

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS HOSPITAL INPATIENT DISCHARGE PUBLIC USE DATA FILE (PUDF)

USER MANUAL

2023

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DSHS/THCIC

BACKGROUND

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

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repeals the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015, data. Rural providers and providers that are exempt from state franchise, sales, ad valorem, or other state or local taxes, and that do not seek or receive reimbursement for providing health care services to patients from any source will no longer be exempt from the data reporting requirements of Chapter 108.

PUBLIC USE DATA FILE (PUDF)

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

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

The Facility Type Indicator File is also included. This contains 12 variables including the THCIC ID and facility name and variables indicating whether the

facility is a teaching facility or pediatric hospital or other specialty facility. The file also includes POA provider indicator and certification status.

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

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

The 2023 PUDF is available in five fixed length format text files, Base Data #1, Base Data #2, Charges Data, Groupers Data, and Facility Type Data files. The files are also available in tab-delimited format. The size of the files is as follows:

First quarter, 696* hospitals:

| Base Data #1 | 790,235 records | 157 variables | Fixed field format | 586 MB | Tab-delimited | 293 MB |
|--------------------|--------------------|---------------|--------------------|----------|---------------|--------|
| Base Data #2 | 790,235 records | 99 variables | Fixed field format | 490 MB | Tab-delimited | 204 MB |
| Charges | 15,178,746 records | 13 variables | Fixed field format | 1,187 MB | Tab-delimited | 727 MB |
| Grouper Data | 790,235 records | 21 variables | Fixed field format | 50 MB | Tab-delimited | 65 MB |
| Facility Type Data | 696 records | 13 variables | Fixed field format | 52 KB | Tab-delimited | 41 KB |

Second quarter, 700* hospitals:

| Base Data #1 | 792,582 records | 157 variables | Fixed field format | 588 MB | Tab-delimited | 294 MB |
|--------------------|--------------------|---------------|--------------------|----------|---------------|--------|
| Base Data #2 | 792,582 records | 99 variables | Fixed field format | 491 MB | Tab-delimited | 204 MB |
| Charges | 15,084,398 records | 13 variables | Fixed field format | 1,180 MB | Tab-delimited | 718 MB |
| Grouper Data | 792,582 records | 21 variables | Fixed field format | 50 MB | Tab-delimited | 65 MB |
| Facility Type Data | 700 records | 13 variables | Fixed field format | 53 KB | Tab-delimited | 41 KB |

^{*} Final number of reporting hospitals, calculated as the result of the original number of reporting hospitals minus the number of hospital(s) with ALL claims submitted wrong due to wrong type of bill.

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

The PUDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals using the THCIC 837 format. The following data elements, other than the grouper file, are available in the PUDF beginning with data for 2004 or are not comparable to data collected in years prior to 2004; the grouper file becomes available for 2022 data and beyond:

| BASE DATA #1 FILE (Separated Base File 2 | 2011) |
|--|---|
| FAC LONG TERM AC IND | Added 2004. Moved to Facility Type Indicator File in 2011 |

| PAT COUNTRY | Added 2004 |
|--|--|
| FIRST PAYMENT SRC | Replaces PAYMENT_SOURCE_1 and SOURCE_PAYMENT_CODE_1 |
| SECOND PAYMENT SRC | Replaces PAYMENT_SOURCE_2 and SOURCE_PAYMENT_CODE_2 |
| REVENUE_CODE_23 | No longer available |
| TOTAL CHARGES | Replaces TOTAL_CHARGES_23 |
| TOTAL_CHARGES_ACCOMM | Replaces CLAIM_CHARGES_ACCOMM |
| TOTAL_CHARGES_ACCOMM | Replaces CLAIM_NON_COV_CHARGES_ACCOMM |
| TOTAL_NON_COV_CHARGES_ACCOMM TOTAL_CHARGES_ANCIL | Replaces CLAIM_CHARGES_ANCIL |
| TOTAL_CHARGES_ANCIL TOTAL_NON_COV_CHARGES_ANCIL | Replaces CLAIM_NON_COV_CHARGES_ANCIL |
| EXTERNAL_CAUSE_OF_INJURY_1 | Replaces EXTNAL_CAUSE_OF_INJURY |
| EXTERNAL_CAUSE_OF_INJURY_2 to | Added 2004 |
| EXTERNAL_CAUSE_OF_INJURY_10 | Added 2004 |
| OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25 | Added 2004 |
| OTH_SURG_PROC_CODE_6 to | Added 2004 |
| OTH_SURG_PROC_CODE_25 | Added 2004 |
| OTH_SURG_PROC_DAY_6 to | Added 2004 |
| OTH_SURG_PROC_DAY_25 | Added 2004 |
| OTH_ICD9_CODE_6 to OTH_ICD9_CODE_25 | Added 2004 |
| MS MDC name changed from CMS MDC | Added 2004; no longer available in Base Data #1—renamed as |
| (2011) | FROZEN_MS_MDC and moved to Grouper File in 2022 |
| INBOUND_INDICATOR | Available 2004 only |
| POA_PRINC_DIAG_CODE | Added 2011 |
| POA OTH DIAG CODE 1 to | |
| POA_OTH_DIAG_CODE_24 | Added 2011 |
| POA E CODE 1 to POA E CODE 10 | Added 2011 |
| 10/(_L_COBL_1 to 10/(_L_COBL_10 | Added 2011; no longer available in Base Data #1—renamed as |
| | FROZEN_MS_GRP_ERROR_CODE and moved to Grouper File in |
| MS GROUPER ERROR CODE | 2022 |
| TIS_CROOT ER_ ERROR _COBE | Added 2011; no longer available in Base Data #1—renamed as |
| | FROZEN_APR_GRP_ERROR_CODE and moved to Grouper File in |
| APR GROUPER ERROR CODE | 2022 |
| PRINC_ICD9_CODE | No longer available |
| OTH_ICD9_CODE_1- OTH_ICD9_CODE_24 | No longer available |
| EMERGENCY DEPT FLAG | Added 2017 |
| | calculated charge amounts and situational data elements to |
| | |
| this file | and state of the second st |
| this file | Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 | |
| this file | Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 | Added 2004 Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to | Added 2004 Added 2004 Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 | Added 2004 Added 2004 Added 2004 |
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| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_CODE_4 OCCUR_SPAN_FROM_1 to | Added 2004 Added 2004 Added 2004 Added 2004 |
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| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_CODE_4 OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_1 | Added 2004 Added 2004 Added 2004 Added 2004 Added 2004 Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_TRU_1 to OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 | Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 VALUE_AMOUNT_1 to VALUE_AMOUNT_12 | Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 VALUE_AMOUNT_1 to VALUE_AMOUNT_12 CHARGES FILE | Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 VALUE_AMOUNT_1 to VALUE_AMOUNT_12 CHARGES FILE REVENUE_CODE | Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 VALUE_AMOUNT_1 to VALUE_AMOUNT_12 CHARGES FILE REVENUE_CODE HCPCS_QUALIFIER | Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 VALUE_AMOUNT_1 to VALUE_AMOUNT_12 CHARGES FILE REVENUE_CODE HCPCS_QUALIFIER HCPCS_PROCEDURE_CODE | Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 VALUE_AMOUNT_1 to VALUE_AMOUNT_12 CHARGES FILE REVENUE_CODE HCPCS_QUALIFIER HCPCS_PROCEDURE_CODE MODIFIER_1 TO MODIFIER_4 UNIT_MEASUREMENT_CODE UNITS_OF_SERVICE | Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 VALUE_AMOUNT_1 to VALUE_AMOUNT_12 CHARGES FILE REVENUE_CODE HCPCS_QUALIFIER HCPCS_PROCEDURE_CODE MODIFIER_1 TO MODIFIER_4 UNIT_MEASUREMENT_CODE UNITS_OF_SERVICE UNIT_RATE | Added 2004 |
| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 VALUE_AMOUNT_1 to VALUE_AMOUNT_12 CHARGES FILE REVENUE_CODE HCPCS_QUALIFIER HCPCS_PROCEDURE_CODE MODIFIER_1 TO MODIFIER_4 UNIT_MEASUREMENT_CODE UNITS_OF_SERVICE | Added 2004 |
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| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 VALUE_AMOUNT_1 to VALUE_AMOUNT_12 CHARGES FILE REVENUE_CODE HCPCS_QUALIFIER HCPCS_PROCEDURE_CODE MODIFIER_1 TO MODIFIER_4 UNIT_MEASUREMENT_CODE UNITS_OF_SERVICE UNIT_RATE CHRGS_LINE_ITEM CHRGS_NON_COV FACILITY TYPE INDICATOR FILE (added 2 POA_PROVIDER_INDICATOR | Added 2004 |
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| this file CONDITION_CODE_1 to CONDITION_CODE_8 OCCUR_CODE_1 to OCCUR_CODE_12 OCCUR_DAY_1 to OCCUR_DAY_12 OCCUR_SPAN_CODE_1 to OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 VALUE_CODE_1 to VALUE_CODE_12 VALUE_AMOUNT_1 to VALUE_AMOUNT_12 CHARGES FILE REVENUE_CODE HCPCS_QUALIFIER HCPCS_PROCEDURE_CODE MODIFIER_1 TO MODIFIER_4 UNIT_MEASUREMENT_CODE UNITS_OF_SERVICE UNIT_RATE CHRGS_LINE_ITEM CHRGS_NON_COV FACILITY TYPE INDICATOR FILE (added 2 POA_PROVIDER_INDICATOR CERT_STATUS GROUPER FILE (added 2022) | Added 2004 Added 2004 Added 2004 Added 2004 Added 2004 Added 2005 Replaces MS_DRG; moved from Base Data #1 file to Grouper File in 2015 Replaces MS_DRG; moved from Base Data #1 file to Grouper File in 2022 |

| | Replaces MS_GROUPER_VERSION_NBR; moved from Base Data #1 |
|----------------------------|--|
| FROZEN_ MS _GRP_VER | file to Grouper File in 2022 |
| | Replaces MS_GROUPER_ERROR_CODE; moved from Base Data #1 |
| FROZEN_ MS _GRP_ERROR_CODE | file to Grouper File in 2022 |
| | Replaces APR_DRG; moved from Base Data #1 file to Grouper File |
| FROZEN_APR_DRG | in 2022 |
| | Replaces RISK_MORTALITY; moved from Base Data #1 file to |
| FROZEN_RISK_MORTALITY | Grouper File in 2022 |
| | Replaces ILLNESS_SEVERITY; moved from Base Data #1 file to |
| FROZEN_ILLNESS_SEVERITY | Grouper File in 2022 |
| | Replaces APR_MDC; moved from Base Data #1 file to Grouper File |
| FROZEN_APR_MDC | in 2022 |
| | Replaces APR_GROUPER_VERSION_NBR; moved from Base Data |
| FROZEN_APR_GRP_VER | #1 file to Grouper File in 2022 |
| | Replaces APR_GROUPER_ERROR_CODE; moved from Base Data #1 |
| FROZEN_APR_GRP_ERROR_CODE | file to Grouper File in 2022 |
| MS _DRG | Dynamic; added 2022 |
| MS _MDC | Dynamic; added 2022 |
| MS _GRP_VER | Dynamic; added 2022 |
| MS _GRP_ERROR_CODE | Dynamic; added 2022 |
| APR_DRG | Dynamic; added 2022 |
| RISK_MORTALITY | Dynamic; added 2022 |
| ILLNESS_SEVERITY | Dynamic; added 2022 |
| APR_MDC | Dynamic; added 2022 |
| APR_GRP_VER | Dynamic; added 2022 |
| APR_GRP_ERROR_CODE | Dynamic; added 2022 |

DATA PROCESSING AND QUALITY

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

Beginning with fourth (4th) quarter 2015 data ICD-10-CM diagnostic codes and ICD-10-PCS procedure codes were mandated by the Federal Government. The increased length of the codes required a change in the data file formats. Some

data fields (for example, "POA_Provider_ Indicator" and Cert_Status") are moved to the "Facility Type Indicator" file.

PATIENT/PHYSICIAN CONFIDENTIALITY

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

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

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

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

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

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

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

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

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

It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Hospital Discharge Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients.

RESTRICTIONS ON DATA USE

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

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose

other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital for the purpose of verifying information supplied in the DSHS Hospital Discharge Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:
- Texas Hospital Inpatient Discharge Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee's agreement to comply with the above-stated requirements with the knowledge that under Sections 108.014 and 108.0141 of the Texas Health and Safety Code to knowingly or negligently release data in violation of this agreement is punishable by a fine of up to \$10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the PUDF user has been informed that the potential for both civil and criminal penalties exists.

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

DATA LIMITATIONS

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

- Section 108.009(h), THSC requires that a uniform submission format be used for reporting purposes. Before 2004 data were collected in the UB-92 format. Data for 2004 were collected in both UB-92 electronic format and THCIC 837 format. Because these are billing forms, the data collected are administrative data and not clinical data. Beginning with 2005 all data are collected from the THCIC 837 format.
- Records with Major Diagnositic Category (MDC) codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available after third (3rd) quarter 2000. Earlier data were not reported correctly by some hospitals.
- Secondary source of payment data are available after third (3rd) quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug or alcohol use or an HIV diagnosis.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the zip code. All of the ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug or alcohol use or

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

- Admission Source as reported by hospitals is suppressed, as recommended by the Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Uniform identification numbers for physicians are available after first (1st)
 quarter 2000 except when the number of physicians represented in a DRG
 for a hospital is less than the minimum cell size of five.
- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Beginning with data for 2004 discharges, up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 E-codes can be submitted. For earlier years the number of diagnosis codes collected per patient is limited to 9 and the number of procedure codes to 6. Because of these limitations, sicker patients and the hospitals that treat them may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Race and ethnicity data are required by law and rule to submit for each patient, generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments if submitted by the facilities.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.

- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long-Term Care Hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.
- Updates to any PUDF CD's are available through the THCIC website, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals in the state not specifically exempted by statute prior to January 1, 2015, services. Some hospitals maybe exempted for certain situations (for example, natural or other disasters or other unusual conditions) for limited time periods. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

HOSPITAL COMMENTS

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

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

CITATION

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

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

REVISION

Field 2: DISCHARGE: Additional information regarding the breakdown of months into quarters added

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Texas Department of State Health Services

Texas Hospital Inpatient Discharge Public Use Data File

DATA DICTIONARY

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

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

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

BASE DATA #1 FILE

| Field 1: | RECORD_ID | | | | | | |
|----------------------------|--|--|--|--|--|--|--|
| Description: | Record Identification Number. Unique number assigned to identify the record. First available | | | | | | |
| | 1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | | | | | | |
| Beginning Position: | 1 Data Source: Assigned | | | | | | |
| Length: | 12 Type: Alphanumeric | | | | | | |
| Field 2: | DISCHARGE | | | | | | |
| Description: | Discharge Quarter. Year and quarter of discharge. yyyyQn. | | | | | | |
| | 1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year | | | | | | |
| | 2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year | | | | | | |
| | 3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year | | | | | | |
| | 4th Quarter (YYYYQ4); 1st October-31st December of that corresponding year | | | | | | |
| Beginning Position: | Data Source: Assigned | | | | | | |
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| Length: | 6 | Type: | Alphanumeric | |
|----------------------------|---|-------------------------|---------------------------------------|---|
| Field 3: | THCIC_ID | турс. | Aiphanumene | |
| Description: | Provider ID. Unique identif | ior assigned to the | provider by DSUS | |
| Suppression: | Hospitals with fewer than 5 | • | | Provider ID '000000' If |
| Suppression. | a hospital has fewer than 5 | | | |
| | is '999998'. | discharges of a pai | ticular gender, including | ulikilowii , i lovidel ID |
| Beginning Position: | 19 | Data Source: | Assigned | |
| Length: | 6 | Type: | Alphanumeric | |
| Field 4: | TYPE_OF_ADMISSION | Type: | Aiphanumeric | |
| | | | | |
| Description: | Code indicating the type of 1 Emergency | admission | | |
| Coding Scheme: | 2 Urgent | | | |
| | 3 Elective | | | |
| | 4 Newborn | | | |
| | 5 Trauma 9 Information not availab | ala. | | |
| | 9 Information not availab ` Invalid | oie | | |
| Beginning Position: | 25 | Data Source: | Claim | |
| Length: | 1 | Type: | Alphanumeric | |
| Field 5: | SOURCE_OF_ADMISSION | | Tipitalialierie | |
| Description: | Code indicating source of the | | | |
| Coding Scheme: | 1 Non-Healthcare Facility | | nning July 1, 2010) | |
| Couning Scheme. | 2 Clinic or Physician's O | | g vary 1, 2010) | |
| | 4 Transfer from a hospita | | | |
| | | | nediate care facility or assisted liv | ing facility |
| | 6 Transfer from another h | • | | |
| | 8 Court/Law Enforcemen 9 Information not availab | | | |
| | | | al to another Distinct Unit of the | Same Hospital Resulting in a |
| | Separate Claim to the P | • | ar to another Biginet Chat of the | zune 1195p.u. 1tesutung in u |
| | E Transfer from Ambulat | ory Surgery Center | | |
| | F Transfer from a Hospic | e Facility | | |
| | Invalid | - \ | | |
| | If Type of Admission=4 (Newborn 5 Born inside this hospital | | | |
| | 6 Born outside this hospit | | | |
| Beginning Position: | 26 | Data Source: | Claim | |
| Length: | 1 | Type: | Alphanumeric | |
| Field 6: | SPEC_UNIT_1 | J 1 | • | |
| Description: | Specialty Units in which | most davs durin | g stay occurred based (| on number of davs |
| | by Type of Bill or Revenu | | , , | , |
| Coding Scheme: | , , , | oronary Care Unit | P | Pediatric Unit |
| 8 | | etoxification Unit | Y | Psychiatric Unit |
| | | ntensive Care Unit | R | Rehabilitation Unit |
| | | Iospice Unit Iursery | U S | Sub-acute Care Unit Skilled Nursing Unit |
| | | Obstetric Unit | Blank | Acute Care |
| | | Incology Unit | 2 | Treate Care |
| Beginning Position: | 27 | Data Source: | Calculated | |
| Length: | 1 | Type: | Alphanumeric | |
| Field 7: | SPEC_UNIT_2 | | • | |
| Description: | Specialty Units in which 2 nd | d most days during | stay occurred based on nu | mber of days by Type |
| • | of Bill or Revenue Code. | , , | | 3 3 31 |
| Coding Scheme: | Same as field SPEC_UNIT_ | 1 | | |
| Beginning Position: | 28 | Data Source: | Calculated | |
| Length: | 1 | Type: | Alphanumeric | |
| Field 8: | SPEC_UNIT_3 | JF | | |
| Description: | Specialty Units in which 3 rd | l most davs during | stay occurred based on nu | mber of days by Type |
| ~ | of Bill or Revenue Code. | and a during | and account of the | |
| Coding Scheme: | Same as field SPEC_UNIT_ | 1 | | |
| - varie continue | us new si 20_01(11_ | | | |
| | | | | |

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| Beginning Position: | 29 | Data Source: | Calculated | |
|----------------------------|--|---------------------------|----------------------------|---------------------------------|
| Length: | 1 | Type: | Alphanumeric | |
| Field 9: | SPEC_UNIT_4 | | | |
| Description: | Specialty Units in which 4 | th most days during | stav occurred based on | number of days by Type |
| | of Bill or Revenue Code. | | ,, | |
| Coding Scheme: | Same as field SPEC_UNIT | Г 1 | | |
| Beginning Position: | 30 | Data Source: | Calculated | |
| Length: | 1 | Type: | Alphanumeric | |
| Field 10: | SPEC_UNIT_5 | 1 <i>j</i> pc. | Tipitanamene | |
| Description: | Specialty Units in which 5 | th most days during | stay occurred based on | number of days by Type |
| Description. | of Bill or Revenue Code. | most days daring | , stay occurred based on | number of days by Type |
| Coding Scheme: | Same as field SPEC_UNIT | Г 1 | | |
| Beginning Position: | 31 | Data Source: | Calculated | |
| Length: | 1 | Type: | Alphanumeric | |
| Field 11: | PAT_STATE | турсь | ruphunumerie | |
| Description: | State of the patient's maili | ng address in Teva | s and continuous states | Standard 2-character |
| Description. | Postal Service abbreviation | - | is and configuous states. | Standard 2-character |
| Coding Scheme: | AR Arkansas | | | |
| Couning Scheme. | LA Louisiana | | | |
| | NM New Mexico | | | |
| | OK Oklahoma | | | |
| | TX Texas ZZ All other states and Ameri | can Territories | | |
| | FC Foreign country | cuir remitories | | |
| | XX Foreign country | | | |
| Beginning Position: | 32 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphanumeric | |
| Field 12: | PAT_ZIP | | | |
| Description: | Patient's five-digit ZIP cod | | | |
| Suppression: | Last two digits are blank it | | | |
| | code equals '88888'. If sta | | | |
| | indicates alcohol or drug u | | | |
| | indicates alcohol or drug u | | | |
| | 42 CFR Part 2 rules) the Z | | | |
| | fifty discharges the ZIP co | | | lischarges of a particular |
| | gender, including 'unknow | | | |
| Beginning Position: | 34 | Data Source: | Claim | |
| Length: | 5 | Type: | Alphanumeric | |
| Field 13: | PAT_COUNTRY | | | |
| Description: | Country of patient's reside | | • | \mathcal{E} |
| | Standardization (ISO). If I | | | |
| | (patients covered by 42 US | SC §290dd-2 and 4 | 2 CFR Part 2 rules), the | country is reported as "" |
| | (back quote). | | | |
| Suppression: | Suppressed if fewer than 5 | | country. | |
| Coding scheme: | See www.ISO.org for com | | | |
| Beginning Position: | 39 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphanumeric | |
| Field 14: | PAT_COUNTY | | | |
| Description: | FIPS code of patient's cou | | | |
| Coding scheme: | | 129 Donley 131 Duval | 257 Kaufman 259 Kendall | 385 Real 387 Red River |
| | | 133 Eastland | 261 Kenedy | 389 Reeves |
| | 007 Aransas | 135 Ector | 263 Kent | 391 Refugio |
| | | 137 Edwards | 265 Kerr | 393 Roberts |
| | ē | 139 Ellis 141 El Paso | 267 Kimble 269 King | 395 Robertson 397 Rockwall |
| | | 143 Erath | 271 Kinney | 399 Runnels |
| | | 145 Falls | 273 Kleberg | 401 Rusk |
| | | 147 Fannin 149 Fayette | 275 Knox 283 La Salle | 403 Sabine 405 San Augustine |
| | 021 Bastrop | 149 Fayette | 203 La Salle | 405 San Augustine |
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| 023 | Baylor | 151 | Fisher | 277 | Lamar | 407 | San Jacinto |
|-----|---------------|-----|------------|-----|-------------|-----|----------------------|
| 025 | Bee | 153 | Floyd | 279 | Lamb | 409 | San Patricio |
| 023 | Bell | 155 | Foard | 281 | Lampasas | 411 | San Saba |
| 027 | Bexar | 157 | Fort Bend | 285 | Lampasas | 413 | Schleicher |
| 031 | Blanco | 159 | Franklin | 287 | Lee | 415 | Scurry |
| 033 | Borden | 161 | Freestone | 289 | Leon | 417 | Shackelford |
| | | | | | | | |
| 035 | Bosque | 163 | Frio | 291 | Liberty | 419 | Shelby |
| 037 | Bowie | 165 | Gaines | 293 | Limestone | 421 | Sherman |
| 039 | Brazoria | 167 | Galveston | 295 | Lipscomb | 423 | Smith |
| 041 | Brazos | 169 | Garza | 297 | Live Oak | 425 | Somervell |
| 043 | Brewster | 171 | Gillespie | 299 | Llano | 427 | Starr |
| 045 | Briscoe | 173 | Glasscock | 301 | Loving | 429 | Stephens |
| 047 | Brooks | 175 | Goliad | 303 | Lubbock | 431 | Sterling |
| 049 | Brown | 177 | Gonzales | 305 | Lynn | 433 | Stonewall |
| 051 | Burleson | 179 | Gray | 307 | McCulloch | 435 | Sutton |
| 053 | Burnet | 181 | Grayson | 309 | McLennan | 437 | Swisher |
| 055 | Caldwell | 183 | Gregg | 311 | McMullen | 439 | Tarrant |
| 057 | Calhoun | 185 | Grimes | 313 | Madison | 441 | Taylor |
| 059 | Callahan | 187 | Guadalupe | 315 | Marion | 443 | Terrell |
| 061 | Cameron | 189 | Hale | 317 | Martin | 445 | Terry |
| 063 | Camp | 191 | Hall | 319 | Mason | 447 | Throckmorton |
| 065 | Carson | 193 | Hamilton | 321 | Matagorda | 449 | Titus |
| 067 | Cass | 195 | Hansford | 323 | Maverick | 451 | Tom Green |
| 069 | Castro | 197 | Hardeman | 325 | Medina | 453 | Travis |
| 071 | Chambers | 199 | Hardin | 327 | Menard | 455 | Trinity |
| 073 | Cherokee | 201 | Harris | 329 | Midland | 457 | Tyler |
| 075 | Childress | 203 | Harrison | 331 | Milam | 459 | Upshur |
| 077 | Clay | 205 | Hartley | 333 | Mills | 461 | Upton |
| 079 | Cochran | 207 | Haskell | 335 | Mitchell | 463 | Uvalde |
| 081 | Coke | 209 | Hays | 337 | Montague | 465 | Val Verde |
| 083 | Coleman | 211 | Hemphill | 339 | Montgomery | 467 | Van Zandt |
| 085 | Collin | 213 | Henderson | 341 | Moore | 469 | Victoria |
| 087 | Collingsworth | 215 | Hidalgo | 343 | Morris | 471 | Walker |
| 089 | Colorado | 217 | Hill | 345 | Motley | 473 | Waller |
| 091 | Comal | 219 | Hockley | 347 | Nacogdoches | 475 | Ward |
| 093 | Comanche | 221 | Hood | 349 | Navarro | 477 | Washington |
| 095 | Concho | 223 | Hopkins | 351 | Newton | 479 | Webb |
| 093 | Cooke | 225 | Houston | 353 | Nolan | 481 | Wharton |
| 099 | Coryell | 227 | Howard | 355 | Nueces | 483 | Wheeler |
| 101 | Cottle | 229 | Hudspeth | 357 | Ochiltree | 485 | Wichita |
| 101 | Crane | 231 | Hunt | 359 | Oldham | 487 | |
| 105 | Crane | 233 | Hutchinson | 361 | Orange | 489 | Wilbarger Willacy |
| | | | | | · · | 491 | • |
| 107 | Crosby | 235 | Irion | 363 | Palo Pinto | | Williamson |
| 109 | Culberson | 237 | Jack | 365 | Panola | 493 | Wilson |
| 111 | Dallam | 239 | Jackson | 367 | Parker | 495 | Winkler |
| 113 | Dallas | 241 | Jasper | 369 | Parmer | 497 | Wise |
| 115 | Dawson | 243 | Jeff Davis | 371 | Pecos | 499 | Wood |
| 117 | Deaf Smith | 245 | Jefferson | 373 | Polk | 501 | Yoakum |
| 119 | Delta | 247 | Jim Hogg | 375 | Potter | 503 | Young |
| 121 | Denton | 249 | Jim Wells | 377 | Presidio | 505 | Zapata |
| 123 | Dewitt | 251 | Johnson | 379 | Rains | 507 | Zavala |
| 125 | Dickens | 253 | Jones | 381 | Randall | | |
| 127 | Dimmit | 255 | Karnes | 383 | Reagan | ` | Invalid |

