

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

2022

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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 2022 PUDF is available in five fixed length format text files, Base Data #1 (logical record length of 776 bytes), Base Data #2 (logical record length of 648 bytes), Charges (logical record length of 80 bytes), and Facility Type Data (logical record length of 75 bytes) files. The files are also available in tabdelimited format. The size of the files is as follows:

First quarter, 696* hospitals:

Base Data #1	742,698 records	157 variables	Fixed field format	551 MB	Tab-delimited	275 MB
Base Data #2	742,698 records	99 variables	Fixed field format	460 MB	Tab-delimited	192 MB
Charges Data	14,180,835 records	13 variables	Fixed field format	1,109 MB	Tab-delimited	677 MB
Facility Type Data	696 records	13 variables	Fixed field format	52 KB	Tab-delimited	41 KB
Grouper Data	742,698 records	21 variables	Fixed field format	47 MB	Tab-delimited	61 MB

Second quarter, 699* hospitals:

Base Data #1	755,432 records	157 variables	Fixed field format	560 MB	Tab-delimited	278 MB
Base Data #2	755,432 records	99 variables	Fixed field format	468 MB	Tab-delimited	194 MB
Charges	14,098,476 records	13 variables	Fixed field format	1,089 MB	Tab-delimited	660 MB
Facility Type Data	699 records	13 variables	Fixed field format	52 KB	Tab-delimited	40 KB
Grouper Data	755,432 records	21 variables	Fixed field format	47 MB	Tab-delimited	61 MB

Third quarter, 697* hospitals:

Base Data #1	792,667 records	157 variables	Fixed field format	588 MB	Tab-delimited	292 MB
Base Data #2	792,667 records	99 variables	Fixed field format	491 MB	Tab-delimited	204 MB
Charges	14,670,366 records	13 variables	Fixed field format	1,147 MB	Tab-delimited	701 MB
Facility Type Data	697 records	13 variables	Fixed field format	52 KB	Tab-delimited	41 KB
Grouper Data	792,667 records	21 variables	Fixed field format	50 MB	Tab-delimited	65 MB

Fourth quarter, 699* hospitals:

Base Data #1	799,712 records	157 variables	Fixed field format	593 MB	Tab-delimited	295 MB
Base Data #2	799,712 records	99 variables	Fixed field format	496 MB	Tab-delimited	206 MB
Charges	15,098,417 records	13 variables	Fixed field format	1,181 MB	Tab-delimited	722 MB

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Fourth quarter, 699* hospitals:

Facility Type Data	699 records	13 variables Fixed fi	ield format 53 KB	Tab-delimited	41 KB
Grouper Data	799,712 records	21 variables Fixed fi	ield format 50 MB	Tab-delimited	66 MB

^{*} 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_NON_COV_CHARGES_ACCOMM	Replaces CLAIM_NON_COV_CHARGES_ACCOMM
TOTAL_CHARGES_ANCIL	Replaces CLAIM_CHARGES_ANCIL
TOTAL_NON_COV_CHARGES_ANCIL	Replaces CLAIM_NON_COV_CHARGES_ANCIL
EXTERNAL_CAUSE_OF_INJURY_1	Replaces EXTNAL_CAUSE_OF_INJURY
EXTERNAL_CAUSE_OF_INJURY_2 to	Added 2004
EXTERNAL_CAUSE_OF_INJURY_10	
OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25	Added 2004
OTH_SURG_PROC_CODE_6 to	Added 2004
OTH_SURG_PROC_CODE_25	
OTH_SURG_PROC_DAY_6 to	Added 2004
OTH_SURG_PROC_DAY_25	
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
	Added 2011; no longer available in Base Data #1—renamed as
MG CROUPER ERROR CORE	FROZEN_MS_GRP_ERROR_CODE and moved to Grouper File in
MS_GROUPER_ ERROR _CODE	2022
	Added 2011; no longer available in Base Data #1—renamed as
ADD CROUDED EDDOR CODE	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	

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CONDITION CODE 1 to CONDITION CODE 0	Addad 2004
CONDITION_CODE_1 to CONDITION_CODE_8	Added 2004
OCCUR_CODE_1 to OCCUR_CODE_12	Added 2004
OCCUR_DAY_1 to OCCUR_DAY_12	Added 2004
OCCUR_SPAN_CODE_1 to	Added 2004
OCCUR_SPAN_CODE_4	
OCCUR_SPAN_FROM_1 to	Added 2004
OCCUR_SPAN_FROM_4	
OCCUR_SPAN_THRU_1 to	Added 2004
OCCUR_SPAN_THRU_4	
VALUE_CODE_1 to VALUE_CODE_12	Added 2004
VALUE_AMOUNT_1 to VALUE_AMOUNT_12	Added 2004
CHARGES FILE	
REVENUE_CODE	Added 2004
HCPCS_QUALIFIER	Added 2004
HCPCS_PROCEDURE_CODE	Added 2004
MODIFIER_1 TO MODIFIER_4	Added 2004
UNIT MEASUREMENT CODE	Added 2004
UNITS_OF_SERVICE	Added 2004
UNIT_RATE	Added 2004
CHRGS LINE ITEM	Added 2004
CHRGS_NON_COV	Added 2004
	011) Moved facility information data elements to this file
POA_PROVIDER_INDICATOR	Moved from Base Data #1 file to Facility Type Indicator File in 2015
CERT STATUS	Moved from Base Data #1 file to Facility Type Indicator File in 2015
GROUPER FILE (added 2022)	Proved from base baca #1 file to racinty Type Indicator file in 2015
GROOFER FILE (added 2022)	Replaces MS_DRG; moved from Base Data #1 file to Grouper File
FROZEN MS DRG	in 2022
TROZEN_MS_DRG	Replaces MS_MDC; moved from Base Data #1 file to Grouper File
EDOZEN MC MDC	in 2022
FROZEN_MS_MDC	Replaces MS_GROUPER_VERSION_NBR; moved from Base Data #1
EDOZEN MC CROUDED VERCION NRD	file to Grouper File in 2022
FROZEN_MS_GROUPER_VERSION_NBR	
FROZEN MC CROUPER FRROR CORE	Replaces MS_GROUPER_ERROR_CODE; moved from Base Data #1
FROZEN_ MS _GROUPER_ERROR_CODE	file to Grouper File in 2022
FDOZEN ADD DDC	Replaces APR_DRG; moved from Base Data #1 file to Grouper File
FROZEN_APR_DRG	in 2022
FROZENI RICIV MORTALITY	Replaces RISK_MORTALITY; moved from Base Data #1 file to
FROZEN_RISK_MORTALITY	Grouper File in 2022
FROZEN ALINEGO GEL/FRITZ/	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_GROUPER_VERSION_NBR	#1 file to Grouper File in 2022
	Replaces APR_GROUPER_ERROR_CODE; moved from Base Data #1
FROZEN_APR_GROUPER_ERROR_CODE	file to Grouper File in 2022
MS _DRG	Dynamic; added 2022
MS _MDC	Dynamic; added 2022
MS_GROUPER_VERSION_NBR	Dynamic; added 2022
MS _GROUPER_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 GROUPER VERSION NBR	Dynamic; added 2022
APR_GROUPER_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

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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.

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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.
Type	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

