATOR	
	Indicator identifying whether	er facility is requi	red to submit Diagnosis Present on Admission
			e following facility types as exempt from
	reporting POA to the depart	tment: Critical Ac	cess Hospitals, Inpatient Rehabilitation Hospitals,
	Inpatient Psychiatric Hospit	tals, Cancer Hospi	tals ,Children's or Pediatric Hospitals and Long
	Term Care Hospitals.		
Coding Scheme:		ns that would be exem	apted from reporting POA for those patients)
	R Required X Exempt		
	` Invalid		
Beginning Position:	87	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 122:	CERT_STATUS	× •	
		dicate the certification	tion of data and submission of comments by the
	facility. First available 3 rd q	uarter 1999.	·
Coding Scheme:	1 Certified, without com		
e e	2 Certified, with commer		
	3 Certified, with commer		ed by deadline
	Facility elected not to c Facility closed, data no	•	
	6 Facility out of complian		79
			l or man-made disaster (Starting 4Q2016)
Beginning Position:	88	Data Source:	Assigned
Length:	1	Type:	Alphanumeric



TEXAS OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE

Public Use Data File DATA FIELDS

BASE DATA FILE

Number	Field Name	Position	Length	Field Type
1	SERVICE_QUARTER	1	6	Alphanumeric
2	RECORD_ID- Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	7	12	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	SPEC_UNIT_1	25	1	Alphanumeric
5	SPEC_UNIT_2	26	1	Alphanumeric
6	SPEC_UNIT_3	27	1	Alphanumeric
7	SPEC_UNIT_4	28	1	Alphanumeric
8	SPEC_UNIT_5	29	1	Alphanumeric
9	SEX_CODE	30	1	Alphanumeric
10	PAT_COUNTY	31	3	Alphanumeric
11	PAT_STATE	34	2	Alphanumeric
12	PAT_ZIP	36	5	Alphanumeric
13	PAT_COUNTRY	41	2	Alphanumeric
14	PUBLIC_HEALTH_REGION	43	2	Alphanumeric
15	LENGTH_OF_SERVICE	45	2	Alphanumeric
16	PAT_AGE	47	2	Alphanumeric
17	RACE	49	1	Alphanumeric
18	ETHNICITY	50	1	Alphanumeric
19	FIRST_PAYMENT_SRC	51	2	Alphanumeric
20	SECONDARY_PAYMENT_SRC	53	2	Alphanumeric
21	TYPE_OF_BILL	55	3	Alphanumeric
22	CONDITION_CODE_1	58	2	Alphanumeric
23	CONDITION_CODE_2	60	2	Alphanumeric
24	CONDITION_CODE_3	62	2	Alphanumeric
25	CONDITION_CODE_4	64	2	Alphanumeric

DSHS/THCIC

Number	Field Name	Position	Length	Field Type
26	CONDITION_CODE_5	66	2	Alphanumeric
27	CONDITION_CODE_6	68	2	Alphanumeric
28	CONDITION_CODE_7	70	2	Alphanumeric
29	CONDITION_CODE_8	72	2	Alphanumeric
30	PAT_REASON_FOR_VISIT	74	7	Alphanumeric
31	PRINC_DIAG_CODE	81	7	Alphanumeric
32	OTH_DIAG_CODE_1	88	7	Alphanumeric
33	OTH_DIAG_CODE_2	95	7	Alphanumeric
34	OTH_DIAG_CODE_3	102	7	Alphanumeric
35	OTH_DIAG_CODE_4	109	7	Alphanumeric
36	OTH_DIAG_CODE_5	116	7	Alphanumeric
37	OTH_DIAG_CODE_6	123	7	Alphanumeric
38	OTH_DIAG_CODE_7	130	7	Alphanumeric
39	OTH_DIAG_CODE_8	137	7	Alphanumeric
40	OTH_DIAG_CODE_9	144	7	Alphanumeric
41	OTH_DIAG_CODE_10	151	7	Alphanumeric
42	OTH_DIAG_CODE_11	158	7	Alphanumeric
43	OTH_DIAG_CODE_12	165	7	Alphanumeric
44	OTH_DIAG_CODE_13	172	7	Alphanumeric
45	OTH_DIAG_CODE_14	179	7	Alphanumeric
46	OTH_DIAG_CODE_15	186	7	Alphanumeric
47	OTH_DIAG_CODE_16	193	7	Alphanumeric
48	OTH_DIAG_CODE_17	200	7	Alphanumeric
49	OTH_DIAG_CODE_18	207	7	Alphanumeric
50	OTH_DIAG_CODE_19	214	7	Alphanumeric
51	OTH_DIAG_CODE_20	221	7	Alphanumeric
52	OTH_DIAG_CODE_21	228	7	Alphanumeric
53	OTH_DIAG_CODE_22	235	7	Alphanumeric
54	OTH_DIAG_CODE_23	242	7	Alphanumeric
55	OTH_DIAG_CODE_24	249	7	Alphanumeric
56	RELATED_CAUSE_CODE_1	256	2	Alphanumeric
57	RELATED_CAUSE_CODE_2	258	2	Alphanumeric
58	RELATED_CAUSE_CODE_3	260	2	Alphanumeric
59	E_CODE_1	262	7	Alphanumeric
60	E_CODE_2	269	7	Alphanumeric
61	E_CODE_3	276	7	Alphanumeric
62	E_CODE_4	283	7	Alphanumeric
63	E_CODE_5	290	7	Alphanumeric
64	E_CODE_6	297	7	Alphanumeric
65	E_CODE_7	304	7	Alphanumeric