Beginning Position: Length:

Length:3Type:Field 15:PUBLIC HEALTH REGION

41

Description: Coding Scheme: Public Health Region of patient's address.

1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties

Data Source: Assigned; based on patient ZIP code

Alphanumeric

- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties

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- 7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
- Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, 9 Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
- 10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

Beginning Position: Length:

44 **Data Source:** Assigned Alphanumeric Type:

Field 16:

PAT STATUS

Description: Coding Scheme: Code indicating patient status as of the ending date of service for the period of care reported

- Discharged to home or self-care (routine discharge)
- Discharged/transferred to a short-term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled
- 04 Discharged/transferred to a facility that provides custodial or supportive care
- 05 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
- 06 Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice
- 09 Admitted as inpatient to this hospital
- 20 Expired
- Discharged/transferred to Court/Law Enforcement 21
- 30 Still patient
- Expired at home 40
- 41 Expired in a medical facility
- Expired, place unknown 42
- Discharged/transferred to federal government operated health facility 43
- 50 Hospice-home
- Hospice-medical facility (Certified) providing hospice level of care 51
- 61 Discharged/transferred within this institution to Medicare-approved swing bed
- Discharged/transferred to inpatient rehabilitation facility 62
- Discharged/transferred to Medicare-certified long term care hospital 63
- Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare 64
- Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital 65
- Discharged/transferred to Critical Access Hospital (CAH) 66
- Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013) 69
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-81
- 82 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute 83 Care Hospital Inpatient Readmission (effective 10-1-2013)
- Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care 84 Hospital Inpatient Readmission (effective 10-1-2013)
- 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)
- Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient 88 Readmission (effective 10-1-2013)
- Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part 90 Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care 91 Hospital Inpatient Readmission (effective 10-1-2013)
- 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)

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| | 93 Discharged/Transferred | to a Psychiatric Hospita | al or Psychiatric Distinct Part Unit of a Hospital with a Planned |
|---|---|--|--|
| | Acute Care Hospital Inpa | atient Readmission (eff | fective 10-1-2013) |
| | Č. | | spital (CAH) with a Planned Acute Care Hospital Inpatient |
| | Readmission (effective 1 95 Discharged/Transferred | | alth Care Institution not Defined Elsewhere in this Code List |
| | with a Planned Acute Ca | | leadmission (effective 10-1-2013) |
| Doniumiu a Doniti au . | Invalid | Data Carrage | Claim |
| Beginning Position: Length: | 46 2 | Data Source: Type: | Claim Alphanumeric |
| Field 17: | SEX_CODE | Type. | Alphanumene |
| Description: | Gender of the patient as re | corded at date of a | dmission or start of care |
| Suppression: | - | | ndicates drug or alcohol use or an HIV diagnosis. If |
| о прис овит. | | | an HIV diagnosis (patients covered by 42 USC |
| | | | der of the patient is reported as "U" (Unknown). If |
| | a hospital has fewer than 5 | patients of a parti | cular gender, including unknown, Provider ID is |
| | '999998' and Hospital Nar | me and Patient ZIF | Code are blank for those patients. |
| Coding Scheme: | M Male | | |
| | F Female U Unknown | | |
| | Invalid | | |
| Beginning Position: | 48 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 18: | RACE | | |
| Description: | Code indicating the patien | | |
| Suppression: | - | | ne race that race is changed to 'Other' (code equals 5). |
| Coding Scheme: | 1 American Indian/Eskimo 2 Asian or Pacific Islander | ., | |
| | 3 Black | | |
| | 4 White | | |
| | 5 Other ` Invalid | | |
| Beginning Position: | 49 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 19: | ETHNICITY | 1 урс. | 1 in price in the control of the con |
| Description: | Code indicating the Hispan | nic origin of the pa | itient. |
| Suppression: | | | he race the ethnicity of patients of that race is |
| •• | suppressed (code is blank). | • | • • |
| Coding Scheme: | 1 Hispanic Origin | | |
| | | | |
| | 2 Not of Hispanic Origin | | |
| Reginning Position: | Invalid | Data Source: | Claim |
| Beginning Position: | Invalid 50 | Data Source: | Claim Alphanumeric |
| Length: | Invalid 50 | Data Source: Type: | Claim Alphanumeric |
| Length: Field 20: | Invalid 50 1 ADMIT_WEEKDAY | Type: | Alphanumeric |
| Length: Field 20: Description: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday | Type: | Alphanumeric |
| Length: Field 20: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday | Type: | Alphanumeric ted 5 Friday 6 Saturday |
| Length: Field 20: Description: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday | Type: | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday |
| Length: Field 20: Description: Coding Scheme: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday | Type: ek patient is admit | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday \[\text{Invalid} \] |
| Length: Field 20: Description: Coding Scheme: Beginning Position: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday | Type: ek patient is admit Data Source: | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned |
| Length: Field 20: Description: Coding Scheme: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 | Type: ek patient is admit | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday \[\text{Invalid} \] |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY | Type: ek patient is admit Data Source: Type: | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equi | Type: ek patient is admit Data Source: Type: | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equi | Type: ek patient is admit Data Source: Type: | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric ers period through date minus Admission/start of |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equicare date. The minimum left of the stay in the stay of the | Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of ay. The maximum is 9999 days. |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equicare date. The minimum left 52 | Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d Data Source: | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric ers period through date <i>minus</i> Admission/start of ay. The maximum is 9999 days. Calculated |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equicare date. The minimum left of the stay in the stay of the | Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d Data Source: Type: ient in days or yea | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric ers period through date minus Admission/start of ay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equicare date. The minimum left of the stay in the stay of the | Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d Data Source: Type: ient in days or yea 10 35-39 | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric ers period through date minus Admission/start of ay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89 |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equicare date. The minimum left of the | Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d Data Source: Type: ient in days or yea 10 35-39 11 40-44 | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric ers period through date minus Admission/start of ay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89 21 90+ |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equicare date. The minimum left of the stay in the stay of the | Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d Data Source: Type: ient in days or yea 10 35-39 11 40-44 12 45-49 | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric ers period through date minus Admission/start of ay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89 21 90+ HIV and drug/alcohol use patients: |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description: Coding Scheme: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equicare date. The minimum left of the | Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d Data Source: Type: ient in days or yea 10 35-39 11 40-44 12 45-49 | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric ers period through date minus Admission/start of ay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89 21 90+ HIV and drug/alcohol use patients: |
| Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description: | Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY Length of stay in days equ care date. The minimum left 52 4 PAT_AGE Code indicating age of pat 00 1-28 days 01 29-365 days 02 1-4 years 03 5-9 | Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d Data Source: Type: ient in days or yea 10 35-39 11 40-44 12 45-49 | Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric ers period through date minus Admission/start of ay. The maximum is 9999 days. Calculated Alphanumeric rs on date of discharge. 20 85-89 21 90+ HIV and drug/alcohol use patients: |

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| | 04 | 10-14 | 14 | 55-59 | | | 23 | |
|--|--|---|--|-------------------------------|---|--------------------------|----------|---|
| | 05 | 15-17 | 15 | 60-64 | | | 24 | |
| | 06 | 18-19 | 16 | 65-69 | | | 25 | |
| | 07 08 | 20-24 25-29 | 17 18 | 70-74 75-79 | | | 26 | /5+ Invalid |
| | 09 | 30-34 | 19 | 80-84 | | | | mvanu |
| Beginning Position: | 56 | 30 3 1 | Data S | | Assigned | 1 | | |
| Length: | 2 | | Type: | 041000 | Alphanu | | | |
| Field 23: | | RST_PAYMENT_SRC | турсь | | Tipiana | incric | | |
| Description: | | le indicating the expected | l nrimar | v source | of navme | nt | | |
| Coding Scheme: | 09 | Self Pay (Removed from 50 | 010 forma | t. use "ZZ" | ' HM | | ainten | ance Organization |
| Coung Scheme. | | beginning 2Q2012 data) | | -, | | | | 8 |
| | 10 | Central Certification | | | LI | Liability | | |
| | 11 | Other Non-federal Program | | 2) | LM | Liability I | | |
| | 12 13 | Preferred Provider Organization Point of Service (POS) | ation (PPC | J) | MA MB | Medicare Medicare | | |
| | 14 | Exclusive Provider Organiz | zation (EP | (O) | MC | Medicaid | I ait L | • |
| | 15 | Indemnity Insurance | ` | , | TV | Title V | | |
| | 16 | Health Maintenance Organi | ization (H | MO) | OF | Other Fed | eral P | rogram |
| | 434 | Medicare Risk | | | 37.4 | X7-4 A | 4 | stration Plan |
| | AM BL | | | | VA WC | | | ensation Health Claim |
| | CH | | | | ZZ | | - | at or Unknown |
| | CI | Commercial Insurance | | | ** | | | Z, combined for 2004 & 2005 |
| | DS | Disability Insurance | | | ` | Invalid | | |
| Beginning Position: | 58 | | Data S | ource: | Claim | | | |
| Length: | 2 | | Type: | | Alphanu | meric | | |
| Field 24: | SE | CONDARY_PAYMENT | | | • | | | |
| Description: | | le indicating the expected | | arv sour | ce of pavn | nent. | | |
| Coding Scheme: | | ne as field FIRST_PAYM | | | F J | | | |
| Beginning Position: | 60 | <u> </u> | Data S | | Claim | | | |
| Length: | 2 | | Type: | | Alphanu | meric | | |
| Field 25: | | PE_OF_BILL | _ <u> </u> | | | | | |
| Description: | | icates the specific type of | bill. | | | | | |
| Coding Scheme: | | igit–Type of Facility | | ligit–Type o | of Care | | 3^{rd} | ligit–Sequence of claim |
| coung sometimes | 1 | Hospital | 1 | | including M | Iedicare | 0 | Non-payment/Zero claim |
| | • | 01.31 1 . | 2 | Part A | 14 11 B | . TD1 | | |
| | 2 3 | Skilled nursing Home health | 2 3 | Outpatient, | Medicare P | art B only | 1 2 | Admit through discharge claim Interim–first claim |
| | 4 | Religious non-medical health | | | nt Other, Me | licare | 3 | Interim—continuing claim |
| | • | care-Hospital | | Part B on | | | | |
| | 5 | Religious non-medical health | 5 | Intermedi | iate Care–Le | vel I | 4 | Interim-last claim |
| | | care–Extended care | | T . 11 | | 1.77 | _ | |
| | 6 7 | Intermediate care Clinic | 6 7 | | iate Care–Le | | 5 6 | Late charge(s) only claim Adjustment of prior claim (Not |
| | , | Cillic | / | Sub-acute | e inpatient – | Level III | U | used by Medicare) |
| | 8 | Special facility | 8 | Swing be | d | | 7 | Replacement of prior claim |
| | | | | | | | 8 | Void/cancel of prior claim |
| Beginning Position: | 62 | | Data S | ource: | Claim | | | |
| Length: | 3 | | Type: | | Alphanu | meric | | |
| | | TAL_CHARGES | | | | | | |
| Field 26: | | | | | | | | |
| Field 26: Description: | Sun | n of accommodation char | | | | | harge | es, ancillary charges, non- |
| Description: | Sun | | eplaces | TOTAL_ | _CHARG | | harge | es, ancillary charges, non- |
| Description: Beginning Position: | Sun cov 65 | n of accommodation char | eplaces Data S | TOTAL_ | _CHARGI Claim | ES_23. | harge | es, ancillary charges, non- |
| Description: Beginning Position: Length: | Sun cov 65 12 | n of accommodation char ered ancillary charges. Re | eplaces Data S Type: | TOTAL_ | _CHARG | ES_23. | harge | es, ancillary charges, non- |
| Description: Beginning Position: | Sun cov 65 12 | n of accommodation char ered ancillary charges. Re TAL_NON_COV_CHA | eplaces Data S Type: ARGES | TOTAL_ ource: | CHARGI Claim Numeric | ES_23. | | |
| Description: Beginning Position: Length: Field 27: Description: | Sun cov 65 12 | n of accommodation char ered ancillary charges. Re | eplaces Data S Type: ARGES nodation | TOTAL_ource: | CHARGE Claim Numeric | ES_23. | | |
| Description: Beginning Position: Length: Field 27: | Sun cov 65 12 | n of accommodation char ered ancillary charges. Re TAL_NON_COV_CHA | eplaces Data S Type: ARGES | TOTAL_ource: | CHARGI Claim Numeric | ES_23. | | |
| Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: | Sun 65 12 TO Sun 77 12 | n of accommodation char ered ancillary charges. Re TAL_NON_COV_CHA n of non-covered accomn | eplaces Data S Type: ARGES modation Data S Type: | TOTAL_ource: | CHARGE Claim Numeric | ES_23. ered ancil | | |
| Description: Beginning Position: Length: Field 27: Description: Beginning Position: | Sun 65 12 TO Sun 77 12 | n of accommodation char ered ancillary charges. Re TAL_NON_COV_CHA | eplaces Data S Type: ARGES modation Data S Type: | TOTAL_ource: | CHARGI Claim Numeric , non-cov Claim | ES_23. ered ancil | | |
| Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: | Sun 65 12 TO Sun 77 12 TO Sun | n of accommodation char ered ancillary charges. Re TAL_NON_COV_CHA n of non-covered accomn | eplaces Data S Type: ARGES modation Data S Type: COMM | n charges | CHARGI Claim Numeric , non-cov Claim Numeric | ES_23. | | |
| Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: | Sun 65 12 TO Sun 77 12 TO | n of accommodation char ered ancillary charges. Re TAL_NON_COV_CHA n of non-covered accomm | eplaces Data S Type: ARGES modation Data S Type: | n charges | CHARGI Claim Numeric , non-cov Claim Numeric | ES_23. | | |
| Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description: Beginning Position: | Sun 65 12 TO Sun 77 12 TO Sun | n of accommodation char ered ancillary charges. Re TAL_NON_COV_CHA n of non-covered accomm | eplaces Data S Type: ARGES modation Data S Type: COMM vered acc Data S | TOTAL_ource: n charges ource: | CHARGI Claim Numeric , non-cov Claim Numeric | ES_23. ered ancil ges. | llary | charges. |
| Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description: | Sun cov 65 12 TO Sun 77 12 TO Sun 89 | n of accommodation char ered ancillary charges. Re TAL_NON_COV_CHA n of non-covered accommodation TAL_CHARGES_ACC n of covered and non-cov | eplaces Data S Type: ARGES modation Data S Type: COMM | TOTAL_ource: n charges ource: | CHARGI Claim Numeric , non-cov Claim Numeric | ES_23. ered ancil ges. | llary | |

| Length: | 12 | Type: | Numeric |
|---------------------------------------|--|-----------------------|---|
| Field 29: | TOTAL_NON_COV_CH | | |
| Description: | Sum of non-covered accom | | |
| Beginning Position: | 101 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 30: | TOTAL_CHARGES_AN | | Titaliene |
| Description: | Sum of covered and non-co | | harges |
| Beginning Position: | 113 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 31: | TOTAL_NON_COV_CH | | |
| | | | |
| Description: | Sum of non-covered ancilla | Data Source: | Claim |
| Beginning Position: | 125 | | Claim |
| Length: | 12 | Type: | Numeric |
| Field 32: | ADMITTING_DIAGNOS | | 1 54 24 154 17 17 18 11 15 1 11 |
| Description: | | | th, 5th, 6th and 7th digits if applicable. Decimal is |
| | implied following the third | | |
| Beginning Position: | 137 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 33: | PRINC_DIAG_CODE | | |
| Description: | | | diagnosis, including the 4th, 5th, 6th and 7th digits |
| | if applicable. Decimal is im | plied following t | he third character. |
| Beginning Position: | 144 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 34: | POA_PRINC_DIAG_CO | DE | |
| Description: | Code identifying whether P | rincipal Diagnosi | is code was present at the time the patient was |
| - | admitted to the hospital | | • |
| Coding Scheme: | Y Yes | | |
| O | N No | | |
| | U Unknown W Clinically Undetermined | | |
| | 1 Space (1 st & 2 nd Qtr. 2012 | only) | |
| | Invalid | ,, , | |
| Beginning Position: | 151 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 35: | OTH_DIAG_CODE_1 | | |
| Description: | ICD-10-CM diagnosis code | e, including the 4t | th, 5th, 6th and 7th digits if applicable. Decimal is |
| • | implied following the third | | |
| Beginning Position: | 152 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 36: | POA_OTH_DIAG_CODI | | • |
| Description: | | | code was present at the time the patient was |
| • | admitted to the hospital | _ & | 1 |
| Coding Scheme: | Same as Field POA_PRING | C DIAG CODE | |
| Beginning Position: | 159 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 37: | OTH_DIAG_CODE_2 | | |
| Description: | | including the 4t | th, 5th, 6th and 7th digits if applicable. Decimal is |
| Description. | implied following the third | | in, our and the digits if applicable. Decimal is |
| Beginning Position: | 160 | Data Source: | Claim |
| Length: | 7 | | Alphanumeric |
| Field 38: | POA_OTH_DIAG_CODI | Type: | Aiphanumenc |
| | | |) d |
| Description: | | Jui_Diag_Code_2 | 2 code was present at the time the patient was |
| | admitted to the hospital | | |
| Calling Calc | Company Distance A DDDI | | |
| Coding Scheme: | Same as Field POA_PRING | | Clarker. |
| Beginning Position: | 167 | Data Source: | Claim |
| Beginning Position: Length: | 167 1 | | Claim Alphanumeric |
| Beginning Position: | 167 | Data Source: | |
| Beginning Position: Length: | 167 1 | Data Source: Type: | |
| Beginning Position: Length: Field 39: | 167 1 OTH_DIAG_CODE_3 | Data Source: | Alphanumeric |

implied following the third character.

Beginning Position: 168 **Data Source:** Claim

Length: Type: Alphanumeric

POA_OTH_DIAG_CODE 3 Field 40:

Code identifying whether Oth_Diag_Code_3 code was present at the time the patient was **Description:**

admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: Data Source: 175 Claim

Length: Type: Alphanumeric

OTH DIAG CODE 4 Field 41:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

implied following the third character.

Beginning Position: 176 **Data Source:** Claim

Length: 7 Type: Alphanumeric

Field 42: POA_OTH_DIAG_CODE_4

Code identifying whether Oth Diag Code 4 code was present at the time the patient was **Description:**

admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 183 **Data Source:** Claim

Length: Type: Alphanumeric

OTH DIAG CODE 5 Field 43:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

implied following the third character.

Beginning Position: 184 **Data Source:** Claim

Length: Type: Alphanumeric

Field 44: POA_OTH_DIAG_CODE_5

Description: Code identifying whether Oth_Diag_Code_5 code was present at the time the patient was

admitted to the hospital

Same as Field POA PRINC DIAG CODE **Coding Scheme:**

Beginning Position: Data Source: 191 Claim

Length: Type: Alphanumeric

OTH_DIAG_CODE 6 Field 45:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

implied following the third character.

Beginning Position: 192 **Data Source:** Claim

Length: Type: Alphanumeric

POA_OTH_DIAG_CODE_6 **Field 46:**

Description: Code identifying whether Oth Diag Code 6 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

Beginning Position: 199 **Data Source:** Claim

Length: Alphanumeric Type:

Field 47: OTH_DIAG_CODE_7

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is **Description:**

Data Source:

Claim

implied following the third character.