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

BASE DATA #1 FILE

Field 1:	RECORD_ID					
Description:	Record Identification Number. Unique number assigned to identify the record. First available					
_	1 st quarter 2002. Does NOT match the RECO	ORD_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	arge. yyyyQn.				
	1st Quarter (YYYYQ1): 1st January-31st I	March of that corresponding year				
	2nd Quarter (YYYYQ2): 1st April – 30th J	June of that corresponding year				
	3rd Quarter (YYYYQ3): 1st July- 30th Sep	otember of that corresponding year				
	4th Quarter (YYYYQ4); 1st October-31st	December of that corresponding year				
Beginning Position:	13 Data Source:	Assigned				
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Length:	6	Type:	Alphanumeric				
Field 3:	THCIC_ID	Type.	Aiphanumene				
Description:		ior assigned to the	provider by DSUS				
Suppression:	•	Provider ID. Unique identifier assigned to the provider by DSHS. Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If					
Suppression.		a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID					
	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 Enforcement 9 Information not availab						
			al to another Distinct Unit of the	Same Hospital Resulting in a			
	Separate Claim to the P	•	an to another Biginet Chit of the	zume mospium resuming 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	1,000	Tiphanameric	
Description:	Specialty Units in which 4	th most days during	stay occurred based on	number of days by Type
2 total priorit	of Bill or Revenue Code.	inost days during	s stay occurred sused on	number of anys by Type
Coding Scheme:	Same as field SPEC_UNIT	Γ 1		
Beginning Position:	30	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 10:	SPEC_UNIT_5	Type.	7 iipiiaiiaiiierie	
Description:	Specialty Units in which 5	ith most days during	s stay occurred based on	number of days by Type
Description.	of Bill or Revenue Code.	most days during	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	турс.	7 tipitatiumerie	
Description:	State of the patient's maili	na address in Taxo	e and contiguous states	Standard 2 character
Description.	Postal Service abbreviatio	•	is and configuous states.	Standard 2-Character
Coding Scheme:	AR Arkansas	11.		
Couning Scheme.	LA Louisiana			
	NM New Mexico			
	OK Oklahoma			
	TX Texas ZZ All other states and Ameri	ican Territories		
	FC Foreign country	icui reminines		
	XX Foreign country			
Beginning Position:	32	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 12:	PAT_ZIP			
Description:	Patient's five-digit ZIP co	de.		
Suppression:	Last two digits are blank i	f a ZIP code has fe	wer than 30 discharges.	If state equals 'ZZ', ZIP
	code equals '88888'. If sta	ite equals 'FC' (for	reign country) ZIP code i	is blank. If ICD-10-CM
	indicates alcohol or drug u	ise or an HIV diagi	nosis, the ZIP code is bla	ank. If ICD-10-CM
	indicates alcohol or drug u	ise or an HIV diagi	nosis (patients covered b	y 42 USC §290dd-2 and
	42 CFR Part 2 rules) the Z			
	fifty discharges the ZIP co	de is blank. If a ho	spital has fewer than 5 d	lischarges of a particular
	gender, including 'unknov	vn', the ZIP Code i	s blank.	
Beginning Position:	34	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 13:	PAT COUNTRY	* *	•	
Description:	Country of patient's reside	ential address. List	maintained by the Intern	national Organization for
•	Standardization (ISO). If I	CD-10-CM indica	tes alcohol or drug use o	r an HIV diagnosis
	(patients covered by 42 U			
	(back quote).	_	,.	•
Suppression:	Suppressed if fewer than 5	patients from one	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	inty.		
Coding scheme:		129 Donley	257 Kaufman	385 Real
		131 Duval 133 Eastland	259 Kendall 261 Kenedy	387 Red River 389 Reeves
	2	135 Eastland 135 Ector	263 Kent	391 Refugio
	009 Archer	137 Edwards	265 Kerr	393 Roberts
		139 Ellis	267 Kimble	395 Robertson
		141 El Paso 143 Erath	269 King 271 Kinney	397 Rockwall 399 Runnels
		145 Falls	273 Kleberg	401 Rusk
	019 Bandera	147 Fannin	275 Knox	403 Sabine
	021 Bastrop	149 Fayette	283 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	Lavaca	415	Scurry
033	Borden	161	Freestone	289	Leon	417	Shackelford
			Frio				
035	Bosque	163		291	Liberty	419	Shelby
037	Bowie	165	Gaines	293	Limestone	421	Sherman
039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	319	Mason	447	Throckmorton
065	Carson	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	451	Tom Green
069	Castro	197	Hardeman	325	Medina	453	Travis
071	Chambers	199	Hardin	327	Menard	455	Trinity
073	Cherokee	201	Harris	329	Midland	457	Tyler
075	Childress	203	Harrison	331	Milam	459	Upshur
077	Clay	205	Hartley	333	Mills	461	Upton
079	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
117	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	247	Jim Hogg Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall	307	Lavala
							Involid
127	Dimmit	255	Karnes	383	Reagan		Invalid

Beginning Position: Length:

Length:3Type:Field 15:PUBLIC HEALTH REGION

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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 Inpatient Readmission (effective 10-1-2013)					
	94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)					
	Pischarged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List					
	with a Planned Acute Ca		eadmission (effective 10-1-2013)			
Doniumiu a Doniti au .	` Invalid	Data Carras	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:	-		adicates 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 Na	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:	-		the 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.	Tiphanameric			
Description:	Code indicating the Hispa	nic origin of the pa	itient.			
		n ten patients of on	le race the enfincity of patients of that race is			
Suppression:	If a hospital has fewer than suppressed (code is blank).	n ten patients of on	te race the enumerty of patients of that race is			
	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin	n ten patients of on	te race the enfincity of patients of that race is			
Suppression:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin	n ten patients of on	te race the enfincity of patients of that race is			
Suppression: Coding Scheme:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin Invalid	-				
Suppression: Coding Scheme: Beginning Position:	If a hospital has fewer than suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin Invalid 50	Data Source:	Claim			
Suppression: Coding Scheme: Beginning Position: Length:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin Invalid 50 1	-				
Suppression: Coding Scheme: Beginning Position: Length: Field 20:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin Invalid 50 1 ADMIT_WEEKDAY	Data Source: Type:	Claim Alphanumeric			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday	Data Source: Type:	Claim Alphanumeric			
Suppression: Coding Scheme: Beginning Position: Length: Field 20:	If a hospital has fewer than suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 1 Invalid 50 1 ADMIT_WEEKDAY Code indicating day of weel Monday 2 Tuesday	Data Source: Type:	Claim Alphanumeric ted 5 Friday 6 Saturday			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description:	If a hospital has fewer than suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin Invalid 50 1 ADMIT_WEEKDAY Code indicating day of weeling to make the code indicating day of weeling to make the code indicating day of weeling	Data Source: Type:	Claim Alphanumeric ted 5 Friday 6 Saturday 7 Sunday			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday	Data Source: Type: ek patient is admit	Claim Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position:	If a hospital has fewer than suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin Invalid 50 1 ADMIT_WEEKDAY Code indicating day of weeling to make the code indicating day of weeling to make the code indicating day of weeling	Data Source: Type: ek patient is admit Data Source:	Claim Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1	Data Source: Type: ek patient is admit	Claim Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 50 1 ADMIT_WEEKDAY Code indicating day of we 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 51 1 LENGTH_OF_STAY	Data Source: Type: ek patient is admit Data Source: Type:	Claim Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned Alphanumeric			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21:	If a hospital has fewer than suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 1 Invalid 50 1 ADMIT_WEEKDAY Code indicating day of we we will make a month of the	Data Source: Type: ek patient is admit Data Source: Type:	Claim Alphanumeric ted 5 Friday 6 Saturday 7 Sunday Invalid Assigned			
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Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description:	If a hospital has fewer than suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 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 equal care date. The minimum less 52 4	Data Source: Type: ek patient is admit Data Source: Type: vals Statement coverength of stay is 1 december 1 december 2	Claim 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.			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 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 equal care date. The minimum leters.	Data Source: Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d Data Source:	Claim 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			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 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 equal care date. The minimum left 52 4 PAT_AGE Code indicating age of pate	Data Source: 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	Claim 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.			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 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 equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date.	Data Source: Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d. Data Source: Type: ient in days or year 10 35-39	Claim 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			
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Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 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 equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date. The minimum left of the stay in days equal care date.	Data Source: Type: ek patient is admit Data Source: Type: eals Statement cove ength of stay is 1 d. Data Source: Type: ient in days or year 10 35-39	Claim 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:			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description: Coding Scheme:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 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 eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date. The minimum left of the stay in days eque care date.	Data Source: 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	Claim 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: 22 0-17			
Suppression: Coding Scheme: Beginning Position: Length: Field 20: Description: Coding Scheme: Beginning Position: Length: Field 21: Description: Beginning Position: Length: Field 22: Description:	If a hospital has fewer that suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 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 days of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date. The minimum left of the stay in days equicare date.	Data Source: 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	Claim 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 75+ Invalid
	09	30-34	19	80-84				nivand
Beginning Position:	56	30 3 1	Data S		Assigned	l		
Length:	2		Type:	041000	Alphanu			
Field 23:		RST_PAYMENT_SRC	- J pot					
Description:		le indicating the expected	l primar	v source	of payme	nt.		
Coding Scheme:	09	Self Pay (Removed from 50					ainten	ance Organization
coung somewor		beginning 2Q2012 data)						-
	10	Central Certification			LI	Liability		
	11 12	Other Non-federal Program Preferred Provider Organiz		<i>3</i>)	LM MA	Liability I Medicare		
	13	Point of Service (POS)	ation (11 v	<i>J</i>)	MB	Medicare		
	14	Exclusive Provider Organiz	zation (EP	O)	MC	Medicaid		
	15	Indemnity Insurance			TV	Title V		
	16	Health Maintenance Organ Medicare Risk	ization (H	MO)	OF	Other Fed	ieral P	rogram
	AM				VA	Veteran A	Admini	istration Plan
	BL				WC			ensation Health Claim
	CH	CHAMPUS			ZZ	Charity, I	ndiger	nt or Unknown
	CI	Commercial Insurance			**	Codes 09	and Z	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_PAYMEN'	T_SRC					
Description:	Coc	le indicating the expected	l second	lary sourc	ce of payn	nent.		
Coding Scheme:		ne as field FIRST_PAYM	1ENT_S	SRC				
Beginning Position:	60		Data S	ource:	Claim			
Length:	2		Type:		Alphanu	meric		
Field 25:	TY	PE_OF_BILL						
Description:		icates the specific type of						
Coding Scheme:		igit–Type of Facility		ligit–Type o				digit–Sequence of claim
	1	Hospital	1	Inpatient, Part A	including M	ledicare	0	Non-payment/Zero claim
	2	Skilled nursing	2		Medicare P	art B only	1	Admit through discharge claim
	3	Home health	3	Outpatien		,	2	Interim–first claim
	4	Religious non-medical health	4		t Other, Me	licare	3	Interim-continuing claim
	_	care–Hospital	_	Part B on	•	1.7		
	5	Religious non-medical health care–Extended care	5	Intermedi	ate Care–Le	vel I	4	Interim-last claim
	6	Intermediate care	6	Intermedi	ate Care–Le	vel II	5	Late charge(s) only claim
	7	Clinic	7		e inpatient –		6	Adjustment of prior claim (Not
					_			used by Medicare)
	8	Special facility	8	Swing be	d		7	Replacement of prior claim
Daginning Dagitians	62		Data S		Claim		8	Void/cancel of prior claim
Beginning Position: Length:	62 3		Type:	ource:	Claim Alphanu	morio		
Field 26:		TAL_CHARGES	Type.		Aipiiaiiu	illeric		
Description:			cos no	a covere	Laccomm	odation a	hora	es, ancillary charges, non-
Description.		ered ancillary charges. R					marge	es, ancinary charges, non-
			epraces			23_23.		
Paginning Desitions		crea anemary charges. R		01111001	Claim			
Beginning Position:	65	ered diferrally charges. R	Data S	ource:	Claim			
Length:	65 12		Data S Type:	ource:	Claim Numeric			
Length: Field 27:	65 12 TO	TAL_NON_COV_CHA	Data S Type: ARGES		Numeric		11	.1
Length: Field 27: Description:	65 12 TO Sun		Data S Type: ARGES nodation	n charges	Numeric , non-cov		llary	charges.
Length: Field 27: Description: Beginning Position:	65 12 TO Sun 77	TAL_NON_COV_CHA	Data S Type: ARGES nodation Data S	n charges	Numeric , non-cov Claim	ered anci	llary	charges.
Length: Field 27: Description: Beginning Position: Length:	65 12 TO Sun 77 12	TAL_NON_COV_CHA	Data S Type: ARGES modation Data S Type:	n charges	Numeric , non-cov	ered anci	llary	charges.
Length: Field 27: Description: Beginning Position: Length: Field 28:	65 12 TO Sun 77 12 TO	TAL_NON_COV_CHA n of non-covered accomm TAL_CHARGES_ACC	Data S Type: ARGES modation Data S Type:	n charges	, non-cov Claim Numeric	ered anci	llary	charges.
Length: Field 27: Description: Beginning Position: Length: Field 28: Description:	65 12 TO Sun 77 12 TO Sun	TAL_NON_COV_CHA	Data S Type: ARGES modation Data S Type: COMM vered according	ource:	Numeric , non-cove Claim Numeric ation char	ered anci	llary	charges.
Length: Field 27: Description: Beginning Position: Length: Field 28: Description: Beginning Position:	65 12 TO Sun 77 12 TO	TAL_NON_COV_CHA n of non-covered accomm TAL_CHARGES_ACC	Data S Type: ARGES modation Data S Type:	ource:	, non-cov Claim Numeric	ered anci	llary	charges.
Length: Field 27: Description: Beginning Position: Length: Field 28: Description:	65 12 TO Sun 77 12 TO Sun 89	TAL_NON_COV_CHA n of non-covered accomm TAL_CHARGES_ACC n of covered and non-cov	Data S Type: ARGES modation Data S Type: COMM vered according	commoda	Numeric , non-cove Claim Numeric ation char	ered anci	DSH	charges. HS Document # E25-14163 st Updated: August, 2023