Number	Field Name	Position	Length	Field Type
66	E_CODE_8	311	7	Alphanumeric
67	E_CODE_9	318	7	Alphanumeric
68	E_CODE_10	325	7	Alphanumeric
69	PROC_CODE_1	332	5	Alphanumeric
70	PROC_CODE_2	337	5	Alphanumeric
71	PROC_CODE_3	342	5	Alphanumeric
72	PROC_CODE_4	347	5	Alphanumeric
73	PROC_CODE_5	352	5	Alphanumeric
74	PROC_CODE_6	357	5	Alphanumeric
75	PROC_CODE_7	362	5	Alphanumeric
76	PROC_CODE_8	367	5	Alphanumeric
77	PROC_CODE_9	372	5	Alphanumeric
78	PROC_CODE_10	377	5	Alphanumeric
79	PROC_CODE_11	382	5	Alphanumeric
80	PROC_CODE_12	387	5	Alphanumeric
81	PROC_CODE_13	392	5	Alphanumeric
82	PROC_CODE_14	397	5	Alphanumeric
83	PROC_CODE_15	402	5	Alphanumeric
84	PROC_CODE_16	407	5	Alphanumeric
85	PROC_CODE_17	412	5	Alphanumeric
86	PROC_CODE_18	417	5	Alphanumeric
87	PROC_CODE_19	422	5	Alphanumeric
88	PROC_CODE_20	427	5	Alphanumeric
89	PROC_CODE_21	432	5	Alphanumeric
90	PROC_CODE_22	437	5	Alphanumeric
91	PROC_CODE_23	442	5	Alphanumeric
92	PROC_CODE_24	447	5	Alphanumeric
93	PROC_CODE_25	452	5	Alphanumeric
94	OTHER_AMOUNT	457	12	Numeric
95	PHARM_AMOUNT	469	12	Numeric
96	MEDSURG_AMOUNT	481	12	Numeric
97	DME_AMOUNT	493	12	Numeric
98	USED_DME_AMOUNT	505	12	Numeric
99	PT_AMOUNT	517	12	Numeric
100	OT_AMOUNT	529	12	Numeric
101	SPEECH_AMOUNT	541	12	Numeric
102	IT_AMOUNT	553	12	Numeric
103	BLOOD_AMOUNT	565	12	Numeric
104	BLOOD_ADM_AMOUNT	577	12	Numeric
105	OR_AMOUNT	589	12	Numeric
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Number	Field Name	Position	Length	Field Type
106	LITH_AMOUNT	601	12	Numeric
107	CARD_AMOUNT	613	12	Numeric
108	ANES_AMOUNT	625	12	Numeric
109	LAB_AMOUNT	637	12	Numeric
110	RAD_AMOUNT	649	12	Numeric
111	MRI_AMOUNT	661	12	Numeric
112	OP_AMOUNT	673	12	Numeric
113	ER_AMOUNT	685	12	Numeric
114	AMBULANCE_AMOUNT	697	12	Numeric
115	PRO_FEE_AMOUNT	709	12	Numeric
116	ORGAN_AMOUNT	721	12	Numeric
117	ESRD_AMOUNT	733	12	Numeric
118	CLINIC_AMOUNT	745	12	Numeric
119	TOTAL_CHARGES	757	12	Numeric
120	TOTAL_NON_COV_CHARGES	769	12	Numeric
121	TOTAL_CHARGES_ANCIL	781	12	Numeric
122	TOTAL_NON_COV_CHARGES_ANCIL	793	12	Numeric
123	PHYSICIAN1_INDEX_NUMBER	805	10	Alphanumeric
124	PHYSICIAN2_INDEX_NUMBER	815	10	Alphanumeric
125	INPUT_FORMAT	825	1	Alphanumeric
126	SOURCE_OF_ADMISSION	826	1	Alphanumeric
127	PAT_STATUS	827	2	Alphanumeric
128	PROVIDER_NAME	829	55	Alphanumeric
	Record_Length		883	