Length: Type:

Alphanumeric

Field 48: POA_OTH_DIAG_CODE_7

200

Description: Code identifying whether Oth Diag Code 7 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 207 **Data Source:** Claim

Length: Alphanumeric Type:

Field 49: OTH_DIAG_CODE_8

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Beginning Position:

implied following the third character.

Beginning Position: 208 **Data Source:** Claim

Length: Type: Alphanumeric

Field 50: POA OTH DIAG CODE 8

Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was **Description:**

admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: Data Source: 215 Claim

Length: Type: Alphanumeric

OTH DIAG CODE 9 **Field 51:**

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

implied following the third character.

Beginning Position: 216 **Data Source:** Claim

Length: Type: Alphanumeric

Field 52: POA_OTH_DIAG_CODE_9

Code identifying whether Oth Diag Code 9 code was present at the time the patient was **Description:**

admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 223 **Data Source:** Claim

Length: Type: Alphanumeric

OTH DIAG CODE 10 Field 53:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

implied following the third character.

Beginning Position: 224 **Data Source:** Claim

Length: 7 Type: Alphanumeric

Field 54: POA_OTH_DIAG_CODE_10

Description: Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

Beginning Position: Data Source: 231 Claim

Length: Type: Alphanumeric

OTH_DIAG_CODE 11 Field 55:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

Claim

implied following the third character.

Beginning Position: 232 **Data Source:**

Length: Type: Alphanumeric

POA_OTH_DIAG_CODE_11 **Field 56:**

Description: Code identifying whether Oth Diag Code 11 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

Beginning Position: 239 **Data Source:** Claim

Length: Alphanumeric Type:

Field 57: OTH_DIAG_CODE_12

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is **Description:**

implied following the third character.

Beginning Position: 240 **Data Source:** Claim

Length: Type: Alphanumeric

Field 58: POA_OTH_DIAG_CODE_12

Description: Code identifying whether Oth Diag Code 12 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

247 **Data Source: Beginning Position:** Claim

Length: Alphanumeric Type:

Field 59: OTH_DIAG_CODE_13

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implied following the third character.

Beginning Position: 248 **Data Source:** Claim Length: Type: Alphanumeric

Field 60: POA OTH DIAG CODE 13

Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was **Description:**

admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 255 **Data Source:** Claim

Length: Type: Alphanumeric

OTH DIAG CODE 14 Field 61:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

implied following the third character.

Beginning Position: 256 **Data Source:** Claim

Length: Type: Alphanumeric

POA_OTH_DIAG_CODE_14 Field 62:

Code identifying whether Oth Diag Code 14 code was present at the time the patient was **Description:**

admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 263 **Data Source:** Claim

Length: Type: Alphanumeric

OTH DIAG CODE 15 Field 63:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

implied following the third character.

Beginning Position: 264 **Data Source:** Claim

Length: Type: Alphanumeric

Field 64: POA_OTH_DIAG_CODE_15

Description: Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

Beginning Position: Data Source: 271 Claim

Length: Type: Alphanumeric

OTH_DIAG_CODE 16 Field 65:

272

Beginning Position:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

Data Source:

Claim

implied following the third character.

Length: Type: Alphanumeric

POA_OTH_DIAG_CODE_16 Field 66:

Description: Code identifying whether Oth Diag Code 16 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

Beginning Position: 279 **Data Source:** Claim

Length: Alphanumeric Type:

Field 67: OTH_DIAG_CODE_17

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is **Description:**

implied following the third character.

Beginning Position: 280 **Data Source:** Claim

Length: Type: Alphanumeric

POA_OTH_DIAG_CODE_17 Field 68:

Description: Code identifying whether Oth Diag Code 17 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Data Source: Beginning Position: 287 Claim

Length: Alphanumeric Type:

Field 69: OTH_DIAG_CODE_18

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implied following the third character.

Beginning Position: 288 **Data Source:** Claim

Length: Type: Alphanumeric

Field 70: POA OTH DIAG CODE 18

Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was **Description:**

admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 295 **Data Source:** Claim

Length: Type: Alphanumeric

OTH DIAG CODE 19 **Field 71:**

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

implied following the third character.

Beginning Position: 296 **Data Source:** Claim

Length: 7 Type: Alphanumeric

Field 72: POA_OTH_DIAG_CODE_19

Code identifying whether Oth Diag Code 19 code was present at the time the patient was **Description:**

admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 303 **Data Source:** Claim

Length: Type: Alphanumeric

OTH DIAG CODE 20 **Field 73:**

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

implied following the third character.

Beginning Position: 304 **Data Source:** Claim

Length: Type: Alphanumeric

Field 74: POA_OTH_DIAG_CODE_20

Description: Code identifying whether Oth Diag Code 20 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

Beginning Position: Data Source: 311 Claim

Length: Type: Alphanumeric

OTH_DIAG_CODE 21 **Field 75:**

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

Claim

implied following the third character.

Beginning Position: 312 **Data Source:**

Length: Type: Alphanumeric

Field 76: POA_OTH_DIAG_CODE_21

Description: Code identifying whether Oth Diag Code 21 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

Beginning Position: 319 **Data Source:** Claim

Length: Alphanumeric Type:

Field 77: OTH_DIAG_CODE_22

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is **Description:**

implied following the third character.

Beginning Position: 320 **Data Source:** Claim

Length: Type: Alphanumeric

Field 78: POA_OTH_DIAG_CODE_22

Description: Code identifying whether Oth Diag Code 22 code was present at the time the patient was

admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 327 **Data Source:** Claim

Length: Alphanumeric Type:

Field 79: OTH_DIAG_CODE_23

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implied following the third character.

Beginning Position: 328 **Data Source:** Claim

Length: Alphanumeric Type:

POA OTH DIAG CODE 23 Field 80:

Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was **Description:**

admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: Data Source: 335 Claim

Length: Type: Alphanumeric

OTH DIAG CODE 24 Field 81:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is

implied following the third character.

Beginning Position: 336 **Data Source:** Claim

Length: 7 Type: Alphanumeric

POA_OTH_DIAG_CODE_24 Field 82:

Code identifying whether Oth Diag Code 24 code was present at the time the patient was **Description:**

admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 343 **Data Source:** Claim

Length: Type: Alphanumeric

E CODE 1 Field 83:

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of the

primary external cause of morbidity. A decimal is implied following the third character.

Beginning Position: 344 **Data Source:** Claim

Length: 7 Type: Alphanumeric

Field 84: POA E CODE 1

Description: Code identifying whether E_Code_1 code was present at the time the patient was admitted to

the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

Beginning Position: Data Source: 351 Claim

Length: Type: Alphanumeric

Field 85: E CODE 2

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an

additional external cause of morbidity. Decimal is implied following the third character.

Beginning Position: 352 **Data Source:** Claim

Length: Type: Alphanumeric

POA_E_CODE_2 **Field 86:**

Description: Code identifying whether E Code 2 code was present at the time the patient was admitted to

the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

359 **Beginning Position: Data Source:** Claim

Length: Alphanumeric Type:

Field 87: E CODE 3

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an

additional external cause of morbidity. Decimal is implied following the third character.

Beginning Position: 360 **Data Source:** Claim

Length: Alphanumeric Type:

Field 88: POA E CODE 3

Description: Code identifying whether E Code 3 code was present at the time the patient was admitted to

the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 367 **Data Source:** Claim

Length: Alphanumeric Type:

Field 89: E CODE 4

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additional external cause of morbidity. Decimal is implied following the third character.

Beginning Position: 368 **Data Source:** Claim

Length: Alphanumeric Type: 7

Field 90: POA E CODE 4

Code identifying whether E_Code_4 code was present at the time the patient was admitted to **Description:**

the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: Data Source: 375 Claim

Length: Type: Alphanumeric

Field 91: E CODE 5

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an

additional external cause of morbidity. Decimal is implied following the third character.

Beginning Position: 376 **Data Source:** Claim

Length: 7 Type: Alphanumeric

POA_E_CODE_5 Field 92:

Description: Code identifying whether E Code 5 code was present at the time the patient was admitted to

the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 383 **Data Source:** Claim

Length: Type: Alphanumeric

Field 93: E CODE 6

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an

additional external cause of morbidity. Decimal is implied following the third character.

Beginning Position: 384 **Data Source:** Claim

Length: 7 Type: Alphanumeric

Field 94: POA_E_CODE 6

Description: Code identifying whether E_Code_6 code was present at the time the patient was admitted to

the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

391 **Beginning Position: Data Source:** Claim

Length: Type: Alphanumeric

Field $\overline{95}$: E CODE 7

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an

additional external cause of morbidity. Decimal is implied following the third character.

Beginning Position: 392 **Data Source:** Claim

Length: 7 Type: Alphanumeric

POA_E_CODE_7 Field 96:

Description: Code identifying whether E Code 7 code was present at the time the patient was admitted to

the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

Beginning Position: 399 **Data Source:** Claim

Length: Alphanumeric Type:

Field 97: E CODE 8

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an

additional external cause of morbidity. Decimal is implied following the third character.

Beginning Position: 400 **Data Source:** Claim

Length: Alphanumeric Type:

Field 98: POA E CODE 8

Description: Code identifying whether E Code 8 code was present at the time the patient was admitted to

the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 407 **Data Source:** Claim

Length: Alphanumeric Type:

Field 99: E CODE 9

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additional external cause of morbidity. Decimal is implied following the third character.

Beginning Position: 408 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 100: POA E CODE 9

Description: Code identifying whether E_Code_9 code was present at the time the patient was admitted to

the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 415 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 101: **E_CODE_10**

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an

additional external cause of morbidity. Decimal is implied following the third character.

Beginning Position: 416 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 102: POA_E_CODE_10

Description: Code identifying whether E Code 10 code was present at the time the patient was admitted to

the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 423

Data Source: Claim

Length: 1 **Type:** Alphanumeric

Field 103: PRINC_SURG_PROC_CODE

Description: Code for the principal surgical or other procedure performed during the period covered by the

bill. ICD-10-PCS code.

Beginning Position: 424 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 104: PRINC_SURG_PROC_DAY

Description: Day of principal surgical or other procedure *equals* Principal Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position: 431 **Data Source:** Calculated **Length:** 4 **Type:** Alphanumeric

Field 105: OTH SURG PROC CODE 1

Description: Code for surgical or other procedure other than the principal procedure performed during the

period covered by the bill. ICD-10-PCS code.

Beginning Position: 435 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 106: OTH SURG PROC DAY 1

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date

Beginning Position: 442 **Data Source:** Calculated **Length:** 4 **Type:** Alphanumeric

Field 107: OTH_SURG_PROC_CODE_2

Description: Code for surgical or other procedure other than the principal procedure performed during the

period covered by the bill. ICD-10-PCS code.

Beginning Position: 446 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 108: OTH_SURG_PROC_DAY_2

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date

Beginning Position: 453 **Data Source:** Calculated **Length:** 4 **Type:** Alphanumeric

Field 109: OTH_SURG_PROC_CODE_3

Description: Code for surgical or other procedure other than the principal procedure performed during the

period covered by the bill. ICD-10-PCS code.

Beginning Position: 457 **Data Source:** Claim

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Length: Type: Alphanumeric OTH SURG PROC DAY 3 Field 110: **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Calculated **Beginning Position: Data Source:** 464 Length: 4 Type: Alphanumeric OTH SURG PROC CODE 4 **Field 111: Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 468 Claim Length: 7 Type: Alphanumeric OTH SURG PROC DAY 4 **Field 112: Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 475 **Data Source:** Calculated Length: Type: Alphanumeric **Field 113:** OTH_SURG_PROC_CODE_5 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 479 **Data Source:** Claim Length: Alphanumeric Type: **Field 114:** OTH SURG PROC DAY 5 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 486 **Data Source:** Calculated Length: 4 Alphanumeric Type: OTH SURG PROC CODE 6 **Field 115:** Code for surgical or other procedure other than the principal procedure performed during the **Description:** period covered by the bill. ICD-10-PCS code. **Beginning Position:** 490 **Data Source:** Claim Alphanumeric Length: 7 Type: OTH SURG PROC DAY 6 **Field 116:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus **Description:** Admission/Start of Care Date **Beginning Position:** 497 **Data Source:** Calculated Length: Alphanumeric Type: OTH SURG PROC CODE 7 **Field 117: Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 501 **Data Source:** Claim Length: Type: Alphanumeric OTH SURG PROC DAY 7 **Field 118: Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 508 **Data Source:** Calculated Length: Alphanumeric Type: **Field 119:** OTH SURG PROC CODE 8 Code for surgical or other procedure other than the principal procedure performed during the **Description:** period covered by the bill. ICD-10-PCS code. **Beginning Position:** 512 **Data Source:** Length: 7 Type: Alphanumeric **Field 120:** OTH SURG PROC DAY 8 Day of other surgical or other procedure equals Other Surgical Procedure Date minus **Description:** Admission/Start of Care Date **Beginning Position:** 519 **Data Source:** Calculated

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Length: Type: Alphanumeric OTH SURG PROC CODE 9 **Field 121: Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 523 Claim Length: Type: Alphanumeric OTH SURG PROC DAY 9 **Field 122: Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** 530 Calculated Length: Type: 4 Alphanumeric OTH SURG PROC CODE 10 **Field 123: Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 534 **Data Source:** Claim Length: 7 Type: Alphanumeric **Field 124:** OTH_SURG_PROC_DAY_10 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 541 **Data Source:** Calculated Length: 4 Type: Alphanumeric **Field 125:** OTH SURG PROC CODE 11 Code for surgical or other procedure other than the principal procedure performed during the **Description:** period covered by the bill. ICD-10-PCS code. **Beginning Position:** 545 **Data Source:** Claim Length: 7 Type: Alphanumeric **Field 126:** OTH SURG PROC DAY 11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus **Description:** Admission/Start of Care Date. **Beginning Position:** 552 **Data Source:** Calculated Length: 4 Type: Alphanumeric **Field 127:** OTH SURG PROC CODE 12 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 556 **Data Source:** Claim Length: Type: Alphanumeric OTH SURG PROC DAY 12 **Field 128: Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 563 **Data Source:** Calculated Length: Type: Alphanumeric OTH SURG PROC CODE 13 **Field 129: Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 567 **Data Source:** Claim Length: Type: Alphanumeric **Field 130:** OTH SURG PROC DAY 13 Day of other surgical or other procedure equals Other Surgical Procedure Date minus **Description:** Admission/Start of Care Date. **Beginning Position:** 574 **Data Source:** Calculated Length: 4 Type: Alphanumeric **Field 131:** OTH SURG PROC CODE 14 Code for surgical or other procedure other than the principal procedure performed during the **Description:** period covered by the bill. ICD-10-PCS code. **Beginning Position:** 578 **Data Source:** Claim

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Length: Type: Alphanumeric OTH SURG PROC DAY 14 **Field 132: Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Calculated **Beginning Position: Data Source:** 585 Length: 4 Type: Alphanumeric OTH SURG PROC CODE 15 **Field 133: Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 589 **Data Source:** Claim Length: 7 Type: Alphanumeric OTH SURG PROC DAY 15 **Field 134: Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 596 **Data Source:** Calculated Length: Type: Alphanumeric **Field 135:** OTH_SURG_PROC_CODE_16 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 600 **Data Source:** Claim Length: 7 Alphanumeric Type: OTH SURG PROC DAY 16 **Field 136: Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 607 **Data Source:** Calculated Length: 4 Alphanumeric Type: OTH SURG PROC CODE 17 **Field 137:** Code for surgical or other procedure other than the principal procedure performed during the **Description:** period covered by the bill. ICD-10-PCS code. **Beginning Position:** 611 **Data Source:** Claim Alphanumeric Length: 7 Type: OTH SURG PROC DAY 17 **Field 138:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus **Description:** Admission/Start of Care Date. **Beginning Position:** 618 **Data Source:** Calculated Length: Type: Alphanumeric **Field 139:** OTH SURG PROC CODE 18 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 622 **Data Source:** Claim Length: Type: Alphanumeric OTH SURG PROC DAY 18 **Field 140: Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 629 **Data Source:** Calculated Length: Type: Alphanumeric **Field 141:** OTH SURG PROC CODE 19 Code for surgical or other procedure other than the principal procedure performed during the **Description:** period covered by the bill. ICD-10-PCS code. **Beginning Position:** 633 **Data Source:** Length: 7 Type: Alphanumeric **Field 142:** OTH SURG PROC DAY 19 Day of other surgical or other procedure equals Other Surgical Procedure Date minus **Description:** Admission/Start of Care Date. **Beginning Position:** 640 **Data Source:** Calculated DSHS/THCIC DSHS Document # E25-14163

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| Length: | 4 | Type: | Alphanumeric | | |
|---|--|--|---|--|--|
| Field 143: | OTH_SURG_PROC_CODE_20 | | | | |
| Description: | Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. | | | | |
| Beginning Position: | | Data Source: Claim | | | |
| Length: | 7 | Type: | Alphanumeric | | |
| Field 144: | OTH_SURG_PROC_DAY | 20 | | | |
| Description: | | | als Other Surgical Procedure Date minus | | |
| <u>.</u> | Admission/Start of Care Date | | | | |
| Beginning Position: | 651 | Data Source: | Calculated | | |
| Length: | 4 | Type: | Alphanumeric | | |
| Field 145: | OTH_SURG_PROC_COD | | | | |
| Description: | | | an the principal procedure performed during the | | |
| • | period covered by the bill. IC | | | | |
| Beginning Position: | | Data Source: | Claim | | |
| Length: | 7 | Type: | Alphanumeric | | |
| Field 146: | OTH_SURG_PROC_DAY | 21 | • | | |
| Description: | Day of other surgical or other | r procedure <i>equa</i> | als Other Surgical Procedure Date minus | | |
| - | Admission/Start of Care Date | e. | - | | |
| Beginning Position: | 662 | Data Source: | Calculated | | |
| Length: | 4 | Type: | Alphanumeric | | |
| Field 147: | OTH_SURG_PROC_COD | E_22 | | | |
| Description: | Code for surgical or other pro | ocedure other th | an the principal procedure performed during the | | |
| | period covered by the bill. IC | CD-10-PCS code |). | | |
| Beginning Position: | 666 | Data Source: | Claim | | |
| Length: | | Type: | Alphanumeric | | |
| | OTH_SURG_PROC_DAY_22 | | | | |
| Field 148: | | | | | |
| Field 148: Description: | Day of other surgical or other | r procedure <i>equa</i> | als Other Surgical Procedure Date minus | | |
| Description: | Day of other surgical or other Admission/Start of Care Date | r procedure <i>eque</i> e. | - | | |
| Description: Beginning Position: | Day of other surgical or other Admission/Start of Care Date 673 | r procedure <i>equa</i> e. Data Source: | Calculated | | |
| Description: Beginning Position: Length: | Day of other surgical or other Admission/Start of Care Date 673 | r procedure <i>equa</i> e. Data Source: Type: | - | | |
| Description: Beginning Position: Length: Field 149: | Day of other surgical or other Admission/Start of Care Date 673 4 OTH_SURG_PROC_COD | r procedure equale. Data Source: Type: E_23 | Calculated Alphanumeric | | |
| Description: Beginning Position: Length: | Day of other surgical or other Admission/Start of Care Date 673 4 OTH_SURG_PROC_COD Code for surgical or other pro | r procedure equale. Data Source: Type: E_23 occedure other the | Calculated Alphanumeric an the principal procedure performed during the | | |
| Description: Beginning Position: Length: Field 149: Description: | Day of other surgical or other Admission/Start of Care Date 673 4 OTH_SURG_PROC_COD Code for surgical or other pro- period covered by the bill. IC | r procedure equale. Data Source: Type: E_23 occdure other the CD-10-PCS code | Calculated Alphanumeric an the principal procedure performed during the | | |
| Description: Beginning Position: Length: Field 149: Description: Beginning Position: | Day of other surgical or other Admission/Start of Care Date 673 4 OTH_SURG_PROC_COD Code for surgical or other pro- period covered by the bill. IC | r procedure equale. Data Source: Type: E_23 Decedure other the CD-10-PCS code Data Source: | Calculated Alphanumeric an the principal procedure performed during the Claim | | |
| Description: Beginning Position: Length: Field 149: Description: Beginning Position: Length: | Day of other surgical or other Admission/Start of Care Date 673 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 677 7 | r procedure equale. Data Source: Type: E_23 occedure other the CD-10-PCS code Data Source: Type: | Calculated Alphanumeric an the principal procedure performed during the | | |
| Description: Beginning Position: Length: Field 149: Description: Beginning Position: Length: Field 150: | Day of other surgical or other Admission/Start of Care Date 673 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 677 7 OTH_SURG_PROC_DAY | r procedure equale. Data Source: Type: E_23 occdure other the CD-10-PCS code Data Source: Type: _23 | Calculated Alphanumeric an the principal procedure performed during the Claim Alphanumeric | | |
| Description: Beginning Position: Length: Field 149: Description: Beginning Position: Length: | Day of other surgical or other Admission/Start of Care Date 673 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 677 7 OTH_SURG_PROC_DAY Day of other surgical or other | r procedure equale. Data Source: Type: E_23 occedure other the CD-10-PCS code Data Source: Type:23 r procedure equale | Calculated Alphanumeric an the principal procedure performed during the Claim | | |
| Description: Beginning Position: Length: Field 149: Description: Beginning Position: Length: Field 150: Description: | Day of other surgical or other Admission/Start of Care Date 673 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 677 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date | r procedure equale. Data Source: Type: E_23 occedure other the CD-10-PCS code Data Source: Type: _23 r procedure equale. | Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date minus | | |
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| Description: Beginning Position: Length: Field 149: Description: Beginning Position: Length: Field 150: Description: Beginning Position: Length: Field 151: | Day of other surgical or other Admission/Start of Care Date 673 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 677 7 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date 684 4 OTH_SURG_PROC_COD | r procedure equale. Data Source: Type: E_23 occdure other the CD-10-PCS code Data Source: Type: _23 r procedure equale. Data Source: Type: E_24 | Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric | | |
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| Description: Beginning Position: Length: Field 149: Description: Beginning Position: Length: Field 150: Description: Beginning Position: Length: Field 151: Description: Beginning Position: Length: Field 152: | Day of other surgical or other Admission/Start of Care Date 673 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 677 OTH_SURG_PROC_DAY Day of other surgical or other Admission/Start of Care Date 684 4 OTH_SURG_PROC_COD Code for surgical or other properiod covered by the bill. IC 688 7 OTH_SURG_PROC_DAY | r procedure equale. Data Source: Type: E_23 occdure other the CD-10-PCS code Data Source: Type: _23 r procedure equale. Data Source: Type: E_24 occdure other the CD-10-PCS code Data Source: Type: E_24 occdure other the CD-10-PCS code Data Source: Type: _24 | Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric als Other Surgical Procedure Date minus Calculated Alphanumeric an the principal procedure performed during the c. Claim Alphanumeric | | |
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Description: Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician

expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and

podiatrists authorized by the hospital to admit or treat patients.

Suppression: Suppressed when the number of physicians represented in a DRG for a hospital is less than the

minimum cell size of five.