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		1,0110110
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		•
Beginning Position:	125	Data Source:	Claim
Length:	12	Type:	Numeric
Field 32:	ADMITTING DIAGNOS		
Description:	-		h, 5th, 6th and 7th digits if applicable. Decimal is
2 cscription.	implied following the third		and the digital in application 2 committee
Beginning Position:	137	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 33:	PRINC_DIAG_CODE	-JP **	
Description:		for the principal	diagnosis, including the 4th, 5th, 6th and 7th digits
_F	if applicable. Decimal is im		
Beginning Position:	144	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 34:	POA_PRINC_DIAG_CO	V 1	T
Description:			is code was present at the time the patient was
_F	admitted to the hospital		
Coding Scheme:	Y Yes		
	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:			th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	152	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 36:	POA_OTH_DIAG_CODE		
Description:		Oth_Diag_Code_1	code was present at the time the patient was
	admitted to the hospital		
Coding Scheme:	Same as Field POA_PRING		
Beginning Position:	159	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 37:	OTH_DIAG_CODE_2		
Description:			th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	160	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Tr 1130	POA_OTH_DIAG_CODE		
Field 38:			
Pield 38: Description:	Code identifying whether C	Oth_Diag_Code_2	2 code was present at the time the patient was
Description:	Code identifying whether C admitted to the hospital	-	2 code was present at the time the patient was
Description: Coding Scheme:	Code identifying whether C admitted to the hospital Same as Field POA_PRINC	C_DIAG_CODE	
Description: Coding Scheme: Beginning Position:	Code identifying whether C admitted to the hospital Same as Field POA_PRINC 167	C_DIAG_CODE Data Source:	Claim
Description: Coding Scheme: Beginning Position: Length:	Code identifying whether C admitted to the hospital Same as Field POA_PRINC 167	C_DIAG_CODE	
Description: Coding Scheme: Beginning Position:	Code identifying whether C admitted to the hospital Same as Field POA_PRINC 167	C_DIAG_CODE Data Source:	Claim
Description: Coding Scheme: Beginning Position: Length:	Code identifying whether C admitted to the hospital Same as Field POA_PRINC 167	C_DIAG_CODE Data Source: Type:	Claim Alphanumeric
Description: Coding Scheme: Beginning Position: Length: Field 39:	Code identifying whether Cadmitted to the hospital Same as Field POA_PRINC 167 1 OTH_DIAG_CODE_3	C_DIAG_CODE Data Source:	Claim

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:

Beginning Position:

Beginning Position:

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

Data Source:

Claim

Claim

Alphanumeric

implied following the third character.

Length: Type: Alphanumeric

POA_OTH_DIAG_CODE_6 **Field 46:**

192

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:

implied following the third character.

Length: Type:

200

Field 48: POA_OTH_DIAG_CODE_7 **Description:**

Code identifying whether Oth Diag Code 7 code was present at the time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

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

Length: Alphanumeric Type:

Field 49: OTH_DIAG_CODE_8

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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

implied following the third character.

Beginning Position: 232 **Data Source:** Claim

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:

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: 272 **Data Source:**

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:**

312

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

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

Data Source: Beginning Position: 327 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 Alphanumeric

Length: Type: Field 80: POA OTH DIAG CODE 23

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

Data Source: Beginning Position: 407 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

Claim

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

Beginning Position: 435

Longth: 7

Type:

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

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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			
Field 148:	OTH_SURG_PROC_DAY					
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			
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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: 699 **Data Source:** Assigned **Length:** 10 **Type:** 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

atients.