CLASSIFICATION DATA FILE

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	1	12	Alphanumeric
2	CCS_PRINC_DIAG_CODE	13	4	Alphanumeric
3	CCS_OTH_DIAG_CODE_1	17	4	Alphanumeric
4	CCS_OTH_DIAG_CODE_2	21	4	Alphanumeric
5	CCS_OTH_DIAG_CODE_3	25	4	Alphanumeric
6	CCS_OTH_DIAG_CODE_4	29	4	Alphanumeric
7	CCS_OTH_DIAG_CODE_5	33	4	Alphanumeric
8	CCS_OTH_DIAG_CODE_6	37	4	Alphanumeric
9	CCS_OTH_DIAG_CODE_7	41	4	Alphanumeric
10	CCS_OTH_DIAG_CODE_8	45	4	Alphanumeric
11	CCS_OTH_DIAG_CODE_9	49	4	Alphanumeric
12	CCS_OTH_DIAG_CODE_10	53	4	Alphanumeric
13	CCS_OTH_DIAG_CODE_11	57	4	Alphanumeric
14	CCS_OTH_DIAG_CODE_12	61	4	Alphanumeric
15	CCS_OTH_DIAG_CODE_13	65	4	Alphanumeric
16	CCS_OTH_DIAG_CODE_14	69	4	Alphanumeric
17	CCS_OTH_DIAG_CODE_15	73	4	Alphanumeric
18	CCS_OTH_DIAG_CODE_16	77	4	Alphanumeric
19	CCS_OTH_DIAG_CODE_17	81	4	Alphanumeric
20	CCS_OTH_DIAG_CODE_18	85	4	Alphanumeric
21	CCS_OTH_DIAG_CODE_19	89	4	Alphanumeric
22	CCS_OTH_DIAG_CODE_20	93	4	Alphanumeric
23	CCS_OTH_DIAG_CODE_21	97	4	Alphanumeric
24	CCS_OTH_DIAG_CODE_22	101	4	Alphanumeric
25	CCS_OTH_DIAG_CODE_23	105	4	Alphanumeric
26	CCS_OTH_DIAG_CODE_24	109	4	Alphanumeric
27	CCS_PROC_CODE_1	113	3	Alphanumeric
28	CCS_PROC_CODE_2	116	3	Alphanumeric
29	CCS_PROC_CODE_3	119	3	Alphanumeric
30	CCS_PROC_CODE_4	122	3	Alphanumeric
31	CCS_PROC_CODE_5	125	3	Alphanumeric
32	CCS_PROC_CODE_6	128	3	Alphanumeric
33	CCS_PROC_CODE_7	131	3	Alphanumeric
34	CCS_PROC_CODE_8	134	3	Alphanumeric
35	CCS_PROC_CODE_9	137	3	Alphanumeric