Coding Scheme: 9999999998 Cell size less than 5

9999999999 Temporary license or license number could not be matched

Beginning Position:699Data Source:AssignedLength:10Type:Alphanumeric

Field 154: OPERATING PHYSICIAN UNIF ID

Description: Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to

the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat

oatients.

Suppression: Suppressed when the number of physicians represented in a DRG for a hospital is less than the

minimum cell size of five.

Coding Scheme: 9999999998 Cell size less than 5

999999999 Temporary license or license number could not be matched

Beginning Position: 709 **Data Source:** Assigned **Length:** 10 **Type:** Alphanumeric

Field 155: ENCOUNTER_INDICATOR

Description:Indicates the number of claims used to create the encounterBeginning Position:719Data Source:CalculatedLength:2Type:Alphanumeric

Field 156: PROVIDER NAME

Description: Hospital name provided by the hospital.

Suppression: Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name

'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular

gender, including 'unknown', Hospital Name is blank.

Beginning Position: 721 **Data Source:** Provider **Length:** 55 **Type:** Alphanumeric

Field 157: EMERGENCY DEPT FLAG

Description: Indicator of emergency department visit.

Coding Scheme: Y visit was emergency related

N Visit was not emergency related

Beginning Position: 776 **Data Source:** Assigned **Length:** 1 **Type:** Alphanumeric

BASE DATA #2 FILE

| Field 1: | RECORD_ID | | | |
|--------------------------------|---|---------------------|---|--|
| Description: | Record Identification Number. Unique number assigned to identify the record. First available 1 st quarter 2002. Does NOT match the RECORD ID in THCIC Research Data Files (RDF's). | | | |
| Beginning Position: | 1 | Data Source: | Assigned | |
| Length: | 12 | Type: | Alphanumeric | |
| Field 2: | PRIVATE_AMOUNT | | · | |
| Description: | | rivate Room Char | rge Amount. Calculated using MEDPAR | |
| - | | | evenue codes 0100-0219, revenue center 011X, | |
| | 014X | | | |
| Beginning Position: | 13 | Data Source: | Calculated | |
| Length: | 12 | Type: | Numeric | |
| Field 3: | SEMI_PRIVATE_AMOU | JNT | | |
| Description: | Accommodation Charge, S | emi-private Roon | n Charge Amount. Calculated using MEDPAR | |
| - | algorithm. Sum of charges 012X-014X, 016X-019X | associated with re | evenue codes 0100-0219, revenue center 010X, | |
| Beginning Position: | 25 | Data Source: | Calculated | |
| Length: | 12 | Type: | Numeric | |
| Field 4: | WARD_AMOUNT | | | |
| Description: | Accommodation Charge, W | Vard Charge Amo | ount. Calculated using MEDPAR algorithm. Sum of | |
| - | charges associated with rev | enue codes 0100- | -0219, revenue center 015X. | |
| Beginning Position: | 37 | Data Source: | Calculated | |
| Length: | 12 | Type: | Numeric | |
| Field 5: | ICU_AMOUNT | | | |
| Description: | Accommodation Charge, Ir | ntensive Care Uni | t Charge Amount. Calculated using MEDPAR | |
| | algorithm. Sum of charges | associated with re | evenue codes 0100-0219, revenue center 020X. | |
| Beginning Position: | 49 | Data Source: | Calculated | |
| Length: | 12 | Type: | Numeric | |
| Field 6: | CCU_AMOUNT | | | |
| Description: | | | it Charge Amount. Calculated using MEDPAR | |
| | - | | evenue codes 0100-0219, revenue center 021X. | |
| Beginning Position: | 61 | Data Source: | Calculated | |
| Length: | 12 | Type: | Numeric | |
| Field 7: | OTHER_AMOUNT | | | |
| Description: | Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum | | | |
| | | | ner than 0100-0219, revenue center 0002-0099, | |
| | | | X-070X, 076X-078X, 090X-095X, 099X. | |
| Beginning Position: | 73 | Data Source: | Calculated | |
| Length: | 12 | Type: | Numeric | |
| Field 8: | PHARM_AMOUNT | | | |
| Description: | | | Amount. Calculated using MEDPAR algorithm. | |
| | | with revenue code | es other than 0100-0219, revenue center 025X, | |
| D !! D!4! | 026X, and 063X. | D-4- C | 0.1, 1, , , 1 | |
| Beginning Position: | 85 | Data Source: | Calculated | |
| Length: | 12 | Type: | Numeric | |
| Field 9: | MEDSURG_AMOUNT | M. 1' - 1/C 1 - 1 | G and Glassia Associate Galacteria di co | |
| Description: | Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, | | | |
| Doginning Dogities | revenue center 027X, 062X | Data Source: | Calculated | |
| Beginning Position: Length: | 97 12 | | Calculated Numeric | |
| Field 10: | DME_AMOUNT | Type: | Numeric | |
| riciu IV. | DIVIE_AMOUNT | | | |

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

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LITH AMOUNT

Field 19:

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| | Ancillary Service Charge I | ithotrinsy Charge | e Amount. Calculated using MEDPAR algorithm. | | |
|---|---|---|---|--|--|
| Description: | | | es other than 0100-0219, revenue center 079X. | | |
| Beginning Position: | 217 | Data Source: | Calculated | | |
| Length: | 12 | Type: | Numeric | | |
| Field 20: | CARD_AMOUNT | турс. | Trumene | | |
| Description: | | ardiology Charg | e Amount. Calculated using MEDPAR algorithm. | | |
| Description: | | | es other than 0100-0219, revenue center 048X, | | |
| | 073X. | | 55 50101 U.M. 5105 5215, 15 (5100 551001 5 1011, | | |
| Beginning Position: | 229 | Data Source: | Calculated | | |
| Length: | 12 | Type: | Numeric | | |
| Field 21: | ANES_AMOUNT | • • | | | |
| Description: | Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. | | | | |
| | Sum of charges associated w | ith revenue code | es other than 0100-0219, revenue center 037X. | | |
| Beginning Position: | 241 | Data Source: | Calculated | | |
| Length: | 12 | Type: | Numeric | | |
| Field 22: | LAB_AMOUNT | | | | |
| Description: | | | e Amount. Calculated using MEDPAR algorithm. | | |
| | ē . | ith revenue code | es other than 0100-0219, revenue center 030X- | | |
| | 031X, 074X-075X. | - . ~ | ~ | | |
| Beginning Position: | 253 | Data Source: | Calculated | | |
| Length: | 12 | Type: | Numeric | | |
| Field 23: | RAD_AMOUNT | 1: 1 - 61 | A CLILL COMPAND 1 24 | | |
| Description: | | | Amount. Calculated using MEDPAR algorithm. | | |
| | 032X-035X, 040X. | in revenue code | es other than 0100-0219, revenue center 028X, | | |
| Beginning Position: | 265 | Data Source: | Calculated | | |
| Length: | 12 | Type: | Numeric | | |
| Field 24: | MRI AMOUNT | туре. | Numeric | | |
| Description: | _ | IRI Charge Amo | ount. Calculated using MEDPAR algorithm. Sum of | | |
| 2 colliption. | | | than 0100-0219, revenue center 061X. | | |
| Beginning Position: | 277 | Data Source: | Calculated | | |
| Length: | 12 | Type: | Numeric | | |
| Field 25: | OP_AMOUNT | • • | | | |
| Description: | Ancillary Service Charge, O | utpatient Service | es Charge Amount. Calculated using MEDPAR | | |
| _ | algorithm. Sum of charges a | ssociated with re | algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center | | |
| | | | evenue codes otner than 0100-0219, revenue center | | |
| | 049X-050X. | | evenue codes other than 0100-0219, revenue center | | |
| Beginning Position: | 289 | Data Source: | Calculated | | |
| Length: | 289 12 | | | | |
| Length: Field 26: | 289 12 ER_AMOUNT | Data Source: Type: | Calculated Numeric | | |
| Length: | 289 12 ER_AMOUNT Ancillary Service Charge, En | Data Source: Type: mergency Room | Calculated Numeric Charge Amount. Calculated using MEDPAR | | |
| Length: Field 26: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges as | Data Source: Type: mergency Room | Calculated Numeric | | |
| Length: Field 26: Description: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. | Data Source: Type: mergency Room ssociated with re | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center | | |
| Length: Field 26: Description: Beginning Position: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 | Data Source: Type: mergency Room ssociated with re Data Source: | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated | | |
| Length: Field 26: Description: Beginning Position: Length: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 | Data Source: Type: mergency Room ssociated with re Data Source: Type: | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center | | |
| Length: Field 26: Description: Beginning Position: Length: Field 27: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT | Data Source: Type: mergency Room ssociated with re Data Source: Type: | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric | | |
| Length: Field 26: Description: Beginning Position: Length: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A | Data Source: Type: mergency Room ssociated with re Data Source: Type: mbulance Charg | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. | | |
| Length: Field 26: Description: Beginning Position: Length: Field 27: Description: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated w | Data Source: Type: mergency Room ssociated with re Data Source: Type: mbulance Charg yith revenue code | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 054X. | | |
| Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated with 313 | Data Source: Type: mergency Roomssociated with re Data Source: Type: mbulance Charge with revenue code Data Source: | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 054X. Calculated | | |
| Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated was 313 12 | Data Source: Type: mergency Room ssociated with re Data Source: Type: mbulance Charg yith revenue code | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 054X. | | |
| Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated w 313 12 PRO_FEE_AMOUNT | Data Source: Type: mergency Room ssociated with re Data Source: Type: mbulance Charg with revenue code Data Source: Type: | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric te Amount. Calculated using MEDPAR algorithm. tes other than 0100-0219, revenue center 054X. Calculated Numeric | | |
| Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated w 313 12 PRO_FEE_AMOUNT Ancillary Service Charge, Pro_FEE_AMOUNT | Data Source: Type: mergency Room ssociated with re Data Source: Type: mbulance Charg with revenue code Data Source: Type: | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric The Amount. Calculated using MEDPAR algorithm. The es other than 0100-0219, revenue center 054X. Calculated Numeric Charge Amount. Calculated using MEDPAR | | |
| Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated w 313 12 PRO_FEE_AMOUNT Ancillary Service Charge, Pralgorithm. Sum of charges as | Data Source: Type: mergency Room ssociated with re Data Source: Type: mbulance Charg with revenue code Data Source: Type: | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric te Amount. Calculated using MEDPAR algorithm. tes other than 0100-0219, revenue center 054X. Calculated Numeric | | |
| Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated w 313 12 PRO_FEE_AMOUNT Ancillary Service Charge, Pro_FEE_AMOUNT | Data Source: Type: mergency Room ssociated with re Data Source: Type: mbulance Charg with revenue code Data Source: Type: | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric The Amount. Calculated using MEDPAR algorithm. The es other than 0100-0219, revenue center 054X. Calculated Numeric Charge Amount. Calculated using MEDPAR | | |
| Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated was 313 12 PRO_FEE_AMOUNT Ancillary Service Charge, Pralgorithm. Sum of charges at 096X-098X. | Data Source: Type: mergency Room ssociated with re Data Source: Type: mbulance Charg with revenue code Data Source: Type: rofessional Fee C ssociated with re | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 054X. Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center | | |
| Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description: Beginning Position: | 289 12 ER_AMOUNT Ancillary Service Charge, Enalgorithm. Sum of charges at 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated was 313 12 PRO_FEE_AMOUNT Ancillary Service Charge, Pralgorithm. Sum of charges at 096X-098X. 325 | Data Source: Type: mergency Room ssociated with resociated with resociated with resociated with resociated with resociated with revenue code Data Source: Type: rofessional Fee Cossociated with resociated | Calculated Numeric Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 054X. 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 Calculated | | |

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| Field 29: | ORGAN_AMOUNT | | | | |
|----------------------------|--------------|---|------------|---|--|
| Description: | | llary Service Charge, Organ Acquisition | _ | · · · · · · · · · · · · · · · · · · · | |
| | | | evenue co | des other than 0100-0219, revenue center | |
| | | X, 089X. | a | | |
| Beginning Position: | 337 | Data Source: | Calcula | | |
| Length: | 12 EGD | Type: | Numeri | C | |
| Field 30: | | D_AMOUNT | N. 1 | | |
| Description: | | llary Service Charge, End Stage Renal I | | | |
| | | DPAR algorithm. Sum of charges associa | itea with | revenue codes other than 0100-0219, | |
| Beginning Position: | 349 | enue center 080X, 082X-085X, 088X Data Source: Calculated | | | |
| 0 0 | 12 | Data Source: | Numeri | | |
| Length: Field 31: | | Type: NIC_AMOUNT | Numen | ic . | |
| Description: | | | a Amour | nt. Calculated using MEDPAR algorithm. | |
| Description. | | of charges associated with revenue code | | | |
| Beginning Position: | 361 | Data Source: | Calcula | | |
| Length: | 12 | Type: | Numeri | | |
| Field 32: | | CUR_CODE_1 | Tullicii | | |
| Description: | | e describing a significant event relating t | o the clai | m | |
| Coding Scheme: | 1 | Auto accident | 40 | Scheduled date of admission | |
| coung beneme. | 2 | No Fault Insurance Involved - Including Auto | 41 | Date of first test of pre-admission testing | |
| | 2 | Accident/Other | 10 | D . (1) 1 (4) 1) | |
| | 3 4 | Accident/ Tort Liability Accident/ Employment Related | 42 43 | Date of discharge (hospice only) Scheduled date of canceled surgery | |
| | 5 | Other accident | 44 | Date treatment started - OT | |
| | 6 | Crime Victim | 45 | Date treatment started - ST | |
| | 9 | Start of Infertility Treatment Cycle | 46 | Date treatment started - Cardiac rehabilitation | |
| | 10 | Last Menstrual Period | 47 | Date cost outlier status begins | |
| | 11 12 | Onset of Symptoms/ Illness Date of Onset for a Chronically Dependent | A1 A2 | Birthdate - Insured A Effective Date - Insured A Policy | |
| | 12 | Individual | 112 | Effective Date Insured ATT oney | |
| | 16 | Date of Last Therapy | A3 | Payer A benefits exhausted | |
| | 17 | Date Outpatient OT Plan Established or Last | A4 | Split Bill Date | |
| | 18 | Reviewed Date of Retirement - Patient/Beneficiary | B1 | Birthdate - Insured B | |
| | 19 | Date of Retirement - Spouse | B2 | Effective date - Insured B Policy | |
| | 20 | Date Guarantee of Payment Began | B3 | Payer B benefits exhausted | |
| | 21 | Date UR Notice Received | C1 | Birthdate - Insured C | |
| | 22 | Date Active Care Ended | C2 | Effective date - Insured C Policy | |
| | 24 | Date Insurance Denied | C3 | Payer C benefits exhausted | |
| | 25 | Date Benefits Terminated by Primary Payer | DR | Katrina disaster related | |
| | 26 | Date SNF Bed Became Available | E1 | Birthdate - Insured D | |
| | 27 | Date Home Health Plan Established or Last | E2 | Effective date - Insured D Policy | |
| | | Reviewed | | · | |
| | 28 | Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed | E3 | Payer D benefits exhausted | |
| | 29 | Date Outpatient PT Plan established or last | F1 | Birthdate - Insured E | |
| | | reviewed | | | |
| | 30 | Date Outpatient ST Plan established or last | F2 | Effective date - Insured E Policy | |
| | 31 | reviewed Date beneficiary notified of intent to bill | F3 | Payer E benefits exhausted | |
| | 31 | (accommodations) | 13 | Tayer E benefits exhausted | |
| | 32 | Date beneficiary notified of intent to bill | G1 | Birthdate - Insured F | |
| | 27 | (procedures or treatments) | C2 | Effective data Incomed E Deliev | |
| | 37 | Date of inpatient hospital discharge for non- covered transplant patients | G2 | Effective date - Insured F Policy | |
| | 38 | Date treatment started for home IV therapy | G3 | Payer F benefits exhausted | |
| | 39 | Date discharged on a continuous course if IV | | | |
| | | therapy | | | |
| Beginning Position: | 373 | Data Source: | Claim | | |
| Length: | 2 | Type: | Alphan | umeric | |
| Field 33: | occ | CUR_DAY_1 | | | |
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Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:375Data Source:CalculatedLength:4Type:Alphanumeric

Field 34: OCCUR_CODE_2

Description: Code describing a significant event relating to the claim.

Coding Scheme: Same as Field OCCUR CODE 1.

Beginning Position: 379 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 35: OCCUR_DAY_2

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:381Data Source:CalculatedLength:4Type:Alphanumeric

Field 36: OCCUR_CODE_3

Description: Code describing a significant event relating to the claim.

Coding Scheme: Same as Field OCCUR_CODE_1.

Beginning Position:385Data Source:ClaimLength:2Type:Alphanumeric

Field 37: OCCUR_DAY_3

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:387Data Source:CalculatedLength:4Type:Alphanumeric

Field 38: OCCUR CODE 4

Description: Code describing a significant event relating to the claim.

Coding Scheme: Same as Field OCCUR_CODE_1.

Beginning Position: 391 **Data Source:** Claim **Length:** 2 **Type:** Alphanumeric

Field 39: OCCUR DAY 4

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:393Data Source:CalculatedLength:4Type:Alphanumeric

Field 40: OCCUR_CODE_5

Description: Code describing a significant event relating to the claim.

Coding Scheme: Same as Field OCCUR_CODE_1.

Beginning Position: 397 **Data Source:** Claim **Length:** 2 **Type:** Alphanumeric

Field 41: OCCUR_DAY_5

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:399Data Source:CalculatedLength:4Type:Alphanumeric

Field 42: OCCUR CODE 6

Description: Code describing a significant event relating to the claim.

Coding Scheme: Same as Field OCCUR CODE 1.

Beginning Position:403Data Source:ClaimLength:2Type:Alphanumeric

Field 43: OCCUR_DAY_6

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:405Data Source:CalculatedLength:4Type:Alphanumeric

Field 44: OCCUR CODE 7

Description: Code describing a significant event relating to the claim.

Coding Scheme: Same as Field OCCUR_CODE_1.

Beginning Position:409Data Source:ClaimLength:2Type:Alphanumeric

Field 45: OCCUR DAY 7

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

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| Beginning Position: | 411 | Data Source: | Calculate | ad. |
|----------------------------|--|---------------------|--------------|---|
| Length: | 411 | Type: | Alphanu | |
| Field 46: | OCCUR_CODE_8 | Type. | Aipiiaiiui | menc |
| Description: | Code describing a signification | nt avant ralating | to the elein | |
| Coding Scheme: | Same as Field OCCUR CC | | io ine ciam | 1. |
| Beginning Position: | 415 | Data Source: | Claim | |
| | 2 | | | morio |
| Length: Field 47: | OCCUR_DAY_8 | Type: | Alphanu | menc |
| Description: | Occurrence Day equals Occ | aurranaa Data mi | nus Admis | rian/Start of Cara Data |
| Beginning Position: | 417 | Data Source: | Calculate | |
| Length: | 4 | Type: | Alphanu | |
| Field 48: | OCCUR_CODE_9 | Type. | Aipiiaiiui | meric |
| Description: | Code describing a signification | nt avant relating | to the claim | |
| Coding Scheme: | Same as Field OCCUR_CC | | io ine ciam | 1. |
| Beginning Position: | 421 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphanu | maria |
| Field 49: | OCCUR_DAY_9 | Type: | Aipilaliu | menc |
| Description: | Occurrence Day <i>equals</i> Occ | aurranaa Data mi | nus Admis | rian/Start of Cara Data |
| Beginning Position: | 423 | Data Source: | Calculate | |
| Length: | 423 | | Alphanu | |
| Field 50: | OCCUR_CODE_10 | Type: | Aipiiaiiui | menc |
| Description: | Code describing a signification | nt avant relating | to the claim | |
| Coding Scheme: | Same as Field OCCUR_CC | | io the claim | 1. |
| Beginning Position: | 427 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphanu | meric |
| Field 51: | OCCUR_DAY_10 | турс. | rupilana | mene |
| Description: | Occurrence Day equals Occ | currence Date mi | nus Admiss | gion/Start of Care Date |
| Beginning Position: | 429 | Data Source: | Calculate | |
| Length: | 4 | Type: | Alphanui | |
| Field 52: | OCCUR_CODE_11 | 1 у рег | Tipiana | |
| Description: | Code describing a signification | nt event relating | to the claim | 1. |
| Coding Scheme: | Same as Field OCCUR_CC | _ | | • |
| Beginning Position: | 433 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphanu | meric |
| Field 53: | OCCUR_DAY_11 | 7 1 | | |
| Description: | Occurrence Day equals Occ | currence Date mi | nus Admiss | sion/Start of Care Date. |
| Beginning Position: | 435 | Data Source: | Calculate | |
| Length: | 4 | Type: | Alphanu | meric |
| Field 54: | OCCUR_CODE_12 | • • | • | |
| Description: | Code describing a significa | nt event relating | to the clain | 1. |
| Coding Scheme: | Same as Field OCCUR_CC | DE_1. | | |
| Beginning Position: | 439 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphanu | meric |
| Field 55: | OCCUR_DAY_12 | | | |
| Description: | Occurrence Day equals Occ | | nus Admiss | sion/Start of Care Date. |
| Beginning Position: | 441 | Data Source: | Calculate | |
| Length: | 4 | Type: | Alphanu | meric |
| Field 56: | OCCUR_SPAN_CODE_1 | | | |
| Description: | | | | that may affect payer processing. |
| Coding Scheme: | 70 Qualifying stay dates (for | SNF use only) | 78 80 | SNF prior stay dates |
| | 71 Prior stay dates | | 80 | Prior Same SNF prior stay dates for Payment Ban Purposes |
| | 72 First/Last Visit | | 81 | Antepartum Days at Reduced Level of Care |
| | 73 Benefit eligibility period | | M0 | QIO/UR approved stay dates |
| | 74 Noncovered level of care/ | Leave of absence | M1 | Provider liability - no utilization |
| | 75 SNF level of care76 Patient Liability Period | | M2 M3 | Inpatient respite dates ICF level of care |
| Delle/THOIC | | | - | |
| 1301107111/1/1/1 | | | | DCHC D # E25 14162 |