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:			per assigned to identify the record. First available DRD_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:			ount. 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:	MEDPAR algorithm. Sum	of charges associa	Supply Charge Amount. Calculated using ated 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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MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299. Data Source: Calculated	Description:			Equipment Charge Amount. Calculated using			
Data Source: Calculated Numeric		MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,					
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Field 11:							
Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293. Beginning Position: 121			туре.	Numeric			
MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293. Park Source: Calculated			Ised Durable Me	dical Equipment Charge Amount Calculated using			
Reginning Position: 12	Description.						
Length: 12 Type: Numeric							
Field 12: PT_AMOUNT Description: Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. Beginning Position: 133 Data Source: Calculated Length: 12 Type: Numeric Field 13: OT_AMOUNT Description: Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X. Beginning Position: 145 Data Source: Calculated Length: 12 Type: Numeric Field 14: SPEECH_AMOUNT Description: Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X. Beginning Position: 157 Data Source: Calculated Length: 12 Type: Numeric Field 15: IT_AMOUNT Description: Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X. Beginning Position: 169 Data Source: Calculated Length: 12 Type: Numeric Field 16: BLOOD_AMOUNT Description: Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X. Beginning Position: 181 Data Source: Calculated Length: 12 Type: Numeric Field 17: BLOOD_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 038X. Beginning Position: 193 Data Source: Calculated Length: 12 Type: Numeric Field 17: BLOOD_ADMIN_AMOUNT Description: Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue cente	Beginning Position:	121	Data Source:	Calculated			
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Field 19: LITH_AMOUNT	Length: Field 15: Description: Beginning Position: Length: Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18: Description: Beginning Position:	IT_AMOUNT Ancillary Service Charge, Ir algorithm. Sum of charges a 041X, 046X. 169 12 BLOOD_AMOUNT Ancillary Service Charge fo MEDPAR algorithm. Sum or revenue center 038X. 181 12 BLOOD_ADMIN_AMOUNT Ancillary Service Charge fo Calculated using MEDPAR than 0100-0219, revenue center 193 12 OR_AMOUNT Ancillary Service Charge, O algorithm. Sum of charges a 036X, 071X-072X. 205	Type: nhalation Therap associated with respective strong provided of charges associated for the strong strong strong strong strong and strong and strong and strong stron	Numeric y Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated Numeric I during the patient's stay. Calculated using atted with revenue codes other than 0100-0219, Calculated Numeric and processing related to the patient's stay. of charges associated with revenue codes other Calculated Numeric Charge amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated			
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	Ancillary Service Charge I	ithotrinsy Charg	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.	, 1011 10 , 011 00 00 00	0.0000 0.000 0.000 0.0000 0.0000 0.0000,
Beginning Position:	229	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 21:	ANES_AMOUNT	v -	
Description:	Ancillary Service Charge, A	nesthesia Charge	e Amount. Calculated using MEDPAR algorithm.
	Sum of charges associated w	vith 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.
	- C	vith 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 - 01	A CLILL COMPAND 1 24
Description:			Amount. Calculated using MEDPAR algorithm.
	032X-035X, 040X.	vitn 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	<u> </u>	
Description:	Ancillary Service Charge, O	outpatient Service	es Charge Amount. Calculated using MEDPAR
	algorithm. Sum of charges a	ssociated with re	1 1 1 0100 0210
	O LOYE OF OTE		evenue codes other 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, E	Data Source: Type: mergency Room	Calculated Numeric Charge Amount. Calculated using MEDPAR
Length: Field 26:	289 12 ER_AMOUNT Ancillary Service Charge, E algorithm. Sum of charges a	Data Source: Type: mergency Room	Calculated Numeric
Length: Field 26: Description:	289 12 ER_AMOUNT Ancillary Service Charge, E algorithm. Sum of charges a 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, E algorithm. Sum of charges a 045X. 301	Data Source: Type: mergency Roomssociated 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, E algorithm. Sum of charges a 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, E algorithm. Sum of charges a 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, E algorithm. Sum of charges a 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A	Data Source: Type: mergency Room ssociated with re Data Source: Type: Tubulance 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, E algorithm. Sum of charges a 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: Tumbulance Charg with 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, E algorithm. Sum of charges a 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated w 313	Data Source: Type: mergency Room ssociated with re Data Source: Type: T ambulance Charg 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, E algorithm. Sum of charges a 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated w 313 12	Data Source: Type: mergency Room ssociated with re Data Source: Type: Tumbulance Charg with 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, E algorithm. Sum of charges a 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 red 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
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Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28:	289 12 ER_AMOUNT Ancillary Service Charge, E algorithm. Sum of charges a 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: Type: 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, E algorithm. Sum of charges a 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated w 313 12 PRO_FEE_AMOUNT Ancillary Service Charge, Palgorithm. Sum of charges a	Data Source: Type: mergency Room ssociated with re Data Source: Type: mbulance Charg with revenue code Data Source: Type: Type: 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, E algorithm. Sum of charges a 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated w 313 12 PRO_FEE_AMOUNT Ancillary Service Charge, P algorithm. Sum of charges a 096X-098X.	Data Source: Type: mergency Room ssociated with respect to the property of th	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, E algorithm. Sum of charges a 045X. 301 12 AMBULANCE_AMOUNT Ancillary Service Charge, A Sum of charges associated w 313 12 PRO_FEE_AMOUNT Ancillary Service Charge, P algorithm. Sum of charges a 096X-098X. 325	Data Source: Type: mergency Roomssociated with resociated with resociated with resociated with resociated with resociated control of the con	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:		GAN_AMOUNT						
Description:	Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR							
			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:		ESRD_AMOUNT						
Description:		Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using						
		MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X						
Beginning Position:	349	Data Source:	Calcula	tad				
0 0	349 12		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 date - Insured F Policy				
	37	Date of inpatient hospital discharge for non- covered transplant patients	G2	Effective date - insured F Poncy				
	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						
DSHS/THCIC				DSHS Document # F25-1/163				

DSHS/THCIC WWW.DSHS.TEXAS.GOV/THCIC DSHS Document # E25-14163 Last Updated: August, 2023 **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.	Атрпапи	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
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1301107111/1/1/1				DCHC D # E25 14162

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	77 Provider Liability - Utilization Charged	M4 Residential level of care
Beginning Position:	445 Data Sou	irce: Claim
Length:	2 Type:	Alphanumeric
Field 57:	OCCUR_SPAN_FROM_1	
Description:		ing Date of Event minus Admission/Start of Care Date.
Beginning Position:	447 Data Sou	
Length:	6 Type:	Alphanumeric
Field 58:	OCCUR_SPAN_THRU_1	
Description:		Date of Event <i>minus</i> Admission/Start of Care Date.
Beginning Position:	453 Data Sou	arce: Calculated
Length:	6 Type:	Alphanumeric
Field 59:	OCCUR_SPAN_CODE_2	
Description:	Code describing a significant event rel	ating to the claim that may affect payer processing.
Coding Scheme:	Same as Field OCCUR_SPAN_CODE	<u>E_1.</u>
Beginning Position:	459 Data Sou	arce: Claim
Length:	2 Type:	Alphanumeric
Field 60:	OCCUR_SPAN_FROM_2	
Description:	Occurrence Span From equals Beginn:	ing Date of Event minus Admission/Start of Care Date.
Beginning Position:	461 Data Sou	irce: Calculated
Length:	Type:	Alphanumeric
Field 61:	OCCUR_SPAN_THRU_2	
Description:		Date of Event <i>minus</i> Admission/Start of Care Date.
Beginning Position:	467 Data Sou	
Length:	6 Type:	Alphanumeric
Field 62:	OCCUR SPAN CODE 3	
Description:		ating to the claim that may affect payer processing.
Coding Scheme:	Same as Field OCCUR_SPAN_CODE	
Beginning Position:	473 Data Soi	
Length:	2 Type:	Alphanumeric
Field 63:	OCCUR_SPAN_FROM_3	Tiphanamorie
Description:		ing Date of Event minus Admission/Start of Care Date.
Beginning Position:	475 Data Soi	
Length:	6 Type:	Alphanumeric
Field 64:	OCCUR_SPAN_THRU_3	Tipianone
Description:		Date of Event <i>minus</i> Admission/Start of Care Date.
Beginning Position:	481 Data Soi	
Length:	6 Type:	Alphanumeric
Field 65:	OCCUR_SPAN_CODE_4	Alphanumeric
Description:		ating to the claim that may affect payer processing.
Coding Scheme:	Same as Field OCCUR_SPAN_CODE	
Beginning Position:	487 Data So	
Length:	2 Type:	Alphanumeric
Field 66:	OCCUR SPAN FROM 4	Alphananere
Description:		ing Date of Event <i>minus</i> Admission/Start of Care Date.
Beginning Position:	489 Data Soi	
0 0		
Length: Field 67:	6 Type: OCCUR_SPAN_THRU_4	Alphanumeric
Description:		Date of Event <i>minus</i> Admission/Start of Care Date.
_		
Beginning Position:		
Length: Field 68:	6 Type: CONDITION_CODE_1	Alphanumeric
		the alaim
Description:	Code describing a condition relating to 01 Military service related	
Coding Scheme:	02 Condition is employment related	A0 TRICARE external partnership program A1 EPSDT/CHAP
	= Condition to employment related	
	03 Patient covered by insurance not reflect	ca nere 712 I mysicany nanareappea emiaren's program
	04 Information only bill.	A3 Special Federal Funding
DSHS/THCIC	04 Information only bill. 05 Lien has been filed	A3 Special Federal Funding A4 Family planning DSHS Document # F25-14163
DSHS/THCIC WWW.DSHS.TEXAS	04 Information only bill. 05 Lien has been filed	A3 Special Federal Funding A4 Family planning DSHS Document # F25-14163