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Number	Field Name	Position	Length	Field Type
36	CCS_PROC_CODE_10	140	3	Alphanumeric
37	CCS_PROC_CODE_11	143	3	Alphanumeric
38	CCS_PROC_CODE_12	146	3	Alphanumeric
39	CCS_PROC_CODE_13	149	3	Alphanumeric
40	CCS_PROC_CODE_14	152	3	Alphanumeric
41	CCS_PROC_CODE_15	155	3	Alphanumeric
42	CCS_PROC_CODE_16	158	3	Alphanumeric
43	CCS_PROC_CODE_17	161	3	Alphanumeric
44	CCS_PROC_CODE_18	164	3	Alphanumeric
45	CCS_PROC_CODE_19	167	3	Alphanumeric
46	CCS_PROC_CODE_20	170	3	Alphanumeric
47	CCS_PROC_CODE_21	173	3	Alphanumeric
48	CCS_PROC_CODE_22	176	3	Alphanumeric
49	CCS_PROC_CODE_23	179	3	Alphanumeric
50	CCS_PROC_CODE_24	182	3	Alphanumeric
51	CCS_PROC_CODE_25	185	3	Alphanumeric
52	EAPG_GRP_VER	188	12	Alphanumeric
53	APC_GRP_VER	200	12	Alphanumeric
54	CRG_STATUS_1	212	1	Alphanumeric
55	CRG_STATUS_2	213	1	Alphanumeric
56	CRG_STATUS_3	214	1	Alphanumeric
57	CRG_STATUS_4	215	1	Alphanumeric
58	CRG_STATUS_5	216	1	Alphanumeric
59	CRG_STATUS_6	217	1	Alphanumeric
60	CRG_STATUS_7	218	1	Alphanumeric
61	CRG_STATUS_8	219	1	Alphanumeric
62	CRG_STATUS_9	220	1	Alphanumeric
63	CRG_STATUS_10	221	1	Alphanumeric
64	CRG_CODE_1	222	5	Alphanumeric
65	CRG_CODE_2	227	5	Alphanumeric
66	CRG_CODE_3	232	5	Alphanumeric
67	CRG_CODE_4	237	5	Alphanumeric
68	CRG_CODE_5	242	5	Alphanumeric
69	CRG_CODE_6	247	5	Alphanumeric
70	CRG_CODE_7	252	5	Alphanumeric
71	CRG_CODE_8	257	5	Alphanumeric
72	CRG_CODE_9	262	5	Alphanumeric
73	CRG_CODE_10	267	5	Alphanumeric
74	CRG_SEVERITY_1	272	1	Alphanumeric
75	CRG_SEVERITY_2	273	1	Alphanumeric

Number	Field Name	Position	Length	Field Type
76	CRG_SEVERITY_3	274	1	Alphanumeric
77	CRG_SEVERITY_4	275	1	Alphanumeric
78	CRG_SEVERITY_5	276	1	Alphanumeric
79	CRG_SEVERITY_6	277	1	Alphanumeric
80	CRG_SEVERITY_7	278	1	Alphanumeric
81	CRG_SEVERITY_8	279	1	Alphanumeric
82	CRG_SEVERITY_9	280	1	Alphanumeric
83	CRG_SEVERITY_10	281	1	Alphanumeric
	Record_Length		281	

CHARGES DATA FILE

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
14	FINAL_EAPG_CATEGORY_CODE	81	2	Alphanumeric
15	FINAL_EAPG_TYPE_CODE	83	2	Alphanumeric
16	FINAL_EAPG	85	5	Alphanumeric
17	APC_PROCEDURE_CODE	90	5	Alphanumeric
18	APC_PX_STATUS_IND_CODE	95	2	Alphanumeric
19	APC_WEIGHT	97	9	Alphanumeric
	Record_Length		105	

FACILITY TYPE DATA 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	FAC_CARDIOVASCULAR_IND	70	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	71	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	72	1	Alphanumeric
14	FAC_FOOT_IND	73	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	74	1	Alphanumeric
16	FAC_GENERAL_IND	75	1	Alphanumeric
17	FAC_NEUROLOGICAL_IND	76	1	Alphanumeric
18	FAC_OB_GYN_IND	77	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	78	1	Alphanumeric
20	FAC_ORAL_IND	79	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	80	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	81	1	Alphanumeric
23	FAC_PAIN_MNGMT_IND	82	1	Alphanumeric
24	FAC_PLASTIC_IND	83	1	Alphanumeric
25	FAC_THORACIC_IND	84	1	Alphanumeric
26	FAC_UROLOGY_IND	85	1	Alphanumeric
27	FAC_OTHER_IND	86	1	Alphanumeric
28	POA_PROVIDER_INDICATOR	87	1	Alphanumeric
29	CERT_STATUS	88	1	Alphanumeric
	Record_Length		88	