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| | 77 Provider Liability - Utilizat | | M4 Residential level of care |
|---|---|--|--|
| Beginning Position: | 445 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 57: | OCCUR_SPAN_FROM_1 | | |
| Description: | | 0 0 | te of Event <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 447 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 58: | OCCUR_SPAN_THRU_1 | | |
| Description: | Occurrence Span Thru equal | ls Ending Date of | f Event <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 453 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 59: | OCCUR_SPAN_CODE_2 | | |
| Description: | | t event relating t | o the claim that may affect payer processing. |
| Coding Scheme: | Same as Field OCCUR_SPA | | g. |
| Beginning Position: | 459 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 60: | OCCUR_SPAN_FROM_2 | Type. | Alphanumeric |
| | | J. D. sinnin - D. | to of Francisco Administra (Chart of Comp. Date |
| Description: | | | te of Event <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 461 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 61: | OCCUR_SPAN_THRU_2 | | |
| Description: | | ls Ending Date of | f Event minus Admission/Start of Care Date. |
| Beginning Position: | 467 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 62: | OCCUR_SPAN_CODE_3 | | |
| Description: | Code describing a significan | t event relating t | o the claim that may affect payer processing. |
| Coding Scheme: | Same as Field OCCUR_SPA | | |
| Beginning Position: | 473 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 63: | OCCUR_SPAN_FROM_3 | 2 J PC. | Tipitalianierie |
| Description: | | de Baginning Da | te of Event minus Admission/Start of Care Date. |
| Beginning Position: | 475 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 64: | OCCUR SPAN THRU 3 | Type. | Alphanumenc |
| | | . F. 1 D | SE and in Administration (Standard Comp. Date |
| Description: | | | f Event minus Admission/Start of Care Date. |
| Beginning Position: | 481 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 65: | OCCUR_SPAN_CODE_4 | | |
| Description: | | | o the claim that may affect payer processing. |
| Coding Scheme: | Same as Field OCCUR_SPA | N_CODE_1. | |
| Beginning Position: | 487 | Data Source: | Claim |
| | | Data Source. | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Length: Field 66: | | Type: | |
| Field 66: | OCCUR_SPAN_FROM_4 | Type: | Alphanumeric |
| Field 66: Description: | OCCUR_SPAN_FROM_4 Occurrence Span From equa | Type: | Alphanumeric te of Event <i>minus</i> Admission/Start of Care Date. |
| Field 66: Description: Beginning Position: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 | Type: als Beginning Da Data Source: | Alphanumeric te of Event <i>minus</i> Admission/Start of Care Date. Calculated |
| Field 66: Description: Beginning Position: Length: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 | Type: | Alphanumeric te of Event <i>minus</i> Admission/Start of Care Date. |
| Field 66: Description: Beginning Position: Length: Field 67: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 | Type: als Beginning Da Data Source: Type: | Alphanumeric te of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric |
| Field 66: Description: Beginning Position: Length: Field 67: Description: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal | Type: als Beginning Da Data Source: Type: als Ending Date o | Alphanumeric te of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric f Event <i>minus</i> Admission/Start of Care Date. |
| Field 66: Description: Beginning Position: Length: Field 67: Description: Beginning Position: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 495 | Type: als Beginning Da Data Source: Type: als Ending Date o Data Source: | Alphanumeric te of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric f Event <i>minus</i> Admission/Start of Care Date. Calculated |
| Field 66: Description: Beginning Position: Length: Field 67: Description: Beginning Position: Length: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 495 6 | Type: als Beginning Da Data Source: Type: als Ending Date o | Alphanumeric te of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric f Event <i>minus</i> Admission/Start of Care Date. |
| Field 66: Description: Beginning Position: Length: Field 67: Description: Beginning Position: Length: Field 68: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 495 6 CONDITION_CODE_1 | Type: als Beginning Da Data Source: Type: als Ending Date o Data Source: Type: | Alphanumeric te of Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric f Event <i>minus</i> Admission/Start of Care Date. Calculated Alphanumeric |
| Field 66: Description: Beginning Position: Length: Field 67: Description: Beginning Position: Length: Field 68: Description: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 495 6 CONDITION_CODE_1 Code describing a condition | Type: als Beginning Da Data Source: Type: als Ending Date o Data Source: Type: | Alphanumeric te of Event minus Admission/Start of Care Date. Calculated Alphanumeric f Event minus Admission/Start of Care Date. Calculated Alphanumeric aim. |
| Field 66: Description: Beginning Position: Length: Field 67: Description: Beginning Position: Length: Field 68: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 495 6 CONDITION_CODE_1 Code describing a condition 01 Military service related | Type: als Beginning Da Data Source: Type: als Ending Date o Data Source: Type: relating to the cl | Alphanumeric te of Event minus Admission/Start of Care Date. Calculated Alphanumeric f Event minus Admission/Start of Care Date. Calculated Alphanumeric aim. A0 TRICARE external partnership program |
| Field 66: Description: Beginning Position: Length: Field 67: Description: Beginning Position: Length: Field 68: Description: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 495 6 CONDITION_CODE_1 Code describing a condition 01 Military service related 02 Condition is employment re | Type: als Beginning Da Data Source: Type: als Ending Date o Data Source: Type: relating to the classed | Alphanumeric te of Event minus Admission/Start of Care Date. Calculated Alphanumeric f Event minus Admission/Start of Care Date. Calculated Alphanumeric aim. A0 TRICARE external partnership program A1 EPSDT/CHAP |
| Field 66: Description: Beginning Position: Length: Field 67: Description: Beginning Position: Length: Field 68: Description: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 495 6 CONDITION_CODE_1 Code describing a condition 01 Military service related 02 Condition is employment re 03 Patient covered by insurance | Type: als Beginning Da Data Source: Type: als Ending Date o Data Source: Type: relating to the classed | Alphanumeric te of Event minus Admission/Start of Care Date. Calculated Alphanumeric f Event minus Admission/Start of Care Date. Calculated Alphanumeric aim. A0 TRICARE external partnership program A1 EPSDT/CHAP A2 Physically handicapped children's program |
| Field 66: Description: Beginning Position: Length: Field 67: Description: Beginning Position: Length: Field 68: Description: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 495 6 CONDITION_CODE_1 Code describing a condition 01 Military service related 02 Condition is employment re | Type: als Beginning Da Data Source: Type: als Ending Date o Data Source: Type: relating to the classed | Alphanumeric te of Event minus Admission/Start of Care Date. Calculated Alphanumeric f Event minus Admission/Start of Care Date. Calculated Alphanumeric aim. A0 TRICARE external partnership program A1 EPSDT/CHAP |
| Field 66: Description: Beginning Position: Length: Field 67: Description: Beginning Position: Length: Field 68: Description: Coding Scheme: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 495 6 CONDITION_CODE_1 Code describing a condition 01 Military service related 02 Condition is employment re 03 Patient covered by insurance 04 Information only bill. | Type: als Beginning Da Data Source: Type: als Ending Date o Data Source: Type: relating to the classed are not reflected here | Alphanumeric te of Event minus Admission/Start of Care Date. Calculated Alphanumeric f Event minus Admission/Start of Care Date. Calculated Alphanumeric aim. A0 TRICARE external partnership program A1 EPSDT/CHAP A2 Physically handicapped children's program A3 Special Federal Funding A4 Family planning |
| Field 66: Description: Beginning Position: Length: Field 67: Description: Beginning Position: Length: Field 68: Description: | OCCUR_SPAN_FROM_4 Occurrence Span From equal 489 6 OCCUR_SPAN_THRU_4 Occurrence Span Thru equal 495 6 CONDITION_CODE_1 Code describing a condition 01 Military service related 02 Condition is employment re 03 Patient covered by insurance 04 Information only bill. 05 Lien has been filed | Type: als Beginning Da Data Source: Type: als Ending Date o Data Source: Type: relating to the classed | Alphanumeric te of Event minus Admission/Start of Care Date. Calculated Alphanumeric f Event minus Admission/Start of Care Date. Calculated Alphanumeric aim. A0 TRICARE external partnership program A1 EPSDT/CHAP A2 Physically handicapped children's program A3 Special Federal Funding |

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

| | | No Skilled Home Health V | isits in Billing Period | | |
|---------------------|-----------|---|-------------------------|------------|--|
| | 54 | Policy Exception Documen Health Agency | | H2 | Discharge by a Hospice Provider for Cause |
| | 55 | SNF bed not available | | Н3 | Reoccurrence of GI Bleed Comorbid Category |
| | 56 | Medical appropriateness | | H4 | Reoccurrence of Pneumonia Comorbid Category |
| | 57 | SNF readmission | | H5 | Reoccurrence of Pericarditis Comorbid Category |
| | 58 | Terminated Medicare+Cho enrollee | ice organization | P1 | Do not Resuscitate Order (DNR) |
| | 59 | Non-primary ESRD facility | / | P7 | Direct Inpatient Admission from Emergency Room |
| | 60 | Day outlier | | R1 | Request for reopening Reason Code - Mathematical or Computational Mistake |
| | 61 | Cost outlier | | R2 | Request for reopening Reason Code -Inaccurate Data Entry |
| | 66 | Provider does not wish cos | | R3 | Request for reopening Reason Code - Misapplication of a Fee Schedule |
| | 67 | Beneficiary elects not to us (LTR) days | e life time reserve | R4 | Request for reopening Reason Code - Computer Errors |
| | 68 | Beneficiary elects to use lift days | e time reserve (LTR) | R5 | Request for reopening Reason Code - Incorrectly Identified Duplicate Claim |
| | 69 | IME/DGME/N&AH Paym | ent 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 r | nanagement drug | R7 | Request for reopening Reason Code - Corrections other than clerical errors |
| | 71 | Full care in unit | | R8 | Request for reopening Reason Code - New and Material Evidence |
| | 72 | Self care in unit | | R9 | Request for reopening Reason Code - Faulty Evidence |
| | 73 | Self care training | | WO | United Mine Workers of America (UMWA) Demonstration Indicator |
| | 74 | Home | | W2 | Duplicate of Original Bill |
| | 75 | Home - 100% reimburseme | | W3 | Level I Appeal |
| | 76 | Back-up in facility dialysis | | W4 | Level II Appeal |
| | 77 | Provider accepts or is oblig contractual arrangement or payment by a primary paye | law to accept | W5 | Level III Appeal |
| | 78 | New coverage not impleme | ented by HMO | | |
| | 79 | CORF services provided of | fsite | | |
| | 80 | Home dialysis - nursing fac | • | | |
| | 81 | C-section/Inductions <39 w Necessity | | | |
| | 82 | C-section/Inductions <39 w | | | |
| | 83 | C-section/Inductions 39 we | • | | |
| | 84 | Dialysis for Acute Kidney | | | |
| | 85 | Delayed Recertification of Illness | | .1 | |
| Beginning Position: | 86 501 | Additional Hemodialysis T Justification | Data Source: | u Claim | |
| Length: | 2 | | Type: | Alphanu | maric |
| Field 69: | | DITION_CODE_2 | 1 јрс. | 2 ripnanu | mone |
| Description: | | describing a condition | relating to the cla | iim | |
| Coding Scheme: | | as Field CONDITION | | | |
| Beginning Position: | 503 | us ricia condition | Data Source: | Claim | |
| Length: | 2 | | Type: | Alphanu | meric |
| Field 70: | | DITION_CODE_3 | Jr-" | | |
| Description: | | describing a condition | relating to the cla | iim. | |
| Coding Scheme: | | as Field CONDITION | | | |
| Beginning Position: | 505 | | Data Source: | Claim | |
| Length: | 2 | | Type: | Alphanu | meric |
| Field 71: | | DITION_CODE_4 | • • | • | |
| Description: | | describing a condition | relating to the cla | im. | |
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| Coding Sahama | Come | og Field CONDITION | J CODE 1 | | | |
|------------------------------------|----------|---|------------------------|-----------|---|--|
| Coding Scheme: Beginning Position: | 507 | e as Field CONDITION | Data Source: | Claim | | |
| Length: | 2 | | Type: | Alphani | ımaria | |
| Field 72: | | IDITION CODE 5 | Type: | Aipiiaiii | interic | |
| | | CONDITION_CODE_5 Code describing a condition relating to the claim. | | | | |
| Description: | | Same as Field CONDITION_CODE_1. | | | | |
| Coding Scheme: | | e as Field CONDITION | | Cl.: | | |
| Beginning Position: | 509 | | Data Source: | Claim | | |
| Length: | 2 | IDITION CODE (| Type: | Alphani | ımeric | |
| Field 73: | | CONDITION_CODE_6 | | | | |
| Description: | | describing a condition | | aım. | | |
| Coding Scheme: | | e as Field CONDITION | | ~ | | |
| Beginning Position: | 511 | | Data Source: | Claim | | |
| Length: | 2 | | Type: | Alphani | imeric | |
| Field 74: | | DITION_CODE_7 | | | | |
| Description: | | describing a condition | | aim. | | |
| Coding Scheme: | Same | e as Field CONDITION | | | | |
| Beginning Position: | 513 | | Data Source: | Claim | | |
| Length: | 2 | | Type: | Alphani | umeric | |
| Field 75: | CON | DITION_CODE_8 | | | | |
| Description: | Code | describing a condition | relating to the cla | aim. | | |
| Coding Scheme: | Same | as Field CONDITION | N_CODE_1. | | | |
| Beginning Position: | 515 | | Data Source: | Claim | | |
| Length: | 2 | | Type: | Alphani | ımeric | |
| Field 76: | VAL | UE_CODE_1 | | | | |
| Description: | Code | describing information | n that may affect | payer pro | cessing. | |
| Coding Scheme: | 01 | Most common semi-privat | | 58 | Arterial blood gas | |
| O | 02 | Hospital has no semi-priva | | 59 | Oxygen saturation | |
| | 04 | Inpatient professional com are combined billed | nponent charges which | n 60 | HHA branch MSA | |
| | 05 | Professional component in | ncluded in charges and | 1 61 | Place of Residence where service is furnished | |
| | 0.0 | also billed separately to ca | • | . 01 | (HHA and hospice) | |
| | 06 | Blood deductible | | 66 | Medicaid spend down amount | |
| | 08 | Life time reserve amount i | in the first calendar | 67 | Peritoneal dialysis | |
| | 09 | year Coinsurance amount in the | e first calendar vear | 68 | EPO-drug | |
| | 10 | Lifetime reserve amount in | • | 69 | State charity care percentage | |
| | | year | | | | |
| | 11 | Coinsurance amount in the | | | Covered Days | |
| | 12 | Working aged beneficiary, group health plan | /spouse with employe | r 81 | Non-covered Days | |
| | 13 | ESRD beneficiary in a Me | edicare coordination | 82 | Co-insurance Days | |
| | | period with an employer g | group health plan | | · | |
| | 14 | No fault, including auto/ot | ther | 83 | Lifetime Reserve Days | |
| | 15 | Worker's compensation | | 84 | Shorter Duration Hemodialysis | |
| | 16 | Public health service (PHS | S) or other federal | A0 | Special zip code reporting | |
| | 21 | agency Catastrophia | | A1 | Deductible payer A | |
| | | Catastrophic | | | * * | |
| | 22 23 | Surplus | _ | A2 | Coinsurance payer A Estimated responsibility payer A | |
| | | Recurring monthly income | e | A3 | 1 212 | |
| | 24 | Medicaid Rate Code | | A4 | Covered self-administrable drugs - emergency | |
| | 25 | Offset to the patient - payr prescription drugs | ment amount - | A5 | Covered self-administrable drugs - administrable in form and situation furnished to patient | |
| | 26 | Offset to the patient - payr | ment amount - hearing | . A6 | Covered self-administrable drugs - diagnostic | |
| | | and ear services | | | study and other | |
| | 27 | Offset to the patient - payr | ment amount - vision | A7 | Co-payment payer A | |
| | 28 | and eye services Offset to the patient - payr | ment amount dontal | A8 | Patient weight | |
| | 20 | services | mem amount - dental | Ao | i auciit weigiit | |
| | 29 | Offset to the patient - payr | ment amount - | A9 | Patient height | |
| | 2.5 | chiropractic services | | | | |
| | 30 | Preadmission testing | | AA | Regulatory surcharges, assessments, allowances | |
| | | | | | or health care related taxes - payer A | |

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| | 31 | Patient Liability Amount | | AB | Other assessments or allowances (e.g., medical |
|--------------------------------|----------|---|------------------------|------------------|--|
| | 22 | 36121 2 . 11 | | D.1 | education) - payer A |
| | 32 | Multiple patient ambulanc | • | B1 | Deductible payer B |
| | 33 | Offset to the patient - payr services | ment amount - podiatri | c B2 | Coinsurance payer B |
| | 34 | Offset to the patient - payr medical services | ment amount - other | В3 | Estimated responsibility payer B |
| | 35 | Offset to the patient - payr insurance premiums | ment amount - health | В7 | Co-payment payer B |
| | 37 | Units of blood furnished | | BA | Regulatory surcharges, assessments, allowances |
| | 38 | Blood deductible units | | BB | or health care related taxes - payer B Other assessments or allowances (e.g., medical |
| | 39 | Units of blood replaced | | C1 | education) - payer B Deductible payer C |
| | 40 | New coverage not implem | ented by HMO | C2 | Coinsurance payer C |
| | 41 | Black lung | | C3 | Estimated responsibility payer C |
| | 42 | VA | | C7 | Co-payment payer C |
| | 43 | Disabled beneficiary unde | r age 65 with LGHP | CA | Regulatory surcharges, assessments, allowances |
| | 44 | Amount provider agreed to payer when this amount is higher than payment recei | less than charges but | СВ | or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C |
| | 45 | Accident hour | | D3 | Patient estimated responsibility |
| | 46 | Number of grace days | | D4 | Clinical Trial Number Assigned by NLM/NIH |
| | 47 | Any liability insurance | | D5 | Last Kt/V Reading |
| | 48 | Hemoglobin reading | | FC | Patient Paid Amount |
| | 49 | Hematocrit reading | | FD | Credit Received from the Manufacturer for a |
| | 50 | Physical Therapy visits | | G8 | Medical Device Facility where Inpatient Hospice Service is Delivered |
| | 51 | Occupational Therapy visi | its | Y1 | Part A Demonstration Payment |
| | 52 | Speech Therapy visits | | Y2 | Part B Demonstration Payment |
| | 53 | Cardiac rehab visits | | Y3 | Part B Coinsurance |
| | 54 | Newborn birth weight in g | rame | Y4 | Conventional Provider Payment |
| | 55 | Eligibility threshold for ch | | Y5 | Part B Deductible |
| | 56 | Skilled nurse - home visit | - | 13 | Fait B Deductible |
| | | | | | |
| | 57 | Home health aide - home | | ~ | |
| Beginning Position: Length: | 517 2 | | Data Source: Type: | Claim Alphanu | umeric |
| Field 77: | | UE_AMOUNT_1 | турс. | 7 HpHane | minerie |
| Description: | | r amount that may be a | affected | | |
| Beginning Position: | 519 | ii amount mat may be a | Data Source: | Claim | |
| | 9 | | Type: | Alphanu | umorio. |
| Length: | | HE CODE 1 | туре: | Aipiiaiiu | interic |
| Field 78: | | UE_CODE_2 | | | |
| Description: | | describing information | | payer pro | cessing. |
| Coding Scheme: | | as Field Value_CODI | _ | ~ 1. | |
| Beginning Position: | 528 | | Data Source: | Claim | |
| Length: | 2 | | Type: | Alphanu | imeric |
| Field 79: | | UE_AMOUNT_2 | | | |
| Description: | Dolla | r amount that may be a | affected. | | |
| Beginning Position: | 530 | | Data Source: | Claim | |
| Length: | 9 | | Type: | Alphanu | ımeric |
| Field 80: | VAL | UE_CODE_3 | | | |
| Description: | | describing information | n that may affect r | oaver pro | cessing. |
| Coding Scheme: | | as Field Value_CODI | | r | |
| Beginning Position: | 539 | / | Data Source: | Claim | |
| Length: | 2 | | Type: | Alphanu | imeric |
| Field 81: | | UE_AMOUNT_3 | - J p - • | , iipiiuiit | |
| Description: | | r amount that may be a | affected. | | |
| | | - | | | D0110 D |
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| W W W.DOIIO.IEAAS | ,.uu v/ | THEIC | | | Lasi Opuateu. Maten, 2024 |

Beginning Position: 541 **Data Source:** Claim Length: 9 Type: Alphanumeric Field 82: VALUE CODE 4 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field Value_CODE_1. **Beginning Position:** 550 **Data Source:** Claim Length: Type: Alphanumeric Field 83: VALUE_AMOUNT_4 **Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** 552 Claim Length: 9 Type: Alphanumeric VALUE CODE 5 Field 84: **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field Value CODE 1. **Beginning Position:** 561 **Data Source:** Claim Length: Type: Alphanumeric Field 85: VALUE AMOUNT 5 **Description:** Dollar amount that may be affected. **Beginning Position:** 563 **Data Source:** Claim Length: Type: Alphanumeric **Field 86:** VALUE CODE 6 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field Value CODE 1. **Beginning Position:** 572 **Data Source:** Claim Length: Type: Alphanumeric **Field 87:** VALUE_AMOUNT_6 Dollar amount that may be affected. **Description: Beginning Position:** 574 **Data Source:** Claim Length: Type: Alphanumeric Field 88: VALUE CODE 7 Code describing information that may affect payer processing. **Description: Coding Scheme:** Same as Field Value CODE 1. **Beginning Position:** 583 **Data Source:** Claim Length: Type: Alphanumeric Field 89: VALUE AMOUNT 7 **Description:** Dollar amount that may be affected. **Beginning Position:** 585 **Data Source:** Claim Length: Type: Alphanumeric Field 90: VALUE CODE 8 Code describing information that may affect payer processing. **Description: Coding Scheme:** Same as Field Value CODE 1. **Data Source: Beginning Position:** 594 Claim Length: Type: Alphanumeric Field 91: VALUE_AMOUNT_8 **Description:** Dollar amount that may be affected. **Beginning Position:** 596 **Data Source:** Claim Length: Type: Alphanumeric Field 92: VALUE CODE 9 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field Value_CODE_1. **Beginning Position:** 605 **Data Source:** Length: Type: Alphanumeric VALUE AMOUNT 9 Field 93: **Description:** Dollar amount that may be affected.