06	ESRD patient in first 18 months of entitlement	A5	Disability
06	covered by EGHP	AS	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
1.1	Disabled beneficiary but no LGHP coverage	A.C.	Abortion performed due to serious fatal genetic
11	exists	AC	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 23	Patient on multiple drug regimen	AI AJ	Sterilization Payor responsible for an payment
23	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
26	VA eligible patient chooses to receive services in	AL	Specialized treatment/bed unavailable
	a Medicare certified facility Patient referred to a sole community hospital for		Non-emergency medically necessary stretcher
27	a diagnostic laboratory test Patient and/or spouse's EGHP is secondary to	AM	transport required
28	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	B1	Beneficiary is ineligible for demonstration
31	enrolled in a qualified clinical trial Patient is student (full time - day)	В4	program Admission unrelated to discharge on same day
32	Patient is student (cooperative/work study	BP	Gulf Oil Spill of 2010
33	program) Patient is student (full time - night)	C1	Approved as billed
34		C2	Automatic approval as billed based on focused
	Patient is student (part-time)		review
36	General care patient in a special unit	C3	Partial approval
37	Ward accommodation at patient request	C4	Admission/services denied
38	Semi-private room not available	C5	Postpayment review applicable
39	Private room medically necessary	C6	Admission Preauthorization
40	Same day transfer	C7	Extended Authorization
41	Partial hospitalization	D0	Changes to Service Dates
42	Continuing care not related to inpatient admission	D1	Changes to Charges
43	Continuing care not provided within prescribed postdischarge window	D3	Second or Subsequent Interim PPS Bill
44	Inpatient admission changed to outpatient	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
45	Ambiguous Gender Category	D5	Cancel to correct Insured's ID or Provider ID
46	Non-availability statement on file	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
47	Transfer from another Home Health Agency	D7	Change to Make Medicare the Secondary Payer
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D8	Change to Make Medicare the Primary Payer
49	Product replacement within product lifecycle	D9	Any Other Change
50	Product Replacement for Known Recall of a Product	DR	Disaster related
51	Attestation of Unrelated Outpatient Nondiagnostic Services	E0	Changes in Patient Status
52	Out of Hospice Service Area	G0	Distinct Medical Visit
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	Н0	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 Scheme:	Same	e as Field CONDITION	CODE 1.		
Beginning Position:	507		Data Source:	Claim	
Length:	2		Type:	Alphanu	ımeric
Field 72:	CON	NDITION_CODE_5			
Description:		e describing a condition	relating to the cla	aim.	
Coding Scheme:		e as Field CONDITION			
Beginning Position:	509		Data Source:	Claim	
Length:	2		Type:	Alphanu	ımeric
Field 73:	CON	NDITION_CODE_6	.	•	
Description:	Code	e describing a condition	relating to the cla	aim.	
Coding Scheme:		e as Field CONDITION			
Beginning Position:	511		Data Source:	Claim	
Length:	2		Type:	Alphanu	ımeric
Field 74:	CON	NDITION_CODE_7		-	
Description:	Code	e describing a condition	relating to the cla	aim.	
Coding Scheme:	Same	e as Field CONDITION	N_CODE_1.		
Beginning Position:	513		Data Source:	Claim	
Length:	2		Type:	Alphanu	ımeric
Field 75:	CON	NDITION_CODE_8		•	
Description:		e describing a condition	relating to the cla	aim.	
Coding Scheme:	Same	e as Field CONDITION	N_CODE_1.		
Beginning Position:	515		Data Source:	Claim	
Length:	2		Type:	Alphanu	imeric
Field 76:	VAL	UE_CODE_1		-	
Description:	Code	describing information	n that may affect p	payer pro	cessing.
Coding Scheme:	01	Most common semi-privat		58	Arterial blood gas
	02	Hospital has no semi-priva		59	Oxygen saturation
	04	Inpatient professional com are combined billed	iponent charges which	60	HHA branch MSA
	05	Professional component in	cluded in charges and	61	Place of Residence where service is furnished
		also billed separately to ca	rrier		(HHA and hospice)
	06	Blood deductible	4 61 1	66	Medicaid spend down amount
	08	Life time reserve amount i year	n the first calendar	67	Peritoneal dialysis
	09	Coinsurance amount in the	e first calendar year	68	EPO-drug
	10	Lifetime reserve amount in	n the second calendar	69	State charity care percentage
	11	year		. 00	Coursed Doug
	11 12	Coinsurance amount in the Working aged beneficiary/			Covered Days Non-covered Days
	12	group health plan	spouse with employer	01	Non covered Buys
	13	ESRD beneficiary in a Me		82	Co-insurance Days
	1.4	period with an employer g		83	Lifetima Deserva Deve
	14 15	No fault, including auto/ot	ner	84	Lifetime Reserve Days Shorter Duration Hemodialysis
	16	Worker's compensation Public health service (PHS	(1) or other federal	A0	Special zip code reporting
	10	agency	s) of other rederal	AU	Special zip code reporting
	21	Catastrophic		A1	Deductible payer A
	22	Surplus		A2	Coinsurance payer A
	23	Recurring monthly income	e	A3	Estimated responsibility payer A
	24	Medicaid Rate Code		A4	Covered self-administrable drugs - emergency
	25	Offset to the patient - payr	ment amount -	A5	Covered self-administrable drugs - administrable
		prescription drugs			in form and situation furnished to patient
	26	Offset to the patient - payr and ear services	nent amount - hearing	A6	Covered self-administrable drugs - diagnostic study and other
	27	Offset to the patient - payr	nent amount - vision	A7	Co-payment payer A
		and eye services			
	28	Offset to the patient - payr	nent amount - dental	A8	Patient weight
	29	services Offset to the patient - payr	ment amount -	A9	Patient height
	2)	chiropractic services	nont uniount -	A	1 acom noigh
	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
	32	Multiple patient ambulance	e transport	В1	education) - payer A Deductible payer B
	33	Offset to the patient - payn	•		Coinsurance payer B
	33	services	nent amount - podiatri	ic b2	Comsurance payer B
	34	Offset to the patient - payn medical services	nent amount - other	В3	Estimated responsibility payer B
	35	Offset to the patient - payn insurance premiums	nent amount - health	B7	Co-payment payer B
	37	Units of blood furnished		BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
	38	Blood deductible units		BB	Other assessments or allowances (e.g., medical education) - payer B
	39	Units of blood replaced		C1	Deductible payer C
	40	New coverage not impleme	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 under	r age 65 with LGHP	CA	Regulatory surcharges, assessments, allowances
		,			or health care related taxes - payer C
	44	Amount provider agreed to payer when this amount is	less than charges but	СВ	Other assessments or allowances (e.g., medical education) - payer C
	45	higher than payment receiv Accident hour	veu	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
	.,	Tremutoent reading			Medical Device
	50	Physical Therapy visits		G8	Facility where Inpatient Hospice Service is Delivered
	51	Occupational Therapy visi	ts	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	rams	Y4	Conventional Provider Payment
	55	Eligibility threshold for ch	arity care	Y5	Part B Deductible
	56	Skilled nurse - home visit l	hours		
	57	Home health aide - home v	isit hours		
Beginning Position:	517		Data Source:	Claim	
Length:	2		Type:	Alphanu	nmeric
Field 77:	VAL	UE_AMOUNT_1			
Description:	Dolla	er amount that may be a	affected.		
Beginning Position:	519		Data Source:	Claim	
Length:	9		Type:	Alphanu	ımeric
Field 78:	VAL	UE_CODE_2		-	
Description:		describing information	n that may affect r	oayer pro	cessing.
Coding Scheme:		as Field Value_CODE			Č
Beginning Position:	528	_	Data Source:	Claim	
Length:	2		Type:	Alphanu	ımeric
Field 79:		UE_AMOUNT_2		p	
Description:		ar amount that may be a	offected		
Beginning Position:	530	a amount mat may be t	Data Source:	Claim	
Length:	9		Type:	Alphanu	imeric
	,		туре.	Атрпапо	meric
Field 80:		UE_CODE_3			
Description:		describing information		payer pro	cessing.
Coding Scheme:		as Field Value_CODE	E_1.		
Beginning Position:	539		Data Source:	Claim	
Length:	2		Type:	Alphanu	ımeric
Field 81:		UE_AMOUNT_3	. <u></u>		
Description:		ar amount that may be a	affected.		
DSHS/THCIC					DSHS Document # E25-14163
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					Zast opanion riagasi, 2025

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:	RECORD_ID					
Description:	Recor	Record Identification Number. Unique number assigned to identify the record. First available				
	1st qua	arter 2002. Does NOT match the RECOF	RD_ID in	n THCIC Research Data Files (RDF's).		
Beginning Position:	1	Data Source:	Assigne	ed		
Length:	12	Type:	Alphan	umeric		
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		
	0129	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 -	0590	Units of service (home health) - general
0142	medical/surgical/GYN 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
0144	pediatric Room charges for private (deluxe) rooms -	0602	contents 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 - detoxification	0604	liters per minute Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other
0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA – other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other
		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	0650	Hospice services - general
0192	(skilled care) Room charges for subacute care - Level II	0651	Hospice services - routine home care
0192	(comprehensive care)	0031	Hospice services - routine nome care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (nonrespite)
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0251	Pharmacy - generic drugs	0731	EKG/ECG services - holter monitor
0252	Pharmacy - nongeneric drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general

0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine
0262	IV Therapy - pharmacy services	0780	administration Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264		0800	
	IV Therapy - supplies		Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices - nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take- home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	2,	0820	Hemodialysis - outpatient or home - composite
	DME - general		or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory - nonroutine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other
			rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment

C)314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0	319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0	0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0	0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0)322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0)323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0	0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0	329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0		Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0		Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0)332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0)333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0		Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0)339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0)340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0	0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0)342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0)343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services -
0		radiopharmaceuticals Nuclear medicine - therapeutic	0902	electroshock Behavior health treatments/services - milieu
U		radiopharmaceuticals	0902	therapy
0)349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
C)350	CT scan - general	0904	Behavior health treatments/services - activity therapy
O)351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0)352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
O)359	CT scan - other	0907	Behavior health treatments/services - community behavioral health program
0)360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0	361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less intensive
0	362	Operating room services - organ transplant other than kidney	0913	Behavior health treatment/services - partial hospitalization - intensive
0)367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0)369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0)370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0)371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback
0)372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0)374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0	379	Anesthesia - other	0920	Other diagnostic services - general
0	0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0	381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0	382	Blood - whole blood	0923	Other diagnostic services - pap smear
0	383	Blood - plasma	0924	Other diagnostic services - allergy test
0	384	Blood - platelets	0925	Other diagnostic services - pregnancy test
0	385	Blood - leukocytes	0929	Other diagnostic services - other
0	386	Blood - other components	0931	Medical rehabilitation day program - half day

0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component administration, storage and processing - general	0941	Other therapeutic services - recreational therapy
0391	Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration, storage and processing – processing and storage	0943	Other therapeutic services - cardiac rehabilitation
0399	Blood and blood component administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical
J.12	- F	3,30	dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0423	Physical therapy - group rate	0969	Professional fees - other
0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service
0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio
0472	Audiology - treatment	0995	Patient convenience items - nonpatient room
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

	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 1004	Behavior health accommodations - supervised living
	0509	Outpatient services - general	1004	Behavior health accommodations - halfway house
		Outpatient services - other		Behavior health accommodations - group home
	0510	Clinic - general	2100 2101	Alternative therapy services - general
	0511	Clinic - chronic pain		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 0522	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC Freestanding Clinic - Home Visit by	3103 3104	Adult day care, medical and social - daily Adult day care, social - daily
	0523	RHC/FQHC Practitioner		•
		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:	HCPO	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	7 HpHan	tumorio .
Description:	HCFA	A Common Procedure Coding System (He	CPCS) c	ode applicable to ancillary services or
a a .		nmodations.	1.6	ANW CD CC III
Coding Scheme:		ttp://www.cms.hhs.gov/HCPCSReleaseCo		ANHCPCS/list.asp for complete list.
Beginning Position:	19	Data Source:	Claim	
Length:	5	Type:	Alphan	umeric
Field 5:		OIFIER_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
	23	Unusual Anesthesia	P5	constant threat to life 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	l E1	Upper left eyelid
		Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service		
	26	Professional Component	E2	Lower left eyelid

			_ :	
	27	Multiple Outpatient Hospital E/M Encounters on the Same Date	E3	Upper right eyelid
	32	Mandated Services	E4	Lower right eyelid
	33	Preventive Service	F1	Left hand, second digit
	47	Anesthesia by Surgeon	F2	Left hand, third digit
	50	Bilateral Procedure	F3	Left hand, fourth digit
	51 52	Multiple Procedures Reduced Services	F4 F5	Left hand, fifth digit Right hand, thumb
	53	Discontinued Procedure	F6	Right hand, second digit
	54	Surgical Care Only	F7	Right hand, third digit
	55	Postoperative Management Only	F8	Right hand, fourth digit
				· ·
	56	Preoperative Management Only	F9	Right hand, fifth digit
	57	Decision for Surgery	FA	Left hand, thumb
	58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	GG	Performance and payment of a screening mammography and diagnostic mammography on same patient, same day.
	59	Distinct Procedural Service	GH	Diagnostic mammogram converted from screening mammogram on same day
	62	Two Surgeons	LC	Left circumflex coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	66	Surgical Team	LM	Left main coronary artery
	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia	LT	Left side of the body procedure
	74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after	Q M	Ambulance service provided under arrangement by a provider of services
	76	Administration of Anesthesia Repeat Procedure by Same Physician or Other	QN	Ambulance service furnished directly by a
	77	Qualified Health Care Professional Repeat Procedure by Another Physician or Other Qualified Health Care Professional	RC	provider of services 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	Т6	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
	P3	A patient with severe systemic disease		
Beginning Position:	24	Data Source:	Claim	
Length:	2	Type:	Alphan	umeric
Field 6:	MOL	DIFIER_2		
			erforma	nce of the service.
Description:		fies special circumstances related to the p	erforma	nce of the service.

Coding Scheme:	Same as Field MODIFIER_	_1	
Beginning Position:	26	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 7:	MODIFIER_3		•
Description:	Identifies special circumsta	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 circumsta	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	n which a value is	being expressed.
Coding Scheme:	DA Days		
	F2 International unit UN Unit		
Beginning Position:	32	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 10:	UNITS OF SERVICE		
Description:	Numeric value of quantity		
Beginning Position:	34	Data Source:	Claim
Length:	7	Type:	Numeric
Field 11:	UNIT RATE		
Description:	Rate per unit		
Beginning Position:	41	Data Source:	Claim
Length:	12	Type:	Numeric
Field 12:	CHRGS_LINE_ITEM		
Description:	Total amount of the charge		
Beginning Position:	53	Data Source:	Assigned
Length:	14	Type:	Numeric
Field 13:	CHRGS_NON_COV		
Description:	Total non-covered amount	of the charge	
Beginning Position:	67	Data Source:	Assigned
Length:	14	Type:	Numeric

FACILITY TYPE INDICATOR FILE

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

Field 1:	THCIC_ID					
Description:	Provider ID. Unique identifier assigned to the provider by DSHS.					
Beginning Position:	1 Data Source: Assigned					
Length:	6 Type: Alphanumeric					
Field 2:	FACILITY_TYPE					
Description:	Types of healthcare facilities.					
Beginning Position:	7 Data Source: Provider					
Length:	4 Type: Alphanumeric					
Field 3:	FAC_TEACHING_IND					
Description:	Teaching Facility Indicator.					
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').					
Coding Scheme:	A Member, Council of Teaching Hospitals X Other teaching facility					
Beginning Position:	11 Data Source: Provider					
Length:	1 Type: Alphanumeric					
Field 4:	FAC_PSYCH_IND					
Description:	Psychiatric Facility Indicator.					
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').					
Beginning Position:	12 Data Source: Provider					
Length:	1 Type: Alphanumeric					
Field 5:	FAC REHAB IND					
Description:	Rehabilitation Facility Indicator.					
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').					
Beginning Position:	13 Data Source: Provider					
Length:	1 Type: Alphanumeric					
Field 6:	FAC_ACUTE_CARE_IND					
Description:	Acute Care Facility Indicator.					
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').					
Beginning Position:	Data Source: Provider					
Length:	1 Type: Alphanumeric					
Field 7:	FAC_SNF_IND					
Description:	Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital.					
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').					
Beginning Position:	Data Source: Provider					
Length:	1 Type: Alphanumeric					
Field 8:	FAC_LONG_TERM_AC_IND					
Description:	Long Term Acute Care Facility Indicator.					
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').					
Beginning Position:	16 Data Source: Provider					
Length:	1 Type: Alphanumeric					
Field 9:	FAC_OTHER_LTC_IND					
Description:	Other Long Term Care Facility Indicator.					
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').					
Suppression:	17 Data Source: Provider					
Beginning Position:	17 Duta Source 110 (last					
	1 Type: Alphanumeric					
Beginning Position:						
Beginning Position: Length:	1 Type: Alphanumeric					
Beginning Position: Length: Field 10:	1 Type: Alphanumeric FAC_PEDS_IND					
Beginning Position: Length: Field 10: Description:	1 Type: Alphanumeric FAC_PEDS_IND Pediatric Facility Indicator. Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). C Member, National Association of Children's Hospitals and Related Institutions (NACHRI)					
Beginning Position: Length: Field 10: Description: Suppression:	1 Type: Alphanumeric FAC_PEDS_IND Pediatric Facility Indicator. Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').					