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Beginning Position: 607 **Data Source:** Claim Length: 9 Type: Alphanumeric Field 94: VALUE CODE 10 Code describing information that may affect payer processing. **Description: Coding Scheme:** Same as Field Value_CODE_1. **Beginning Position: Data Source:** 616 Claim Length: Alphanumeric Type: Field 95: VALUE_AMOUNT_10 **Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** 618 Claim Length: 9 Type: Alphanumeric VALUE CODE 11 Field 96: **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field Value CODE 1. **Beginning Position:** 627 **Data Source:** Claim Alphanumeric Length: 2 Type: **Field 97:** VALUE_AMOUNT_11 **Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** 629 Claim Length: Type: Alphanumeric Field 98: VALUE_CODE_12 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field Value CODE 1. **Beginning Position:** 638 **Data Source:** Claim Length: Type: Alphanumeric Field 99: VALUE_AMOUNT_12 Dollar amount that may be affected. **Description: Beginning Position: Data Source:** 640 Claim Length: 9 Type: Alphanumeric

CHARGES DATA FILE

| Field 1: | RECO | RECORD_ID | | | | | |
|----------------------------|--|---|--------------|--|--|--|--|
| Description: | Record Identification Number. Unique number assigned to identify the record. First available | | | | | | |
| | 1st qua | 1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | | | | | |
| Beginning Position: | 1 | Data Source: | Assigne | ed | | | |
| Length: | 12 Type: Alphanumeric | | | | | | |
| Field 2: | REVI | ENUE_CODE | • | | | | |
| Description: | Code | corresponding to each specific accommo | dation, a | ncillary service or billing calculation | | | |
| • | | d to the services being billed. | | , | | | |
| Coding Scheme: | 0100 | All-inclusive room charges plus ancillary | 0527 | Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area | | | |
| | 0101 | All-inclusive room charges | 0528 | Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident) | | | |
| | 0110 | Room charges for private rooms - general | 0529 | Freestanding Clinic - other | | | |
| | 0111 | Room charges for private rooms - medical/surgical/GYN | 0530 | Osteopathic service - general | | | |
| | 0112 | Room charges for private rooms - obstetrics | 0531 | Osteopathic service - therapy | | | |
| | 0113 | Room charges for private rooms - pediatric | 0539 | Osteopathic service - other | | | |
| | 0114 | Room charges for private rooms - psychiatric | 0540 | Ambulance service - general | | | |
| | 0115 0116 | Room charges for private rooms - hospice | 0541 0542 | Ambulance service - supplies Ambulance service - medical transport | | | |
| | 0116 | Room charges for private rooms - detoxification Room charges for private rooms - oncology | 0542 | Ambulance service - medical transport Ambulance service - heart mobile | | | |
| | 0118 | Room charges for private rooms - rehabilitation | 0544 | Ambulance service - oxygen | | | |
| | 0119 | Room charges for private rooms - other | 0545 | Ambulance service - air ambulance | | | |
| | 0120 | Room charges for semi-private rooms - general | 0546 | Ambulance service - neonatal | | | |
| | 0121 | Room charges for semi-private rooms - | 0547 | Ambulance service - pharmacy | | | |
| | 0122 | medical/surgical/GYN Room charges for semi-private rooms - | 0548 | Ambulance service - telephone transmission | | | |
| | 0122 | obstetrics | 0540 | EKG Ambulance service - other | | | |
| | 0123 0124 | Room charges for semi-private rooms - pediatric Room charges for semi-private rooms - | 0549 0550 | Skilled nursing - general | | | |
| | 0124 | psychiatric Room charges for semi-private rooms - hospice | 0550 | Skilled nursing - visit charge | | | |
| | 0126 | Room charges for semi-private rooms - | 0552 | Skilled nursing - hourly charge | | | |
| | 0120 | detoxification Room charges for semi-private rooms - | 0559 | Skilled nursing - other | | | |
| | 0127 | oncology Room charges for semi-private rooms - | 0560 | Medical social services - general | | | |
| | 0128 | rehabilitation Room charges for semi-private rooms - other | 0561 | Medical social services - yesit charge | | | |
| | 0120 | Room charges for semi-private rooms - one: | 0562 | Medical social services - visit charge | | | |
| | 0130 | rooms - general Room charges for semi-private - 3/4 beds - | 0569 | Medical social services - nothing charge | | | |
| | 0131 | rooms - medical/surgical/GYN | 0570 | | | | |
| | 0132 | Room charges for semi-private - 3/4 beds - rooms - obstetrics Room charges for semi-private - 3/4 beds - | 0570 | Home health aide - general Home health aide - visit charge | | | |
| | 0134 | rooms - pediatric Room charges for semi-private - 3/4 beds - | 0572 | Home health aide - hourly charge | | | |
| | 0135 | rooms - psychiatric Room charges for semi-private - 3/4 beds - | 0579 | Home health aide - other | | | |
| | 0136 | rooms - hospice Room charges for semi-private - 3/4 beds - | 0580 | Other visits (home health) - general | | | |
| | 0137 | rooms - detoxification Room charges for semi-private - 3/4 beds - | 0581 | Other visits (home health) - visit charge | | | |
| | 0138 | rooms - oncology Room charges for semi-private - 3/4 beds - | 0582 | Other visits (home health) - hourly charge | | | |
| | 0139 | rooms - rehabilitation Room charges for semi-private - 3/4 beds - | 0583 | Other visits (home health) - assessment | | | |
| | 0140 | rooms - other Room charges for private (deluxe) rooms - general | 0589 | Other visits (home health) - other | | | |

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

| 0191 | Room charges for subacute care - Level I (skilled care) | 0650 | Hospice services - general |
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| 0192 | Room charges for subacute care - Level II (comprehensive care) | 0651 | Hospice services - routine home care |
| 0193 | Room charges for subacute care - Level III | 0652 | Hospice services - continuous home care |
| 0194 | (complex care) Room charges for subacute care - Level IV | 0655 | Hospice services - inpatient respite care |
| 0199 | (intensive care) Room charges for subacute care - other | 0656 | Hospice services - general inpatient care |
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| 0201 | Room charges for intensive care - surgical | 0658 | Hospice services - room and board - nursing |
| 0202 | Room charges for intensive care - medical | 0659 | facility Hospice services - other |
| 0203 | Room charges for intensive care - pediatric | 0660 | Respite care - general |
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| 0206 | Room charges for intensive care - intermediate intensive care unit (ICU) | 0662 | Respite care - hourly charge/aide/homemaker/companion |
| 0207 | Room charges for intensive care - burn care | 0663 | Respite care - daily charge |
| 0208 | Room charges for intensive care - trauma | 0669 | Respite care - other |
| 0209 | Room charges for intensive care - other | 0670 | Outpatient special residence - general |
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| 0211 | Room charges for coronary care - myocardial infarction | 0672 | Outpatient special residence - contracted |
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| 0213 | Room charges for coronary care - heart transplant | 0681 | Trauma response - level I |
| 0214 | Room charges for coronary care - intermediate coronary care unit (CCU) | 0682 | Trauma response - level II |
| 0219 | Room charges for coronary care - other | 0683 | Trauma response - level III |
| 0220 | Special charges - general | 0684 | Trauma response - level IV |
| 0221 | Special charges - admission charge | 0689 | Trauma response - other |
| 0222 | Special charges - technical support charge | 0690 | Pre-hospice/Palliative Care Services - general |
| 0223 | Special charges - UR service charge | 0691 | Pre-hospice/Palliative Care Services – visit charge |
| 0224 | Special charges - late discharge, medically necessary | 0692 | Pre-hospice/Palliative Care Services – hourly charge |
| 0229 | Special charges - other | 0693 | Pre-hospice/Palliative Care Services - evaluation |
| 0230 | Incremental nursing care - general | 0694 | Pre-hospice/Palliative Care Services – consultation and education |
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| 0233 | Incremental nursing care - ICU (includes transitional care) | 0699 | Pre-hospice/Palliative Care Services - other |
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| 0235 | Incremental nursing care - hospice | 0710 | Recovery Room services - general |
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| 0269 | | 0801 | Inpatient renal dialysis services - hemodialysis |
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| 0273 | Medical surgical supplies and devices - take- home | 0809 | Inpatient renal dialysis services - other |
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| 0275 | Medical surgical supplies and devices - pacemaker | 0811 | Acquisition of body components - living donor |
| 0276 | Medical surgical supplies and devices - intraocular lens (IOL) | 0812 | Acquisition of body components - cadaver donor |
| 0277 | Medical surgical supplies and devices - oxygen - take-home | 0813 | Acquisition of body components - unknown donor |
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| 0279 | Medical surgical supplies and devices - other | 0815 | Acquisition of body components – stem cells- |
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| 0291 | DME - rental | 0822 | Hemodialysis - outpatient or home – home supplies |
| 0292 | DME - purchase of new | 0823 | Hemodialysis - outpatient or home – home equipment |
| 0293 | DME - purchase of used | 0824 | Hemodialysis - outpatient or home – maintenance 100% |
| 0294 | DME - supplies/drugs for DME effectiveness | 0825 | Hemodialysis - outpatient or home - support services |
| 0299 | DME - other equipment | 0826 | Hemodialysis - outpatient or home – shorter duration (effective 7/1/17) |
| 0300 | Laboratory - general | 0829 | Hemodialysis - outpatient or home - other |
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| 0302 | Laboratory - immunology | 0831 | Peritoneal dialysis - outpatient or home - composite or other rate |
| 0303 | Laboratory - renal patient (home) | 0832 | Peritoneal dialysis - outpatient or home – home supplies |
| 0304 | Laboratory - nonroutine dialysis | 0833 | Peritoneal dialysis - outpatient or home – home equipment |
| 0305 | Laboratory - hematology | 0834 | Peritoneal dialysis - outpatient or home – maintenance 100% |
| 0306 | Laboratory - bacteriology and microbiology | 0835 | Peritoneal dialysis - outpatient or home - support services |
| 0307 | Laboratory - urology | 0839 | Peritoneal dialysis - outpatient or home - other |
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| 0311 | Laboratory pathological - cytology | 0842 | CAPD - outpatient or home – home supplies |
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| 0452 | Emergency room - beyond EMTALA screening | 0988 | Professional fees - consultation |
| 0456 | Emergency room - urgent care | 0989 | Professional fees - private duty nurse |
| 0459 | Emergency room - other | 0990 | Patient convenience items - general |
| 0460 | Pulmonary function - general | 0991 | Patient convenience items - cafeteria/guest tray |
| 0469 | Pulmonary function - other | 0992 | Patient convenience items - private linen service |
| 0470 | Audiology - general | 0993 | Patient convenience items - telephone/telegraph |
| 0471 | Audiology - diagnostic | 0994 | Patient convenience items - TV/radio |
| 0472 | Audiology - treatment | 0995 | Patient convenience items - nonpatient room |
| 0479 | Audiology - other | 0996 | rentals Patient convenience items - late discharge |
| 0480 | Cardiology - general | 0997 | charge Patient convenience items - admission kits |
| 0481 | Cardiology - cardiac cath lab | 0998 | Patient convenience items - beauty shop/barber |
| J-101 | caratology caratac cant tao | 0770 | Tallott convenience terms beauty shop/barber |

| | 0482 | Cardiology - stress test | 0999 | Patient convenience items - other |
|---------------------|--------------|--|---------------|--|
| | 0483 | Cardiology - echocardiology | 1000 | Behavior health accommodations - general |
| | 0489 | Cardiology - other | 1001 | Behavior health accommodations - residential treatment - psychiatric |
| | 0490 | Ambulatory surgical care - general | 1002 | Behavior health accommodations - residential treatment - chemical dependency |
| | 0499 | Ambulatory surgical care - other | 1003 | Behavior health accommodations - supervised living |
| | 0500 | Outpatient services - general | 1004 | Behavior health accommodations - halfway house |
| | 0509 | Outpatient services - other | 1005 | Behavior health accommodations - group home |
| | 0510 | Clinic - general | 2100 | Alternative therapy services - general |
| | 0511 | Clinic - chronic pain | 2101 | Alternative therapy services - acupuncture |
| | 0512 | Clinic - dental | 2102 | Alternative therapy services - acupressure |
| | 0513 | Clinic - psychiatric | 2103 | Alternative therapy services - massage |
| | 0514 | Clinic - OB/GYN | 2104 | Alternative therapy services - reflexology |
| | 0515 | Clinic - pediatric | 2105 | Alternative therapy services - biofeedback |
| | 0516 | Clinic - urgent care | 2106 | Alternative therapy services - hypnosis |
| | 0517 | Clinic - family practice | 2109 | Alternative therapy services - other |
| | 0519 | Clinic - other | 3101 | Adult day care, medical and social - hourly |
| | 0520 | Freestanding Clinic - general | 3102 | Adult day care, social - hourly |
| | 0521 | Freestanding Clinic - Clinic Visit by Member to RHC/FQHC | 3103 | Adult day care, medical and social - daily |
| | 0522 | Freestanding Clinic - Home Visit by RHC/FQHC Practitioner | 3104 | Adult day care, social - daily |
| | 0523 | Freestanding Clinic - family practice | 3105 | Adult foster care - daily |
| | 0524 | Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF | 3109 | Adult foster care - other |
| | 0525 0526 | 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 Freestanding Clinic - urgent care | | |
| Beginning Position: | 13 | Data Source: | Claim | |
| Length: | 4 | Type: | | umeric |
| Field 3: | НСР | CS_QUALIFIER | | |
| Description: | Code | identifying the type/source of the descrip CS_PROCEDURE_CODE | tive nun | nber used in |
| Beginning Position: | 17 | Data Source: | Claim | |
| Length: | 2 | Type: | | umeric |
| Field 4 | | CS_PROCEDURE_CODE | Атрпап | idiliciic |
| Description: | | A Common Procedure Coding System (He | CDCS) o | ode applicable to ancillary services or |
| Description. | | amodations. | ci cs) c | ode applicable to allemary services of |
| Cadina Cahama. | | | J - C - 4 - / | ANHCDCC/I:-t f1-t- 1:-t |
| Coding Scheme: | | ttp://www.cms.hhs.gov/HCPCSReleaseCo | | ANHERCS/usi.asp for complete list. |
| Beginning Position: | 19 ~ | Data Source: | Claim | |
| Length: | 5 | Type: | Alphan | umeric |
| Field 5: | | DIFIER_1 | | |
| Description: | | fies special circumstances related to the p | | |
| Coding Scheme: | 22 | Increased procedural services | P4 | A patient with severe systemic disease that is a constant threat to life |
| | 23 | Unusual Anesthesia | P5 | A moribund patient who is not expected to survive without the operation |
| | 24 | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health | P6 | A declared brain-dead patient whose organs are being removed for donor purposes |
| | 25 | Care Professional during a Postoperative Period Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Objects of the Postoperation of the Constitution of the Postoperation | l E1 | Upper left eyelid |
| | 26 | Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service Professional Component | E2 | Lower left eyelid |
| | 20 | 1 Totessional Component | 2ن1 | Lower left cycliu |

| | 27 | Multiple Outpatient Hospital E/M Encounters on the Same Date | E3 | Upper right eyelid |
|-------------------------------------|----------------|--|--------|--|
| | 32 | Mandated Services | E4 | Lower right eyelid |
| | 33 | Preventive Service | F1 | Left hand, second digit |
| | 47 | Anesthesia by Surgeon | F2 | Left hand, third digit |
| | 50 | Bilateral Procedure | F3 | Left hand, fourth digit |
| | 51 | Multiple Procedures | F4 | Left hand, fifth digit |
| | 52 | Reduced Services | F5 | Right hand, thumb |
| | 53 | Discontinued Procedure | F6 | Right hand, second digit |
| | 54 | Surgical Care Only | F7 | Right hand, third digit |
| | 55 | Postoperative Management Only | F8 | Right hand, fourth digit |
| | 56 | Preoperative Management Only | F9 | Right hand, fifth digit |
| | 57 | | | |
| | | Decision for Surgery | FA | Left hand, thumb |
| | 58 | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period | GG | Performance and payment of a screening mammography and diagnostic mammography or same patient, same day. |
| | 59 | Distinct Procedural Service | GH | Diagnostic mammogram converted from screening mammogram on same day |
| | 62 | Two Surgeons | LC | Left circumflex coronary artery |
| | 63 | Procedure Performed on Infants less than 4kg | LD | Left anterior descending coronary artery |
| | 66 | Surgical Team | LM | Left main coronary artery |
| | 73 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the | LT | Left side of the body procedure |
| | 74 | Administration of Anesthesia Discontinued Outpatient Hospital/Ambulatory | Q | Ambulance service provided under arrangement |
| | / 1 | Surgery Center (ASC) Procedure after Administration of Anesthesia | M M | by a provider of services |
| | 76 | Repeat Procedure by Same Physician or Other Qualified Health Care Professional | QN | Ambulance service furnished directly by a provider of services |
| | 77 | Repeat Procedure by Another Physician or Other Qualified Health Care Professional | RC | Right coronary artery |
| | 78 | Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period | RI | Ramus intermedius coronary artery |
| | 79 | Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period | RT | Right side of the body procedure |
| | 80 | Assistant Surgeon | T1 | Left foot, second digit |
| | 81 | Minimum Assistant Surgeon | T2 | Left foot, third digit |
| | 82 | Repeat procedure by same physician | T3 | Left foot, fourth digit |
| | | | | |
| | 90 | Reference (Outside) Laboratory | T4 | Left foot, fifth digit |
| | 91 | Repeat Clinical Diagnostic Laboratory Test | T5 | Right foot, great toe |
| | 92 | Alternative Laboratory Platform Testing | T6 | Right foot, second digit |
| | 95 | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System | T7 | Right foot, third digit |
| | 99 | Multiple Modifiers | T8 | Right foot, fourth digit |
| | 1P | Performance Measure Exclusion Modifier due to Medical Reasons | Т9 | Right foot, fifth digit |
| | 2P | Performance Measure Exclusion Modifier due to Patient Reasons | TA | Left foot, great toe |
| | 3P | Performance Measure Exclusion Modifier due to System Reasons | XE | Separate Encounter |
| | 8P | Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified | | Separate Structure |
| | P1 | A normal healthy patient | XP | Separate Practitioner |
| | P2 | A patient with mild systemic disease | XU | Unusual Non-Overlapping Service |
| | Р3 | A patient with severe systemic disease | | |
| Roginning Docition: | 24 | Data Source: | Claim | |
| Beginning Position: | | | | |
| | 2 | Type: | Alphan | итепс |
| | 3.00- | TETED A | | |
| Length: Field 6: Description: | | DIFIER_2 ifies special circumstances related to the p | | |

| Coding Scheme: | Same as Field MODIFIER_ | _1 | |
|----------------------------|-------------------------------|---------------------|-----------------------------|
| Beginning Position: | 26 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 7: | MODIFIER_3 | | |
| Description: | Identifies special circumstan | nces related to the | performance of the service. |
| Coding Scheme: | Same as Field MODIFIER_ | _1 | |
| Beginning Position: | 28 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 8: | MODIFIER_4 | | |
| Description: | Identifies special circumstan | nces related to the | performance of the service. |
| Coding Scheme: | Same as Field MODIFIER_ | _1 | |
| Beginning Position: | 30 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 9: | UNIT_MEASUREMENT | _CODE | |
| Description: | Code specifying the units in | which a value is | being expressed. |
| Coding Scheme: | DA Days | | |
| | F2 International unit UN Unit | | |
| Beginning Position: | 32 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 10: | UNITS_OF_SERVICE | турс. | 7 Hphanamene |
| Description: | Numeric value of quantity | | |
| Beginning Position: | 34 | Data Source: | Claim |
| Length: | 7 | Type: | Numeric |
| Field 11: | UNIT_RATE | 1 у рег | Tumorie |
| Description: | Rate per unit | | |
| Beginning Position: | 41 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 12: | CHRGS_LINE_ITEM | <i>J</i> 1. | |
| Description: | Total amount of the charge | | |
| Beginning Position: | 53 | Data Source: | Assigned |
| Length: | 14 | Type: | Numeric |
| Field 13: | CHRGS_NON_COV | <i>J</i> 1. | |
| Description: | Total non-covered amount of | of the charge | |
| Beginning Position: | 67 | Data Source: | Assigned |
| Length: | 14 | Type: | Numeric |
| | | J F | |

FACILITY TYPE INDICATOR FILE

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

| Field 1: | THCIC_ID | | | | | |
|--|--|--|--|--|--|--|
| Description: | Provider ID. Unique identifier assigned to the provider by DSHS. | | | | | |
| Beginning Position: | | signed | | | | |
| Length: | | hanumeric | | | | |
| Field 2: | FACILITY_TYPE | | | | | |
| Description: | Types of healthcare facilities. | | | | | |
| Beginning Position: | 7 Data Source: Pro | vider | | | | |
| Length: | 4 Type: Alp | hanumeric | | | | |
| Field 3: | FAC_TEACHING_IND | | | | | |
| Description: | Teaching Facility Indicator. | | | | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discl | narges (Provider ID equals '999999'). | | | | |
| Coding Scheme: | A Member, Council of Teaching Hospitals X Other teaching facility | | | | | |
| Beginning Position: | 11 Data Source: Pro | vider | | | | |
| Length: | 1 Type: Alp | hanumeric | | | | |
| Field 4: | FAC_PSYCH_IND | | | | | |
| Description: | Psychiatric Facility Indicator. | | | | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discl | narges (Provider ID equals '999999'). | | | | |
| Beginning Position: | | vider | | | | |
| Length: | 1 Type: Alp | hanumeric | | | | |
| Field 5: | FAC_REHAB_IND | | | | | |
| Description: | Rehabilitation Facility Indicator. | | | | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discl | narges (Provider ID equals '999999'). | | | | |
| Beginning Position: | Data Source: Pro | vider | | | | |
| Length: | 1 Type: Alp | hanumeric | | | | |
| Field 6: | FAC_ACUTE_CARE_IND | | | | | |
| Description: | Acute Care Facility Indicator. | | | | | |
| | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | | | | |
| Suppression: | | narges (Provider ID equals '999999'). | | | | |
| | Suppressed for hospitals with fewer than 50 discl | narges (Provider ID equals '999999'). vider | | | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discl 14 Data Source: Pro | | | | | |
| Suppression: Beginning Position: | Suppressed for hospitals with fewer than 50 disclarate Programmer 14 Data Source: Programmer Programmer 14 Programmer 14 Programmer 15 disclarate | vider | | | | |
| Suppression: Beginning Position: Length: | Suppressed for hospitals with fewer than 50 discludes 14 Data Source: Pro 1 Type: Alp FAC_SNF_IND Skilled Nursing Facility Indicator. Hospital facility | vider shanumeric ty type indicator provided by the hospital. | | | | |
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| Suppression: Beginning Position: Length: Field 7: Description: Suppression: Beginning Position: Length: Field 8: Description: Suppression: Beginning Position: Length: Field 9: Description: Suppression: Beginning Position: Length: Field 10: Description: | Suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the | vider chanumeric ty type indicator provided by the hospital. narges (Provider ID equals '999999'). vider chanumeric narges (Provider ID equals '999999'). vider chanumeric narges (Provider ID equals '999999'). vider chanumeric narges (Provider ID equals '999999'). vider chanumeric | | | | |
| Suppression: Beginning Position: Length: Field 7: Description: Suppression: Beginning Position: Length: Field 8: Description: Suppression: Beginning Position: Length: Field 9: Description: Suppression: Beginning Position: Length: Field 10: Description: Suppression: Suppression: Length: Field 10: Description: Suppression: | Suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples and the suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hospitals with fewer than 50 disciples are suppressed for hos | vider chanumeric ty type indicator provided by the hospital. narges (Provider ID equals '999999'). vider chanumeric narges (Provider ID equals '999999'). vider chanumeric narges (Provider ID equals '999999'). vider chanumeric narges (Provider ID equals '999999'). vider chanumeric | | | | |

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| Beginning Position: | 18 | Data Source: | Provider |
|----------------------------|--|-----------------------------|---|
| Length: | 1 | Type: | Alphanumeric |
| Field 11 | PROVIDER_NAME | | |
| Description: | Hospital name provided l | by the hospital. | |
| Beginning Position: | 19 | Data Source: | Provider |
| Length: | 55 | Type: | Alphanumeric |
| Field 12: | POA_PROVIDER_IND | ICATOR | |
| Description: | Indicator identifying whe | ther facility is rec | quired to submit Diagnosis Present on Admission |
| | (POA) codes. 25 TAC §4 | 421.9(e) identifies | s the following facility types as exempt from |
| | | | Access Hospitals, Inpatient Rehabilitation |
| | | | Cancer Hospitals, Children's or Pediatric Hospitals |
| | and Long Term Care Hos | - | |
| Coding Scheme: | | | npted from reporting POA for those patients) |
| coung beneme. | R Required | | |
| | X Exempt | | |
| | ` Invalid | | |
| Beginning Position: | 74 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 13: | CERT_STATUS | | |
| Description: | Assignment of a code to i | indicate the certif | ication of data and submission of comments by the |
| | hospital. First available 3 | rd quarter 1999. | |
| Coding Scheme: | 1 Certified, without comm | | |
| G | 2 Certified, with comment | | |
| | 3 Certified, with comment | | ed by deadline |
| | 4 Hospital elected not to co | • | |
| | Hospital closed, data notHospital out of complian | | 0 |
| | | | or man-made disaster (Starting 4Q2016) |
| Daginain a Dagiti | • | • | |
| Beginning Position: | 75 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| | | | |