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Beginning Position:	18	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 11	PROVIDER_NAME	J.F	<u> </u>
Description:	Hospital name provided	by the hospital.	
Beginning Position:	19	Data Source:	Provider
Length:	55	Type:	Alphanumeric
Field 12:	POA_PROVIDER_INI	DICATOR	
Description:			uired to submit Diagnosis Present on Admission
•			the following facility types as exempt from
			Access Hospitals, Inpatient Rehabilitation
			Cancer Hospitals, Children's or Pediatric Hospitals
	and Long Term Care Ho		1
Coding Scheme:			npted from reporting POA for those patients)
3	R Required		
	X Exempt ` Invalid		
Beginning Position:	74	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 13:	CERT_STATUS		
Description:		indicate the certifi	cation of data and submission of comments by the
•	hospital. First available 3		· ·
Coding Scheme:	1 Certified, without comm		
9	2 Certified, with commen		
	3 Certified, with commen		d by deadline
	4 Hospital elected not to c	•	
	5 Hospital closed, data no		
	6 Hospital out of complia	•	
D 1 1 D 1/1			or man-made disaster (Starting 4Q2016)
Beginning Position:	75		Assigned
Length:	1	Type:	Alphanumeric

GROUPER FILE

T2.13.1.	DECORD ID					
Field 1:	RECORD_ID					
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD ID in THCIC Research Data Files (RDF's).					
D ' ' D ''	•					
Beginning Position:	1	Data Source:	Assigned			
Length:	12	Type:	Alphanumeric			
Field 2:	FROZEN_MS_DRG					
Description:			(CMS) Diagnosis Related Group (DRG), as			
	assigned for hospital payme					
Beginning Position:	Data Source: Assigned					
Length:	3	Type:	Alphanumeric			
Field 3:	FROZEN_MS_MDC					
Description:			ed by Centers for Medicare and Medicaid Services			
			ministration (HCFA)) for hospital payment for			
	Medicare beneficiaries. Firs	st available 2004.				
Beginning Position:	16	Data Source:	Assigned			
Length:	2	Type:	Alphanumeric			
Field 4:	FROZEN_MS_GROUPE	R_VERSION_N	BR			
Description:	CMS Medicare Severity Di	agnosis Related C	Grouper (formerly CMS DRG Grouper and			
	previously reported as HCF	'A_GROUPER_V	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_GROUPE	R_ERROR_CO	DE			
Description:	Error codes identify potenti	al variations with	MS DRG code assignment			
Coding Scheme:	No errors. DRG successfull	1	9 DisableHac = 0 and at least one HAC POA is invalid or			
		-	exempt			
	01 Diagnosis code cannot be u diagnosis	sed as principal 2	DisableHac is invalid and at least one HAC POA is N or U			
	02 Record does not meet criter	ia for any DRG 2	21 DisableHac is invalid and at least one HAC POA is invalid or exempt			
	03 Invalid Age	2	DisableHac = 0 and at least one HAC POA is exempt			
	04 Invalid Sex	2	3 DisableHac is invalid and at least one HAC POA is			
	05	2	exempt 4 DisableHac = 0 and there are multiple HACs that have			
	Invalid Discharge Status	2	different HAC POA values that are not Y, W, N, U			
	10 Illogical Principal Diagnosi	s (CMS only)	5 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W			
	11 Invalid Principal Diagnosis		have different flac FOA values that are not 1 of w			
Beginning Position:	23	Data Source:	Assigned			
Length:	2	Type:	Alphanumeric			
Field 6:	FROZEN_APR_DRG	J 1	•			
Description:		Diagnosis Related	d Group (DRG) as assigned by 3M APR-DRG			
.	Grouper	8				
Beginning Position:	25	Data Source:	Assigned			
Length:	3	Type:	Alphanumeric			
Field 7:	FROZEN RISK MORTA					
Description:			the All Patient Refined (APR) Diagnosis Related			
Description			ouper. Indicates the likelihood of dying.			
Coding Scheme:	1 Minor	THE DIG ON	ouper. Indicates the fixelihood of dying.			
coung beneme.	2 Moderate					
	3 Major					
	4 Extreme	5				
Beginning Position:	28	Data Source:	Assigned			
Length:	1	Type:	Alphanumeric			
Field 8:	FROZEN_ILLNESS_SEV	ERITY				
			DOI10 D			
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Description:			n the All Patient Refined (APR) Diagnosis Related
	1 '	' APR-DRG Gro	ouper. Indicates the extent of physiologic
Cadina Sahama	decompensation. 1 Minor		
Coding Scheme:	2 Moderate		
	3 Major		
	4 Extreme		
Beginning Position:	0 No class specified 29	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 9:	FROZEN_APR_MDC	zype.	Тиришишине
Description:		MDC) as assign	ed by 3M™ APR-DRG Grouper.
Beginning Position:		Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APR_GROUPE		
Description:			Grouper version used to assign APR DRG codes,
D ' ' D ''			and, Severity of Illness rankings
Beginning Position: Length:	32 5	Data Source: Type:	Assigned
Field 11:	FROZEN_APR_GROUPE		Alphanumeric
Description:			APR DRG code assignment
Coding Scheme:	00 No errors. DRG successfully		Gestational age/birth weight conflict (APR only)
Couning Scheme:	01 Diagnosis code cannot be use		DisableHac = 0 and at least one HAC POA is invalid or
	principal diagnosis	c 20	exempt
	02 Record does not meet criteria DRG	for any 20	DisableHac is invalid and at least one HAC POA is N or U
	03 Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
	04 Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
	05 Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
	06 Invalid birthweight (AP & Al	PR only) 24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	09 Invalid discharge age in days APR only)	(AP & 25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11 Invalid Principal Diagnosis		
Beginning Position:		Data Source:	Assigned
Length: Field 12:	2 MS_DRG	Type:	Alphanumeric
Description:		edicaid Services	(CMS) Diagnosis Related Group (DRG), as
2 escription.	assigned for hospital paymen		
Beginning Position:		Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 13:	MS_MDC		
Description:			ed by Centers for Medicare and Medicaid Services
			ninistration (HCFA)) for hospital payment for
Beginning Position:	Medicare beneficiaries. First 42	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 14:	MS_GROUPER_VERSION		7 Homanumerie
Description:			Grouper (formerly CMS DRG Grouper and
-	previously reported as HCFA	_GROUPER_V	ERSION_NBR) version used to assign MS DRG
	and, MS MDC codes		
Beginning Position:		Data Source:	Assigned
Length:		Type:	Alphanumeric
Field 15:	MS_GROUPER_ERROR_		Na Page 1
Description:	Error codes identify potential		
Coding Scheme:	No errors. DRG successfully	assigned.	DisableHac = 0 and at least one HAC POA is invalid or exempt
	O1 Diagnosis code cannot be use diagnosis	ed as principal 20	
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	02		21	Disable Hearis investid and at least one HAC DOA is
	02 Record does not meet crite	eria for any DRG	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
	03 Invalid Age		22	DisableHac = 0 and at least one HAC POA is exempt
	04 Invalid Sex		23	DisableHac is invalid and at least one HAC POA is exempt
	05 Invalid Discharge Status		24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	10 Illogical Principal Diagnos	sis (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 Diagnosi			
Beginning Position:	49	Data Source		Assigned
Length:	2 APP PPG	Type:	F	Alphanumeric
Field 16:	APR_DRG	D'	. 10	Company (DDC) and a second sec
Description:		Diagnosis Rela	itea C	Group (DRG) as assigned by 3M APR-DRG
Paginning Desitions	Grouper 51	Data Course		Assigned
Beginning Position: Length:	51 3	Data Source		Assigned
Field 17:	RISK_MORTALITY	Type:	F	Alphanumeric
Description:		ortality score fro	m th	e All Patient Refined (APR) Diagnosis Related
Description.	•	•		per. Indicates the likelihood of dying.
Coding Scheme:	1 Minor	I AIR-DRO	Orouj	per. maleates the fixelihood of dying.
coung benefit.	2 Moderate			
	3 Major			
D	4 Extreme	D-4- C		A 1
Beginning Position:	54 1	Data Source		Assigned
Length: Field 18:	ILLNESS_SEVERITY	Type:	F	Alphanumeric
		of illness score f	rom t	the All Detient Defined (ADD) Diagnosis Deleted
Description:				the All Patient Refined (APR) Diagnosis Related per. Indicates the extent of physiologic
	decompensation.	I AFK-DKU	Jiouj	per. mulcates the extent of physiologic
Coding Scheme:	1 Minor			
Couning Benefite.	2 Moderate			
	3 Major			
	3 Major4 Extreme			
Beginning Position:	3 Major4 Extreme0 No class specified	Data Source	e: /	Assigned
Beginning Position: Length:	3 Major4 Extreme	Data Source Type:		Assigned Alphanumeric
Beginning Position: Length: Field 19:	3 Major 4 Extreme 0 No class specified 55	Data Source Type:		Assigned Alphanumeric
Length: Field 19:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC	Type:	A	Alphanumeric
Length: Field 19: Description:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC	Type:	igned	Alphanumeric I by 3M™ APR-DRG Grouper.
Length: Field 19:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category	Type: y (MDC) as assi	igned	Alphanumeric
Length: Field 19: Description: Beginning Position:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56	Type: y (MDC) as assi Data Source Type:	igned	Alphanumeric I by 3M™ APR-DRG Grouper. Assigned
Length: Field 19: Description: Beginning Position: Length:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS	Type: y (MDC) as assi Data Source Type: SION_NBR	igned	Alphanumeric I by 3M™ APR-DRG Grouper. Assigned
Length: Field 19: Description: Beginning Position: Length: Field 20:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela	igned : A	Alphanumeric I by 3M [™] APR-DRG Grouper. Assigned Alphanumeric
Length: Field 19: Description: Beginning Position: Length: Field 20:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela	igned e: 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:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M TM All Patient Refined APR MDC codes, Risk of 58 5	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type:	igned igned ited Congs a	Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, nd,Severity of Illness rankings
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M TM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankii Data Source Type: DR_CODE	igned igned ited 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:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3M TM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankii Data Source Type: DR_CODE	igned igned ited 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:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successfu	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type: OR_CODE attial variations welly assigned.	igned igned ited 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:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successfu 01 Diagnosis code cannot be	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type: OR_CODE attial variations welly assigned.	igned igned in the American Am	Alphanumeric L 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
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successfu 01 Diagnosis code cannot be principal diagnosis	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type: DR_CODE atial variations we ally assigned.	igned of A	Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, nd,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:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successfu 01 Diagnosis code cannot be	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type: DR_CODE atial variations we ally assigned.	igned igned in the American Am	Alphanumeric L 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
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successfu 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet crite	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type: DR_CODE Itial variations we seria for any	igned of A	Alphanumeric I by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, nd, 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:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successfu 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type: DR_CODE atial variations we seria for any	A A A A A A A A A A A A A A A A A A A	Alphanumeric L by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, nd, 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:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successfu 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age 04 Invalid Sex	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type: DR_CODE atial variations welly assigned. used as 1 pria for any 2	igned A	Alphanumeric I by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, nd, 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:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successfu 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type: DR_CODE atial variations we ally assigned. In the source of the	A A A A A A A A A A A A A A A A A A A	Alphanumeric L 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 DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have
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Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successfu 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid discharge age in da 09 Invalid discharge age in da	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type: OR_CODE atial variations we ally assigned. used as 11 22 23 24 24 25 24 25 26 27 28 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	### ##################################	Alphanumeric 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 is invalid and at least one HAC POA is 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 DisableHac is invalid and there are multiple HACs that
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Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specified 55 1 APR_MDC Major Diagnostic Category 56 2 APR_GROUPER_VERS 3MTM All Patient Refined APR MDC codes, Risk of 58 5 APR_GROUPER_ERRO Error codes identify poten 00 No errors. DRG successfu 01 Diagnosis code cannot be principal diagnosis 02 Record does not meet crite DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid discharge age in da APR only)	y (MDC) as assi Data Source Type: SION_NBR Diagnosis Rela Mortality rankin Data Source Type: DR_CODE atial variations we ally assigned. Used as 1 Eria for any 2 APR only) 2 ays (AP & 2	### A #### A ##### A ##### A #### A ######	Alphanumeric 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 is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is 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 DisableHac is invalid and there are multiple HACs that

WWW.DSHS.TEXAS.GOV/THCIC

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



Texas Department of State Health Services

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

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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

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 97 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 193 12 Numeric 17	Number	Field Name(Base Data #2 File)	Position	Length	Field Type
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 14 SPEECH_AMOUNT 157 12 Numeric 15 IT_AMOUNT 169 12 Numeric 16 BLOOD_AMOUNT 193 12 Numeric 17 BLOOD_AMOUNT 193 12 Numeric 18		-			
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 14 SPEECH_AMOUNT 157 12 Numeric 14 SPEECH_AMOUNT 157 12 Numeric 15 IT_AMOUNT 169 12 Numeric 16 BLOOD_ADM_AMOUNT 193 12 Numeric 17 BLOOD_ADM_AMOUNT 205 12 Numeric 18<		in THCIC Research Data Files (RDF's).		12	Alphanumeric
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_ADM_AMOUNT 193 12 Numeric 17 BLOOD_ADM_AMOUNT 193 12 Numeric 18 OR_AMOUNT 205 12 Numeric 20		PRIVATE_AMOUNT	13	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 20 CARD_AMOUNT 217 12 Numeric 21 <	3	SEMI_PRIVATE_AMOUNT	25	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 20 CARD_AMOUNT 217 12 Numeric 21 ANES_AMOUNT 241 12 Numeric 22	4	WARD_AMOUNT	37	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 20 CARD_AMOUNT 217 12 Numeric 21 ANES_AMOUNT 241 12 Numeric 22 LAB_AMOUNT 253 12 Numeric 24	5	ICU_AMOUNT	49	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 20 CARD_AMOUNT 217 12 Numeric 21 ANES_AMOUNT 241 12 Numeric 22 LAB_AMOUNT 253 12 Numeric 23 RAD_AMOUNT 265 12 Numeric 24	6	CCU_AMOUNT	61	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 24 MRI_AMOUNT 265 12 Numeric 25	7	OTHER_AMOUNT	73	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 SPECH_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 20 CARD_AMOUNT 217 12 Numeric 21 ANES_AMOUNT 229 12 Numeric 22 LAB_AMOUNT 253 12 Numeric 23 RAD_AMOUNT 265 12 Numeric 24 MRI_AMOUNT 277 12 Numeric 25 OP_AMOUNT 301 12 Numeric 26	8	PHARM_AMOUNT	85	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 301 12 Numeric 26	9	MEDSURG_AMOUNT	97	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 301 12 Numeric 26 ER_AMOUNT 313 12 Numeric 28	10	DME_AMOUNT	109	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 301 12 Numeric 26 ER_AMOUNT 313 12 Numeric 27 AMBULANCE_AMOUNT 313 12 Numeric 28	11	USED_DME_AMOUNT	121	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 301 12 Numeric 26 ER_AMOUNT 301 12 Numeric 27 AMBULANCE_AMOUNT 313 12 Numeric 29 ORGAN_AMOUNT 337 12 Numeric 30	12	PT_AMOUNT	133	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 349 12 Numeric 30	13	OT_AMOUNT	145	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 349 12 Numeric 30 ESRD_AMOUNT 361 12 Numeric 31	14	SPEECH_AMOUNT	157	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 349 12 Numeric 30 ESRD_AMOUNT 349 12 Numeric 31 CLINIC_AMOUNT 361 12 Numeric 32 <td>15</td> <td>IT_AMOUNT</td> <td>169</td> <td>12</td> <td>Numeric</td>	15	IT_AMOUNT	169	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 349 12 Numeric 30 ESRD_AMOUNT 349 12 Numeric 31 CLINIC_AMOUNT 361 12 Numeric 32 OCCUR_CODE_1 373 2 Alphanum	16	BLOOD_AMOUNT	181	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 Alphanum	17	BLOOD_ADM_AMOUNT	193	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 Alphanum	18	OR_AMOUNT	205	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 Alphanum	19	LITH_AMOUNT	217	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 Alphanum	20	CARD_AMOUNT	229	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 Alphanum	21	ANES AMOUNT	241	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 Alphanum	22	LAB_AMOUNT	253	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 Alphanum	23	RAD AMOUNT	265	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 Alphanum					
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 Alphanum					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 Alphanum				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 Alphanum				İ	
29 ORGAN_AMOUNT 337 12 Numeric 30 ESRD_AMOUNT 349 12 Numeric 31 CLINIC_AMOUNT 361 12 Numeric 32 OCCUR_CODE_1 373 2 Alphanum					
30 ESRD_AMOUNT 349 12 Numeric 31 CLINIC_AMOUNT 361 12 Numeric 32 OCCUR_CODE_1 373 2 Alphanum					
31 CLINIC_AMOUNT 361 12 Numeric 32 OCCUR_CODE_1 373 2 Alphanum					
32 OCCUR_CODE_1 373 2 Alphanum					
					Alphanumeric
133 OCCURIDAY 1 3/3 4 Ainnaniim	33	OCCUR_DAY_1	375	4	Alphanumeric
					Alphanumeric
					Alphanumeric
			Ì		Alphanumeric

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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_GROUPER_VERSION_NBR	18	5	Alphanumeric
5	FROZEN_MS_GROUPER_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_GROUPER_VERSION_NBR	32	5	Alphanumeric
11	FROZEN_APR_GROUPER_ERROR_CODE	37	2	Alphanumeric
12	MS_DRG	39	3	Alphanumeric
13	MS_MDC	42	2	Alphanumeric
14	MS_GROUPER_VERSION_NBR	44	5	Alphanumeric
15	MS_GROUPER_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_GROUPER_VERSION_NBR	58	5	Alphanumeric
21	APR_GROUPER_ERROR_CODE	63	2	Alphanumeric
	Record_Length		64	