GROUPER FILE

| Field 1: | RECORD_ID | | | | | |
|----------------------------|---|--|--|--|--|--|
| Description: | Record Identification Number. Unique number assigned to identify the record. First available | | | | | |
| Doniumino Donision. | 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | | | | | |
| Beginning Position: | 1 Data Source: Assigned 12 Type: Alphanumeric | | | | | |
| Length: Field 2: | FROZEN_MS_DRG | | | | | |
| Description: | Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as | | | | | |
| Description. | assigned for hospital payment for Medicare beneficiaries. | | | | | |
| Beginning Position: | Data Source: Assigned | | | | | |
| Length: | 3 Type: Alphanumeric | | | | | |
| Field 3: | FROZEN_MS_MDC | | | | | |
| Description: | Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services | | | | | |
| | (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for | | | | | |
| | Medicare beneficiaries. First available 2004. | | | | | |
| Beginning Position: | 16 Data Source: Assigned | | | | | |
| Length: | 2 Type: Alphanumeric | | | | | |
| Field 4: | FROZEN_MS_GROUPER_VERSION_NBR | | | | | |
| Description: | CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and | | | | | |
| | previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes | | | | | |
| Beginning Position: | 18 Data Source: Assigned | | | | | |
| Length: | 5 Type: Alphanumeric | | | | | |
| Field 5: | FROZEN_MS_GROUPER_ERROR_CODE | | | | | |
| Description: | Error codes identify potential variations with MS DRG code assignment | | | | | |
| Coding Scheme: | 00 Dischlottes = 0 and at least one HAC DOA is invalid on | | | | | |
| coung seneme. | No errors. DRG successfully assigned. No errors. DRG successfully assigned. No errors. DRG successfully assigned. | | | | | |
| | O1 Diagnosis code cannot be used as principal 20 DisableHac is invalid and at least one HAC POA is N or U | | | | | |
| | 02 Disable Hac is invalid and at least one HAC POA is | | | | | |
| | Record does not meet criteria for any DRG invalid or exempt Record does not meet criteria for any DRG | | | | | |
| | 03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt 04 DisableHac is invalid and at least one HAC POA is | | | | | |
| | Invalid Sex exempt | | | | | |
| | Invalid Discharge Status 24 DisableHac = 0 and there are multiple HACs that have | | | | | |
| | different HAC POA values that are not Y, W, N, U 10 Ulacian Discipal Discoursis (CMS pulse) 25 DisableHac is invalid and there are multiple HACs that | | | | | |
| | have different HAC POA values that are not Y or W | | | | | |
| D !! D!4! | 11 Invalid Principal Diagnosis | | | | | |
| Beginning Position: | Data Source: Assigned Type: Alphanumeric | | | | | |
| Length: Field 6: | 2 Type: Alphanumeric FROZEN_APR_DRG | | | | | |
| Description: | All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG | | | | | |
| Description. | Grouper | | | | | |
| Beginning Position: | 25 Data Source: Assigned | | | | | |
| Length: | 3 Type: Alphanumeric | | | | | |
| Field 7: | FROZEN_RISK_MORTALITY | | | | | |
| Description: | Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related | | | | | |
| | Group (DRG) from the 3M [™] APR-DRG Grouper. Indicates the likelihood of dying. | | | | | |
| Coding Scheme: | 1 Minor 2 Moderate | | | | | |
| | 3 Major | | | | | |
| | 4 Extreme | | | | | |
| Beginning Position: | 28 Data Source: Assigned | | | | | |
| Length: | 1 Type: Alphanumeric | | | | | |
| Field 8: | FROZEN_ILLNESS_SEVERITY | | | | | |
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| WWW.DSHS.TEXAS | | | | | | |
| π π π.ρυπυ.πελακ | Last Opuated. Watch, 2024 | | | | | |

| Description: | Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Relate | d |
|----------------------------|---|-----|
| 2 decemperons | Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of physiologic | |
| | decompensation. | |
| Coding Scheme: | 1 Minor | |
| | 2 Moderate 3 Major | |
| | 4 Extreme | |
| | 0 No class specified | |
| Beginning Position: | 29 Data Source: Assigned | |
| Length: | 1 Type: Alphanumeric | |
| Field 9: | FROZEN_APR_MDC | |
| Description: | Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper. | |
| Beginning Position: | 30 Data Source: Assigned 2 Type: Alphanumeric | |
| Length: Field 10: | 2 Type: Alphanumeric FROZEN_APR_GROUPER_VERSION_NBR | |
| Description: | 3M TM All Patient Refined Diagnosis Related Grouper version used to assign APR DRG codes | |
| Description. | APR MDC codes, Risk of Mortality rankings and, Severity of Illness rankings | ۰, |
| Beginning Position: | 32 Data Source: Assigned | |
| Length: | 5 Type: Alphanumeric | |
| Field 11: | FROZEN_APR_GROUPER_ERROR_CODE | |
| Description: | Error codes identify potential variations with APR DRG code assignment | |
| Coding Scheme: | 00 No errors. DRG successfully assigned. 12 Gestational age/birth weight conflict (APR only) | |
| coung seneme. | 01 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or | |
| | principal diagnosis exempt Oz Record does not meet criteria for any 20 DisableHac is invalid and at least one HAC POA is N or | T T |
| | DRG | U |
| | 03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid | id |
| | or exempt O4 Invalid Sex DisableHac = 0 and at least one HAC POA is exempt | |
| | 05 Invalid Discharge Status 23 DisableHac is invalid and at least one HAC POA is exem | pt |
| | 06 Invalid birthweight (AP & APR only) 24 DisableHac = 0 and there are multiple HACs that have | |
| | different HAC POA values that are not Y, W, N, U 109 Invalid discharge age in days (AP & 25 APR only) different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W | |
| D 1 1 D 1/1 | 11 Invalid Principal Diagnosis | |
| Beginning Position: | 37 Data Source: Assigned 2 Type: Alphanumeric | |
| Length: Field 12: | 2 Type: Alphanumeric MS_DRG | — |
| Description: | Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as | |
| Description. | assigned for hospital payment for Medicare beneficiaries. | |
| Beginning Position: | 39 Data Source: Assigned | |
| Length: | 3 Type: Alphanumeric | |
| Field 13: | MS_MDC | |
| Description: | Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Service | S |
| | (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for | |
| | Medicare beneficiaries. First available 2004. | |
| Beginning Position: | 42 Data Source: Assigned | |
| Length: | 2 Type: Alphanumeric | |
| Field 14: | MS_GROUPER_VERSION_NBR | |
| Description: | CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and | , |
| | previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes | I |
| Beginning Position: | 44 Data Source: Assigned | |
| Length: | 5 Type: Alphanumeric | |
| Field 15: | MS_GROUPER_ERROR_CODE | |
| Description: | Error codes identify potential variations with MS DRG code assignment | |
| Coding Scheme: | 00 No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid or | |
| | exempt | |
| | 01 Diagnosis code cannot be used as principal 20 DisableHac is invalid and at least one HAC POA is N or diagnosis U | Γ |
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| | 02 | | | 21 | Dischlattee is invalid and at least one HAC DOA is |
|--|---|--|---|---|--|
| | 02 | Record does not meet criteria t | for any DRG | 21 | DisableHac is invalid and at least one HAC POA is invalid or exempt |
| | 03 | Invalid Age | | 22 | DisableHac = 0 and at least one HAC POA is exempt |
| | 04 | Invalid Sex | | 23 | DisableHac is invalid and at least one HAC POA is |
| | 05 | Invalid Discharge Status | | 24 | exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U |
| | 10 | Illogical Principal Diagnosis (| CMS only) | 25 | DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W |
| | 11 | Invalid Principal Diagnosis | | | maye district 1 of 1 wades and not 1 of 1 |
| Beginning Position: | 49 |] | Data Source | | Assigned |
| Length: | 2 | | Туре: | 1 | Alphanumeric |
| Field 16: | | R_DRG | | | |
| Description: | | | agnosis Rela | ted C | Group (DRG) as assigned by 3M APR-DRG |
| D 1 1 D 1/1 | Grou | - | D 4 G | | |
| Beginning Position: | 51 | | Data Source | | Assigned |
| Length: | 3 | | Type: | | Alphanumeric |
| Field 17: | | K_MORTALITY | 1' | 41. | A 11 D 4' 4 D - C' 1 (A DD) D' ' - D - 1 - 4 - 1 |
| Description: | | <u> </u> | • | | ne All Patient Refined (APR) Diagnosis Related |
| Cadina Cahama | Grot 1 | Ip (DRG) from the 3M ···· | APK-DRG (| Jrou | per. Indicates the likelihood of dying. |
| Coding Scheme: | 2 | Moderate | | | |
| | 3 | Major | | | |
| | 4 | Extreme | | | |
| Beginning Position: | 54 | | Data Source | | Assigned |
| Length: | 1 | | Type: | 1 | Alphanumeric |
| Field 18: | | NESS_SEVERITY | | | ALAMBA' ABA' AABBAB' B' AABBAB' B' AABBAB' B' ABA' ABBAB' B' ABA' B' ABB' B' ABB' B' ABB' B' ABB' B' ABB' B' A |
| Description: | | | | | the All Patient Refined (APR) Diagnosis Related |
| | | | APR-DRG (| rou | per. Indicates the extent of physiologic |
| C- 1 C-1 | aeco | ompensation. Minor | | | |
| Coding Scheme: | 2 | Moderate | | | |
| | | | | | |
| | 3 | Major | | | |
| | 4 | Extreme | | | |
| Paginning Pagitions | 4 0 | Extreme No class specified | Data Sauraa | | Assigned |
| Beginning Position: | 4 0 55 | Extreme No class specified | Data Source | | Assigned |
| Length: | 4 0 55 1 | Extreme No class specified | Data Source Type: | | Assigned Alphanumeric |
| Length: Field 19: | 4 0 55 1 APR | Extreme No class specified R_MDC | Туре: | 1 | Alphanumeric |
| Length: Field 19: Description: | 4 0 55 1 APR Majo | Extreme No class specified R_MDC or Diagnostic Category (N | Type: MDC) as assi | gned | Alphanumeric I by 3M™ APR-DRG Grouper. |
| Length: Field 19: Description: Beginning Position: | 4 0 55 1 APR Majo 56 | Extreme No class specified R_MDC or Diagnostic Category (N | Type: MDC) as assi Data Source | gned: | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned |
| Length: Field 19: Description: Beginning Position: Length: | 4 0 55 1 APF Majo 56 2 | Extreme No class specified R_MDC or Diagnostic Category (N | Type: MDC) as assi Data Source Type: | gned: | Alphanumeric I by 3M™ APR-DRG Grouper. |
| Length: Field 19: Description: Beginning Position: Length: Field 20: | 4 0 55 1 APR Majo 56 2 | Extreme No class specified R_MDC or Diagnostic Category (N | Type: MDC) as assi Data Source Type: N_NBR | gned: | Alphanumeric I by 3M [™] APR-DRG Grouper. Assigned Alphanumeric |
| Length: Field 19: Description: Beginning Position: Length: | 4 0 55 1 APR Majo 56 2 APR 3M | Extreme No class specified R_MDC or Diagnostic Category (No. 1) R_GROUPER_VERSION MAIL Patient Refined Diagnostic Category (No. 1) | Type: MDC) as assi Data Source Type: N_NBR agnosis Rela | gned: | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: | 4 0 55 1 APR Majo 56 2 APR 3M | Extreme No class specified R_MDC or Diagnostic Category (N R_GROUPER_VERSIO M All Patient Refined Dia MDC codes, Risk of Mo | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankii | gned: | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings |
| Length: Field 19: Description: Beginning Position: Length: Field 20: | 4 0 55 1 APF Majo 56 2 APF 3M' APR | Extreme No class specified R_MDC or Diagnostic Category (No. 1) R_GROUPER_VERSIO MAIL Patient Refined Diagnock (MDC codes, Risk of Mo. 1) | Type: MDC) as assi Data Source Type: N_NBR agnosis Rela | gned ted Congs a | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 | Extreme No class specified R_MDC or Diagnostic Category (No. 1) R_GROUPER_VERSIO MAIL Patient Refined Diagnock (MDC codes, Risk of Mo. 1) | Type: MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankii Data Source Type: | gned ted Congs a | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 | Extreme No class specified R_MDC or Diagnostic Category (No processed of the content of the con | Type: MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type: _CODE | gned ted Congs a | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 | Extreme No class specified R_MDC or Diagnostic Category (No processed of the content of the con | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankii Data Source Type: _CODE I variations w | gned ted Congs a | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 | Extreme No class specified R_MDC or Diagnostic Category (Notes) R_GROUPER_VERSION MDC codes, Risk of Motes MDC codes, Risk of Motes R_GROUPER_ERROR_ or codes identify potential No errors. DRG successfully a Diagnosis code cannot be used | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type: _CODE I variations wassigned. | gned tted Congs a | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 APR 60 01 | Extreme No class specified R_MDC or Diagnostic Category (Notes) R_GROUPER_VERSION MAIL Patient Refined Diagnostic Codes, Risk of Motes R_GROUPER_ERROR_ or codes identify potential No errors. DRG successfully a Diagnosis code cannot be used principal diagnosis | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type: _CODE I variations w assigned. 1 I as 1 | gned: A | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Brouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 APR 50 00 | Extreme No class specified R_MDC or Diagnostic Category (Notes) R_GROUPER_VERSION MAIL Patient Refined Diagnostic Codes, Risk of Motes R_GROUPER_ERROR_ or codes identify potential No errors. DRG successfully a Diagnosis code cannot be used principal diagnosis Record does not meet criteria a | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type: _CODE I variations w assigned. 1 I as 1 | gned ted Congs a itherefore | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 APR 60 01 | Extreme No class specified R_MDC or Diagnostic Category (Notes) R_GROUPER_VERSION MAIL Patient Refined Diagnostic Codes, Risk of Motes R_GROUPER_ERROR_ or codes identify potential No errors. DRG successfully a Diagnosis code cannot be used principal diagnosis | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type: _CODE I variations w assigned. 1 d as 1 for any 2 | gned: A | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 APR 00 01 02 | Extreme No class specified R_MDC or Diagnostic Category (Notes and the content of the content | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type: _CODE I variations w assigned. 1 1 as 1 for any 2 | gned : A A A A A A A A A A A A A A A A A A | Alphanumeric I by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 APR 00 01 02 03 | Extreme No class specified R_MDC or Diagnostic Category (Notes) R_GROUPER_VERSION MDC codes, Risk of Modes MDC codes, Risk of Modes R_GROUPER_ERROR_ or codes identify potential No errors, DRG successfully a Diagnosis code cannot be used principal diagnosis Record does not meet criteria to DRG Invalid Age Invalid Sex | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type:CODE I variations w assigned. 1 d as 1 for any 2 2 | gned : A A A A A A A A A A A A A A A A A A | Alphanumeric I by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 APR 00 01 02 | Extreme No class specified R_MDC or Diagnostic Category (Notes and the content of the content | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type: _CODE I variations w assigned. 1 1 as 1 for any 2 2 2 2 2 | gned : A A A A A A A A A A A A A A A A A A | Alphanumeric I by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 APR 00 01 02 03 04 05 06 | Extreme No class specified R_MDC or Diagnostic Category (Notes) R_GROUPER_VERSION MAIL Patient Refined Diagnostic Codes, Risk of Modes R_GROUPER_ERROR_ or codes identify potential No errors. DRG successfully a Diagnosis code cannot be used principal diagnosis Record does not meet criteria to DRG Invalid Age Invalid Sex Invalid Discharge Status Invalid birthweight (AP & AP. | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type:CODE I variations w assigned. 1 1 as 1 for any 2 2 2 2 2 2 2 2 2 3 3 3 4 3 6 3 1 4 4 5 6 7 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 | gned: A A A A A A A A A A A A A A A A A A A | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 APR Erro 00 01 02 03 04 05 | Extreme No class specified R_MDC or Diagnostic Category (Notes) R_GROUPER_VERSION MAIL Patient Refined Diagnostic Codes, Risk of Modes R_GROUPER_ERROR_ Or codes identify potential No errors. DRG successfully a Diagnosis code cannot be used principal diagnosis Record does not meet criteria to DRG Invalid Age Invalid Sex Invalid Discharge Status Invalid birthweight (AP & AP) Invalid discharge age in days (| MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type:CODE I variations w assigned. 1 1 as 1 for any 2 2 2 2 2 2 2 2 2 3 3 3 4 3 6 3 1 4 4 5 6 7 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 | gned : A A A A A A A A A A A A A A A A A A | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 APR 00 01 02 03 04 05 06 09 | Extreme No class specified R_MDC or Diagnostic Category (Notes) R_GROUPER_VERSION MAIL Patient Refined Diagnostic Codes, Risk of Monormal Codes, Risk of Monormal Codes identify potential No errors. DRG successfully a Diagnosis code cannot be used principal diagnosis Record does not meet criteria and DRG Invalid Age Invalid Sex Invalid Discharge Status Invalid birthweight (AP & AP Invalid discharge age in days (APR only) | MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type:CODE I variations w assigned. 1 1 as 1 for any 2 2 2 2 2 2 2 2 2 3 3 3 4 3 6 3 1 4 4 5 6 7 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 | gned: A A A A A A A A A A A A A A A A A A A | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U |
| Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: | 4 0 55 1 APR Majo 56 2 APR 3M' APR 58 5 APR 00 01 02 03 04 05 06 | Extreme No class specified R_MDC or Diagnostic Category (Notes) R_GROUPER_VERSION MAIL Patient Refined Diagnostic Codes, Risk of Modes R_GROUPER_ERROR_ Or codes identify potential No errors. DRG successfully a Diagnosis code cannot be used principal diagnosis Record does not meet criteria to DRG Invalid Age Invalid Sex Invalid Discharge Status Invalid birthweight (AP & AP) Invalid discharge age in days (| MDC) as assi Data Source Type: N_NBR agnosis Rela ortality rankin Data Source Type:CODE I variations w assigned. 1 1 as 1 for any 2 2 2 2 2 2 2 2 2 3 3 3 4 3 6 3 1 4 4 5 6 7 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 | gned: A A A A A A A A A A A A A A A A A A A | Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that |

WWW.DSHS.TEXAS.GOV/THCIC

Beginning Position:63Data Source:AssignedLength:2Type:Alphanumeric



Texas Hospital Inpatient Discharge Public Use Data File DATA FIELDS

BASE DATA #1 FILE

| Number | FIELD NAME (Base Data #1 File) | Position | Length | Field Type |
|--------|--|----------|--------|--------------|
| 1 | RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | 1 | 12 | Alphanumeric |
| 2 | DISCHARGE | 13 | 6 | Alphanumeric |
| 3 | THCIC_ID | 19 | 6 | Alphanumeric |
| 4 | TYPE_OF_ADMISSION | 25 | 1 | Alphanumeric |
| 5 | SOURCE_OF_ADMISSION | 26 | 1 | Alphanumeric |
| 6 | SPEC_UNIT_1 | 27 | 1 | Alphanumeric |
| 7 | SPEC_UNIT_2 | 28 | 1 | Alphanumeric |
| 8 | SPEC_UNIT_3 | 29 | 1 | Alphanumeric |
| 9 | SPEC_UNIT_4 | 30 | 1 | Alphanumeric |
| 10 | SPEC_UNIT_5 | 31 | 1 | Alphanumeric |
| 11 | PAT_STATE | 32 | 2 | Alphanumeric |
| 12 | PAT_ZIP | 34 | 5 | Alphanumeric |
| 13 | PAT_COUNTRY | 39 | 2 | Alphanumeric |
| 14 | PAT_COUNTY | 41 | 3 | Alphanumeric |
| 15 | PUBLIC_HEALTH_REGION | 44 | 2 | Alphanumeric |
| 16 | PAT_STATUS | 46 | 2 | Alphanumeric |
| 17 | SEX_CODE | 48 | 1 | Alphanumeric |
| 18 | RACE | 49 | 1 | Alphanumeric |
| 19 | ETHNICITY | 50 | 1 | Alphanumeric |
| 20 | ADMIT_WEEKDAY | 51 | 1 | Alphanumeric |
| 21 | LENGTH_OF_STAY | 52 | 4 | Alphanumeric |
| 22 | PAT_AGE | 56 | 2 | Alphanumeric |
| 23 | FIRST_PAYMENT_SRC | 58 | 2 | Alphanumeric |

| Number | FIELD NAME (Base Data #1 File) | Position | Length | Field Type |
|--------|--------------------------------|----------|--------|--------------|
| 24 | SECONDARY_PAYMENT_SRC | 60 | 2 | Alphanumeric |
| 25 | TYPE_OF_BILL | 62 | 3 | Alphanumeric |
| 26 | TOTAL_CHARGES | 65 | 12 | Numeric |
| 27 | TOTAL_NON_COV_CHARGES | 77 | 12 | Numeric |
| 28 | TOTAL_CHARGES_ACCOMM | 89 | 12 | Numeric |
| 29 | TOTAL_NON_COV_CHARGES_ACCOMM | 101 | 12 | Numeric |
| 30 | TOTAL_CHARGES_ANCIL | 113 | 12 | Numeric |
| 31 | TOTAL_NON_COV_CHARGES_ANCIL | 125 | 12 | Numeric |
| 32 | ADMITTING_DIAGNOSIS | 137 | 7 | Alphanumeric |
| 33 | PRINC_DIAG_CODE | 144 | 7 | Alphanumeric |
| 34 | POA_PRINC_DIAG_CODE | 151 | 1 | Alphanumeric |
| 35 | OTH_DIAG_CODE_1 | 152 | 7 | Alphanumeric |
| 36 | POA_OTH_DIAG_CODE_1 | 159 | 1 | Alphanumeric |
| 37 | OTH_DIAG_CODE_2 | 160 | 7 | Alphanumeric |
| 38 | POA_OTH_DIAG_CODE_2 | 167 | 1 | Alphanumeric |
| 39 | OTH_DIAG_CODE_3 | 168 | 7 | Alphanumeric |
| 40 | POA_OTH_DIAG_CODE_3 | 175 | 1 | Alphanumeric |
| 41 | OTH_DIAG_CODE_4 | 176 | 7 | Alphanumeric |
| 42 | POA_OTH_DIAG_CODE_4 | 183 | 1 | Alphanumeric |
| 43 | OTH_DIAG_CODE_5 | 184 | 7 | Alphanumeric |
| 44 | POA_OTH_DIAG_CODE_5 | 191 | 1 | Alphanumeric |
| 45 | OTH_DIAG_CODE_6 | 192 | 7 | Alphanumeric |
| 46 | POA_OTH_DIAG_CODE_6 | 199 | 1 | Alphanumeric |
| 47 | OTH_DIAG_CODE_7 | 200 | 7 | Alphanumeric |
| 48 | POA_OTH_DIAG_CODE_7 | 207 | 1 | Alphanumeric |
| 49 | OTH_DIAG_CODE_8 | 208 | 7 | Alphanumeric |
| 50 | POA_OTH_DIAG_CODE_8 | 215 | 1 | Alphanumeric |
| 51 | OTH_DIAG_CODE_9 | 216 | 7 | Alphanumeric |
| 52 | POA_OTH_DIAG_CODE_9 | 223 | 1 | Alphanumeric |
| 53 | OTH_DIAG_CODE_10 | 224 | 7 | Alphanumeric |
| 54 | POA_OTH_DIAG_CODE_10 | 231 | 1 | Alphanumeric |
| 55 | OTH_DIAG_CODE_11 | 232 | 7 | Alphanumeric |
| 56 | POA_OTH_DIAG_CODE_11 | 239 | 1 | Alphanumeric |
| 57 | OTH_DIAG_CODE_12 | 240 | 7 | Alphanumeric |
| 58 | POA_OTH_DIAG_CODE_12 | 247 | 1 | Alphanumeric |
| 59 | OTH_DIAG_CODE_13 | 248 | 7 | Alphanumeric |
| 60 | POA_OTH_DIAG_CODE_13 | 255 | 1 | Alphanumeric |
| 61 | OTH_DIAG_CODE_14 | 256 | 7 | Alphanumeric |
| 62 | POA_OTH_DIAG_CODE_14 | 263 | 1 | Alphanumeric |
| 63 | OTH_DIAG_CODE_15 | 264 | 7 | Alphanumeric |

| Number | FIELD NAME (Base Data #1 File) | Position | Length | Field Type |
|--------|--------------------------------|----------|--------|--------------|
| 64 | POA_OTH_DIAG_CODE_15 | 271 | 1 | Alphanumeric |
| 65 | OTH_DIAG_CODE_16 | 272 | 7 | Alphanumeric |
| 66 | POA_OTH_DIAG_CODE_16 | 279 | 1 | Alphanumeric |
| 67 | OTH_DIAG_CODE_17 | 280 | 7 | Alphanumeric |
| 68 | POA_OTH_DIAG_CODE_17 | 287 | 1 | Alphanumeric |
| 69 | OTH_DIAG_CODE_18 | 288 | 7 | Alphanumeric |
| 70 | POA_OTH_DIAG_CODE_18 | 295 | 1 | Alphanumeric |
| 71 | OTH_DIAG_CODE_19 | 296 | 7 | Alphanumeric |
| 72 | POA_OTH_DIAG_CODE_19 | 303 | 1 | Alphanumeric |
| 73 | OTH_DIAG_CODE_20 | 304 | 7 | Alphanumeric |
| 74 | POA_OTH_DIAG_CODE_20 | 311 | 1 | Alphanumeric |
| 75 | OTH_DIAG_CODE_21 | 312 | 7 | Alphanumeric |
| 76 | POA_OTH_DIAG_CODE_21 | 319 | 1 | Alphanumeric |
| 77 | OTH_DIAG_CODE_22 | 320 | 7 | Alphanumeric |
| 78 | POA_OTH_DIAG_CODE_22 | 327 | 1 | Alphanumeric |
| 79 | OTH_DIAG_CODE_23 | 328 | 7 | Alphanumeric |
| 80 | POA_OTH_DIAG_CODE_23 | 335 | 1 | Alphanumeric |
| 81 | OTH_DIAG_CODE_24 | 336 | 7 | Alphanumeric |
| 82 | POA_OTH_DIAG_CODE_24 | 343 | 1 | Alphanumeric |
| 83 | E_CODE_1 | 344 | 7 | Alphanumeric |
| 84 | POA_E_CODE_1 | 351 | 1 | Alphanumeric |
| 85 | E_CODE_2 | 352 | 7 | Alphanumeric |
| 86 | POA_E_CODE_2 | 359 | 1 | Alphanumeric |
| 87 | E_CODE_3 | 360 | 7 | Alphanumeric |
| 88 | POA_E_CODE_3 | 367 | 1 | Alphanumeric |
| 89 | E_CODE_4 | 368 | 7 | Alphanumeric |
| 90 | POA_E_CODE_4 | 375 | 1 | Alphanumeric |
| 91 | E_CODE_5 | 376 | 7 | Alphanumeric |
| 92 | POA_E_CODE_5 | 383 | 1 | Alphanumeric |
| 93 | E_CODE_6 | 384 | 7 | Alphanumeric |
| 94 | POA_E_CODE_6 | 391 | 1 | Alphanumeric |
| 95 | E_CODE_7 | 392 | 7 | Alphanumeric |
| 96 | POA_E_CODE_7 | 399 | 1 | Alphanumeric |
| 97 | E_CODE_8 | 400 | 7 | Alphanumeric |
| 98 | POA_E_CODE_8 | 407 | 1 | Alphanumeric |
| 99 | E_CODE_9 | 408 | 7 | Alphanumeric |
| 100 | POA_E_CODE_9 | 415 | 1 | Alphanumeric |
| 101 | E_CODE_10 | 416 | 7 | Alphanumeric |
| 102 | POA_E_CODE_10 | 423 | 1 | Alphanumeric |
| 103 | PRINC_SURG_PROC_CODE | 424 | 7 | Alphanumeric |

| Number | FIELD NAME (Base Data #1 File) | Position | Length | Field Type |
|--------|--------------------------------|----------|--------|--------------|
| 104 | PRINC_SURG_PROC_DAY | 431 | 4 | Alphanumeric |
| 105 | OTH_SURG_PROC_CODE_1 | 435 | 7 | Alphanumeric |
| 106 | OTH_SURG_PROC_DAY_1 | 442 | 4 | Alphanumeric |
| 107 | OTH_SURG_PROC_CODE_2 | 446 | 7 | Alphanumeric |
| 108 | OTH_SURG_PROC_DAY_2 | 453 | 4 | Alphanumeric |
| 109 | OTH_SURG_PROC_CODE_3 | 457 | 7 | Alphanumeric |
| 110 | OTH_SURG_PROC_DAY_3 | 464 | 4 | Alphanumeric |
| 111 | OTH_SURG_PROC_CODE_4 | 468 | 7 | Alphanumeric |
| 112 | OTH_SURG_PROC_DAY_4 | 475 | 4 | Alphanumeric |
| 113 | OTH_SURG_PROC_CODE_5 | 479 | 7 | Alphanumeric |
| 114 | OTH_SURG_PROC_DAY_5 | 486 | 4 | Alphanumeric |
| 115 | OTH_SURG_PROC_CODE_6 | 490 | 7 | Alphanumeric |
| 116 | OTH_SURG_PROC_DAY_6 | 497 | 4 | Alphanumeric |
| 117 | OTH_SURG_PROC_CODE_7 | 501 | 7 | Alphanumeric |
| 118 | OTH_SURG_PROC_DAY_7 | 508 | 4 | Alphanumeric |
| 119 | OTH_SURG_PROC_CODE_8 | 512 | 7 | Alphanumeric |
| 120 | OTH_SURG_PROC_DAY_8 | 519 | 4 | Alphanumeric |
| 121 | OTH_SURG_PROC_CODE_9 | 523 | 7 | Alphanumeric |
| 122 | OTH_SURG_PROC_DAY_9 | 530 | 4 | Alphanumeric |
| 123 | OTH_SURG_PROC_CODE_10 | 534 | 7 | Alphanumeric |
| 124 | OTH_SURG_PROC_DAY_10 | 541 | 4 | Alphanumeric |
| 125 | OTH_SURG_PROC_CODE_11 | 545 | 7 | Alphanumeric |
| 126 | OTH_SURG_PROC_DAY_11 | 552 | 4 | Alphanumeric |
| 127 | OTH_SURG_PROC_CODE_12 | 556 | 7 | Alphanumeric |
| 128 | OTH_SURG_PROC_DAY_12 | 563 | 4 | Alphanumeric |
| 129 | OTH_SURG_PROC_CODE_13 | 567 | 7 | Alphanumeric |
| 130 | OTH_SURG_PROC_DAY_13 | 574 | 4 | Alphanumeric |
| 131 | OTH_SURG_PROC_CODE_14 | 578 | 7 | Alphanumeric |
| 132 | OTH_SURG_PROC_DAY_14 | 585 | 4 | Alphanumeric |
| 133 | OTH_SURG_PROC_CODE_15 | 589 | 7 | Alphanumeric |
| 134 | OTH_SURG_PROC_DAY_15 | 596 | 4 | Alphanumeric |
| 135 | OTH_SURG_PROC_CODE_16 | 600 | 7 | Alphanumeric |
| 136 | OTH_SURG_PROC_DAY_16 | 607 | 4 | Alphanumeric |
| 137 | OTH_SURG_PROC_CODE_17 | 611 | 7 | Alphanumeric |
| 138 | OTH_SURG_PROC_DAY_17 | 618 | 4 | Alphanumeric |
| 139 | OTH_SURG_PROC_CODE_18 | 622 | 7 | Alphanumeric |
| 140 | OTH_SURG_PROC_DAY_18 | 629 | 4 | Alphanumeric |
| 141 | OTH_SURG_PROC_CODE_19 | 633 | 7 | Alphanumeric |
| 142 | OTH_SURG_PROC_DAY_19 | 640 | 4 | Alphanumeric |
| 143 | OTH_SURG_PROC_CODE_20 | 644 | 7 | Alphanumeric |

| Number | FIELD NAME (Base Data #1 File) | Position | Length | Field Type |
|--------|--------------------------------|----------|--------|--------------|
| 144 | OTH_SURG_PROC_DAY_20 | 651 | 4 | Alphanumeric |
| 145 | OTH_SURG_PROC_CODE_21 | 655 | 7 | Alphanumeric |
| 146 | OTH_SURG_PROC_DAY_21 | 662 | 4 | Alphanumeric |
| 147 | OTH_SURG_PROC_CODE_22 | 666 | 7 | Alphanumeric |
| 148 | OTH_SURG_PROC_DAY_22 | 673 | 4 | Alphanumeric |
| 149 | OTH_SURG_PROC_CODE_23 | 677 | 7 | Alphanumeric |
| 150 | OTH_SURG_PROC_DAY_23 | 684 | 4 | Alphanumeric |
| 151 | OTH_SURG_PROC_CODE_24 | 688 | 7 | Alphanumeric |
| 152 | OTH_SURG_PROC_DAY_24 | 695 | 4 | Alphanumeric |
| 153 | ATTENDING_PHYSICIAN_UNIF_ID | 699 | 10 | Alphanumeric |
| 154 | OPERATING_PHYSICIAN_UNIF_ID | 709 | 10 | Alphanumeric |
| 155 | ENCOUNTER_INDICATOR | 719 | 2 | Alphanumeric |
| 156 | PROVIDER_NAME | 721 | 55 | Alphanumeric |
| 157 | EMERGENCY_DEPT_FLAG | 776 | 1 | Alphanumeric |
| | Record_Length | | 776 | |

BASE DATA #2 FILE

| Number | Field Name(Base Data #2 File) | Position | Length | Field Type |
|--------|--|----------|--------|--------------|
| _ | RECORD_ID Does NOT match the RECORD_ID | | | |
| 1 | in THCIC Research Data Files (RDF's). | 1 | 12 | Alphanumeric |
| 2 | PRIVATE_AMOUNT | 13 | 12 | Numeric |
| 3 | SEMI_PRIVATE_AMOUNT | 25 | 12 | Numeric |
| 4 | WARD_AMOUNT | 37 | 12 | Numeric |
| 5 | ICU_AMOUNT | 49 | 12 | Numeric |
| 6 | CCU_AMOUNT | 61 | 12 | Numeric |
| 7 | OTHER_AMOUNT | 73 | 12 | Numeric |
| 8 | PHARM_AMOUNT | 85 | 12 | Numeric |
| 9 | MEDSURG_AMOUNT | 97 | 12 | Numeric |
| 10 | DME_AMOUNT | 109 | 12 | Numeric |
| 11 | USED_DME_AMOUNT | 121 | 12 | Numeric |
| 12 | PT_AMOUNT | 133 | 12 | Numeric |
| 13 | OT_AMOUNT | 145 | 12 | Numeric |
| 14 | SPEECH_AMOUNT | 157 | 12 | Numeric |
| 15 | IT_AMOUNT | 169 | 12 | Numeric |
| 16 | BLOOD_AMOUNT | 181 | 12 | Numeric |
| 17 | BLOOD_ADM_AMOUNT | 193 | 12 | Numeric |
| 18 | OR_AMOUNT | 205 | 12 | Numeric |
| 19 | LITH_AMOUNT | 217 | 12 | Numeric |
| 20 | CARD_AMOUNT | 229 | 12 | Numeric |
| 21 | ANES_AMOUNT | 241 | 12 | Numeric |
| 22 | LAB_AMOUNT | 253 | 12 | Numeric |
| 23 | RAD_AMOUNT | 265 | 12 | Numeric |
| 24 | MRI_AMOUNT | 277 | 12 | Numeric |
| 25 | OP_AMOUNT | 289 | 12 | Numeric |
| 26 | ER_AMOUNT | 301 | 12 | Numeric |
| 27 | AMBULANCE_AMOUNT | 313 | 12 | Numeric |
| 28 | PRO_FEE_AMOUNT | 325 | 12 | Numeric |
| 29 | ORGAN_AMOUNT | 337 | 12 | Numeric |
| 30 | ESRD_AMOUNT | 349 | 12 | Numeric |
| 31 | CLINIC_AMOUNT | 361 | 12 | Numeric |
| 32 | OCCUR_CODE_1 | 373 | 2 | Alphanumeric |
| 33 | OCCUR_DAY_1 | 375 | 4 | Alphanumeric |
| 34 | OCCUR_CODE_2 | 379 | 2 | Alphanumeric |
| 35 | OCCUR_DAY_2 | 381 | 4 | Alphanumeric |
| 36 | OCCUR_CODE_3 | 385 | 2 | Alphanumeric |
| | <u> </u> | | | |

| Number | Field Name(Base Data #2 File) | Position | Length | Field Type |
|--------|-------------------------------|----------|--------|--------------|
| 37 | OCCUR_DAY_3 | 387 | 4 | Alphanumeric |
| 38 | OCCUR_CODE_4 | 391 | 2 | Alphanumeric |
| 39 | OCCUR_DAY_4 | 393 | 4 | Alphanumeric |
| 40 | OCCUR_CODE_5 | 397 | 2 | Alphanumeric |
| 41 | OCCUR_DAY_5 | 399 | 4 | Alphanumeric |
| 42 | OCCUR_CODE_6 | 403 | 2 | Alphanumeric |
| 43 | OCCUR_DAY_6 | 405 | 4 | Alphanumeric |
| 44 | OCCUR_CODE_7 | 409 | 2 | Alphanumeric |
| 45 | OCCUR_DAY_7 | 411 | 4 | Alphanumeric |
| 46 | OCCUR_CODE_8 | 415 | 2 | Alphanumeric |
| 47 | OCCUR_DAY_8 | 417 | 4 | Alphanumeric |
| 48 | OCCUR_CODE_9 | 421 | 2 | Alphanumeric |
| 49 | OCCUR_DAY_9 | 423 | 4 | Alphanumeric |
| 50 | OCCUR_CODE_10 | 427 | 2 | Alphanumeric |
| 51 | OCCUR_DAY_10 | 429 | 4 | Alphanumeric |
| 52 | OCCUR_CODE_11 | 433 | 2 | Alphanumeric |
| 53 | OCCUR_DAY_11 | 435 | 4 | Alphanumeric |
| 54 | OCCUR_CODE_12 | 439 | 2 | Alphanumeric |
| 55 | OCCUR_DAY_12 | 441 | 4 | Alphanumeric |
| 56 | OCCUR_SPAN_CODE_1 | 445 | 2 | Alphanumeric |
| 57 | OCCUR_SPAN_FROM_1 | 447 | 6 | Alphanumeric |
| 58 | OCCUR_SPAN_THRU_1 | 453 | 6 | Alphanumeric |
| 59 | OCCUR_SPAN_CODE_2 | 459 | 2 | Alphanumeric |
| 60 | OCCUR_SPAN_FROM_2 | 461 | 6 | Alphanumeric |
| 61 | OCCUR_SPAN_THRU_2 | 467 | 6 | Alphanumeric |
| 62 | OCCUR_SPAN_CODE_3 | 473 | 2 | Alphanumeric |
| 63 | OCCUR_SPAN_FROM_3 | 475 | 6 | Alphanumeric |
| 64 | OCCUR_SPAN_THRU_3 | 481 | 6 | Alphanumeric |
| 65 | OCCUR_SPAN_CODE_4 | 487 | 2 | Alphanumeric |
| 66 | OCCUR_SPAN_FROM_4 | 489 | 6 | Alphanumeric |
| 67 | OCCUR_SPAN_THRU_4 | 495 | 6 | Alphanumeric |
| 68 | CONDITION_CODE_1 | 501 | 2 | Alphanumeric |
| 69 | CONDITION_CODE_2 | 503 | 2 | Alphanumeric |
| 70 | CONDITION_CODE_3 | 505 | 2 | Alphanumeric |
| 71 | CONDITION_CODE_4 | 507 | 2 | Alphanumeric |
| 72 | CONDITION_CODE_5 | 509 | 2 | Alphanumeric |
| 73 | CONDITION_CODE_6 | 511 | 2 | Alphanumeric |
| 74 | CONDITION_CODE_7 | 513 | 2 | Alphanumeric |
| 75 | CONDITION_CODE_8 | 515 | 2 | Alphanumeric |
| 76 | VALUE_CODE_1 | 517 | 2 | Alphanumeric |

| Number | Field Name(Base Data #2 File) | Position | Length | Field Type |
|--------|-------------------------------|----------|--------|--------------|
| 77 | VALUE_AMOUNT_1 | 519 | 9 | Numeric |
| 78 | VALUE_CODE_2 | 528 | 2 | Alphanumeric |
| 79 | VALUE_AMOUNT_2 | 530 | 9 | Numeric |
| 80 | VALUE_CODE_3 | 539 | 2 | Alphanumeric |
| 81 | VALUE_AMOUNT_3 | 541 | 9 | Numeric |
| 82 | VALUE_CODE_4 | 550 | 2 | Alphanumeric |
| 83 | VALUE_AMOUNT_4 | 552 | 9 | Numeric |
| 84 | VALUE_CODE_5 | 561 | 2 | Alphanumeric |
| 85 | VALUE_AMOUNT_5 | 563 | 9 | Numeric |
| 86 | VALUE_CODE_6 | 572 | 2 | Alphanumeric |
| 87 | VALUE_AMOUNT_6 | 574 | 9 | Numeric |
| 88 | VALUE_CODE_7 | 583 | 2 | Alphanumeric |
| 89 | VALUE_AMOUNT_7 | 585 | 9 | Numeric |
| 90 | VALUE_CODE_8 | 594 | 2 | Alphanumeric |
| 91 | VALUE_AMOUNT_8 | 596 | 9 | Numeric |
| 92 | VALUE_CODE_9 | 605 | 2 | Alphanumeric |
| 93 | VALUE_AMOUNT_9 | 607 | 9 | Numeric |
| 94 | VALUE_CODE_10 | 616 | 2 | Alphanumeric |
| 95 | VALUE_AMOUNT_10 | 618 | 9 | Numeric |
| 96 | VALUE_CODE_11 | 627 | 2 | Alphanumeric |
| 97 | VALUE_AMOUNT_11 | 629 | 9 | Numeric |
| 98 | VALUE_CODE_12 | 638 | 2 | Alphanumeric |
| 99 | VALUE_AMOUNT_12 | 640 | 9 | Numeric |
| | Record_Length | | 648 | |

CHARGES DATA FILE

| Number | Field Name | Position | Length | Field Type |
|--------|-----------------------|----------|--------|--------------|
| 1 | RECORD_ID | 1 | 12 | Alphanumeric |
| 2 | REVENUE_CODE | 13 | 4 | Alphanumeric |
| 3 | HCPCS_QUALIFIER | 17 | 2 | Alphanumeric |
| 4 | HCPCS_PROCEDURE_CODE | 19 | 5 | Alphanumeric |
| 5 | MODIFIER_1 | 24 | 2 | Alphanumeric |
| 6 | MODIFIER_2 | 26 | 2 | Alphanumeric |
| 7 | MODIFIER_3 | 28 | 2 | Alphanumeric |
| 8 | MODIFIER_4 | 30 | 2 | Alphanumeric |
| 9 | UNIT_MEASUREMENT_CODE | 32 | 2 | Alphanumeric |
| 10 | UNITS_OF_SERVICE | 34 | 7 | Numeric |
| 11 | UNIT_RATE | 41 | 12 | Numeric |
| 12 | CHRGS_LINE_ITEM | 53 | 14 | Numeric |
| 13 | CHRGS_NON_COV | 67 | 14 | Numeric |
| | Record_Length | | 80 | |

FACILITY TYPE INDICATOR FILE

| Number | Field Name | Position | Length | Field Type |
|--------|------------------------|----------|--------|--------------|
| 1 | THCIC_ID | 1 | 6 | Alphanumeric |
| 2 | FACILITY_TYPE | 7 | 4 | Alphanumeric |
| 3 | FAC_TEACHING_IND | 11 | 1 | Alphanumeric |
| 4 | FAC_PSYCH_IND | 12 | 1 | Alphanumeric |
| 5 | FAC_REHAB_IND | 13 | 1 | Alphanumeric |
| 6 | FAC_ACUTE_CARE_IND | 14 | 1 | Alphanumeric |
| 7 | FAC_SNF_IND | 15 | 1 | Alphanumeric |
| 8 | FAC_LONG_TERM_AC_IND | 16 | 1 | Alphanumeric |
| 9 | FAC_OTHER_LTC_IND | 17 | 1 | Alphanumeric |
| 10 | FAC_PEDS_IND | 18 | 1 | Alphanumeric |
| 11 | PROVIDER_NAME | 19 | 55 | Alphanumeric |
| 12 | POA_PROVIDER_INDICATOR | 74 | 1 | Alphanumeric |
| 13 | CERT_STATUS | 75 | 1 | Alphanumeric |
| | Record_Length | | 75 | |

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GROUPER FILE

| Number | Field Name | Position | Length | Field Type |
|--------|---------------------------|----------|--------|--------------|
| 1 | RECORD_ID | 1 | 12 | Alphanumeric |
| 2 | FROZEN_MS_DRG | 13 | 3 | Alphanumeric |
| 3 | FROZEN_MS_MDC | 16 | 2 | Alphanumeric |
| 4 | FROZEN_MS_GRP_VER | 18 | 5 | Alphanumeric |
| 5 | FROZEN_MS_GRP_ERROR_CODE | 23 | 2 | Alphanumeric |
| 6 | FROZEN_APR_DRG | 25 | 3 | Alphanumeric |
| 7 | FROZEN_RISK_MORTALITY | 28 | 1 | Alphanumeric |
| 8 | FROZEN_ILLNESS_SEVERITY | 29 | 1 | Alphanumeric |
| 9 | FROZEN_APR_MDC | 30 | 2 | Alphanumeric |
| 10 | FROZEN_APR_GRP_VER | 32 | 5 | Alphanumeric |
| 11 | FROZEN_APR_GRP_ERROR_CODE | 37 | 2 | Alphanumeric |
| 12 | MS_DRG | 39 | 3 | Alphanumeric |
| 13 | MS_MDC | 42 | 2 | Alphanumeric |
| 14 | MS_GRP_VER | 44 | 5 | Alphanumeric |
| 15 | MS_GRP_ERROR_CODE | 49 | 2 | Alphanumeric |
| 16 | APR_DRG | 51 | 3 | Alphanumeric |
| 17 | RISK_MORTALITY | 54 | 1 | Alphanumeric |
| 18 | ILLNESS_SEVERITY | 55 | 1 | Alphanumeric |
| 19 | APR_MDC | 56 | 2 | Alphanumeric |
| 20 | APR_GRP_VER | 58 | 5 | Alphanumeric |
| 21 | APR_GRP_ERROR_CODE | 63 | 2 | Alphanumeric |
| | Record_Length | | 64 | |