

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
CENTER FOR HEALTH STATISTICS



Health Care Information

USER MANUAL

TEXAS HOSPITAL INPATIENT DISCHARGE
PUBLIC USE DATA FILE (PUDF)

Base Data #1 File, Base Data #2 File
Charges File, and Facility Type Indicator File

2013

| | |
|---|----|
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BACKGROUND

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

PUBLIC USE DATA FILE (PUDF)

Section 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for 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 for 2013 due to the addition of the 25 diagnosis present on admission indicator codes (POA) and the 10 POA indicators for the external cause of injury codes. 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 10 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.

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 2013 PUDF is available in four fixed length format text files, Base Data #1 (logical record length of 950 bytes), Base Data #2 (logical record length of 700 bytes), Charges (logical record length of 80 bytes), and Facility Type Data (logical record length of 69 bytes) files. The files are also available in tab-delimited format. The size of the files is as follows:

First quarter, 577 hospitals:

| | | | | |
|--------------------|--------------------|---------------|---------------------------|----------------------|
| Base Data #1 | 731,187 records | 194 variables | Fixed field format 680 MB | Tab-delimited 310 MB |
| Base Data #2 | 731,187 records | 100 variables | Fixed field format 501 MB | Tab-delimited 194 MB |
| Charges | 11,615,014 records | 13 variables | Fixed field format 930 MB | Tab-delimited 540 MB |
| Facility Type Data | 577 records | 10 variables | Fixed field format 41 KB | Tab-delimited 28 KB |

Second quarter, 584 hospitals:

| | | | | |
|--------------------|--------------------|---------------|---------------------------|----------------------|
| Base Data #1 | 719,370 records | 194 variables | Fixed field format 669 MB | Tab-delimited 305 MB |
| Base Data #2 | 719,370 records | 100 variables | Fixed field format 493 MB | Tab-delimited 191 MB |
| Charges | 11,629,821 records | 13 variables | Fixed field format 931 MB | Tab-delimited 540 MB |
| Facility Type Data | 584 records | 10 variables | Fixed field format 41 KB | Tab-delimited 29 KB |

Third quarter, 587 hospitals:

| | | | | |
|--------------------|--------------------|---------------|---------------------------|----------------------|
| Base Data #1 | 730,714 records | 194 variables | Fixed field format 679 MB | Tab-delimited 309 MB |
| Base Data #2 | 730,714 records | 100 variables | Fixed field format 501 MB | Tab-delimited 194 MB |
| Charges | 11,557,149 records | 13 variables | Fixed field format 925 MB | Tab-delimited 537 MB |
| Facility Type Data | 587 records | 10 variables | Fixed field format 41 KB | Tab-delimited 29 KB |

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

The PUDF, beginning with data collected for 2004, is formatted to accommodate additional data elements available with the collection of data from hospitals using the THCIC 837 format. The following data elements are available in the PUDF beginning with data for 2004 or are not comparable to data collected in years prior to 2004:

| BASE DATA #1 FILE (Separated Base File 2011) | |
|--|---|
| FAC_LONG_TERM_AC_IND | Added 2004 |
| PAT_COUNTRY | Added 2004 |
| FIRST_PAYMENT_SRC | Replaces PAYMENT_SOURCE_1 and SOURCE_PAYMENT_CODE_1 |
| SECOND_PAYMENT_SRC | Replaces PAYMENT_SOURCE_2 and SOURCE_PAYMENT_CODE_2 |
| REVENUE_CODE_23 | No longer available |
| TOTAL_CHARGES | Replaces TOTAL_CHARGES_23 |
| TOTAL_CHARGES_ACCOMM | Replaces CLAIM_CHARGES_ACCOMM |
| TOTAL_NON_COV_CHARGES_ACCOMM | Replaces CLAIM_NON_COV_CHARGES_ACCOMM |
| TOTAL_CHARGES_ANCIL | Replaces CLAIM_CHARGES_ANCIL |
| TOTAL_NON_COV_CHARGES_ANCIL | Replaces CLAIM_NON_COV_CHARGES_ANCIL |
| EXTERNAL_CAUSE_OF_INJURY_1 | Replaces EXTNAL_CAUSE_OF_INJURY |
| EXTERNAL_CAUSE_OF_INJURY_2 to EXTERNAL_CAUSE_OF_INJURY_10 | Added 2004 |
| OTH_DIAG_CODE_9 to OTH_DIAG_CODE_25 | Added 2004 |
| OTH_SURG_PROC_CODE_6 to OTH_SURG_PROC_CODE_25 | Added 2004 |
| OTH_SURG_PROC_DAY_6 to OTH_SURG_PROC_DAY_25 | Added 2004 |
| OTH_ICD9_CODE_6 to OTH_ICD9_CODE_25 | Added 2004 |
| MS_MDC name changed from CMS_MDC (2011) | Added 2004 |
| INBOUND_INDICATOR | Available 2004 only |
| POA_PRINC_DIAG_CODE | Added 2011 |
| POA_OTH_DIAG_CODE_1 to POA_OTH_DIAG_CODE_24 | Added 2011 |
| POA_E_CODE_1 to POA_E_CODE_10 | Added 2011 |
| MS_GROUPER_ERROR_CODE | Added 2011 |
| APR_GROUPER_ERROR_CODE | Added 2011 |
| BASE DATA #2 FILE (added 2011) Moved calculated charge amounts and Situational data elements to this file | |
| CONDITION_CODE_1 to CONDITION_CODE_8 | Added 2004 |
| OCCUR_CODE_1 to OCCUR_CODE_12 | Added 2004 |
| OCCUR_DAY_1 to OCCUR_DAY_12 | Added 2004 |
| OCCUR_SPAN_CODE_1 to OCCUR_SPAN_CODE_4 | Added 2004 |
| OCCUR_SPAN_FROM_1 to OCCUR_SPAN_FROM_4 | Added 2004 |
| OCCUR_SPAN_THRU_1 to OCCUR_SPAN_THRU_4 | Added 2004 |
| VALUE_CODE_1 to VALUE_CODE_12 | Added 2004 |
| VALUE_AMOUNT_1 to VALUE_AMOUNT_12 | Added 2004 |
| CHARGES FILE | |
| REVENUE_CODE | Added 2004 |
| HCPCS_QUALIFIER | Added 2004 |
| HCPCS_PROCEDURE_CODE | Added 2004 |
| MODIFIER_1 to MODIFIER_4 | Added 2004 |
| UNIT_MEASUREMENT_CODE | Added 2004 |
| UNITS_OF_SERVICE | Added 2004 |
| UNIT_RATE | Added 2004 |
| CHRG_LINE_ITEM | Added 2004 |
| CHRG_NON_COV | Added 2004 |

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

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 entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter.
- 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-9-CM code 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 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.
- If a hospital has fewer than fifty discharges in a quarter, the provider ID is changed to ‘999999’.

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 THIC 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 this 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 and THCIC 837 formats. Because these are billing forms, the data collected are administrative data and not clinical data.
- Records with MDC codes of 15 (newborns and other neonates with conditions originating in the perinatal period), 20 (alcohol/drug induced organic mental disorders), or 22 (burns) and Patient Status codes of 62 (discharged/transferred to inpatient rehabilitation), 71 (discharged/transferred to other outpatient service), or 72 (discharged/transferred to institution outpatient service) contain an APR-DRG of 956 (ungroupable). These Patient Status codes were not valid when version 15 of the 3M APR-DRG Grouper was developed. A valid Patient Status code is required for these MDC codes for APR-DRG assignment and Risk of Mortality and Severity of Illness scoring. Patient status codes 71 and 72 are no longer valid as of October 2003. After October 2003 records with MDC codes of 15, 20, or 22 and Patient Status code of 62 contain an APR-DRG of 956.
- Hospital charges data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.

- Secondary source of payment data are available third quarter 2000. Earlier data were not reported correctly by some hospitals.
- Gender is suppressed for patients with an ICD-9-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-9-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-9-CM codes to correctly identify the clinical status of newborns.
- Uniform identification numbers for physicians are available first quarter 2000 except for cases less than the minimum cell size of five.
- 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 generally not collected by hospitals and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospitals' comments.
- County of residence is not collected by hospitals. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Comparability of length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of LOS at the hospital level should consider the above factors.
- Length of stay is limited to 999 days prior to 2004 discharges.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital and not those who died after discharge from the hospital.
- Conditions present at time of admission cannot be distinguished from those occurring during hospitalization prior to 2011 discharges. Diagnosis present on admission indicator codes (POA) were required for all hospitals, except Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals, and Long Term Care Hospitals. Some acute care hospitals that have

special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients.

- Updates to any PUDF CD's are available through the THCIC website, <http://www.dshs.state.tx.us/thcic/>, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals in the state not specifically exempted by statute. This hospital mix should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

HOSPITAL COMMENTS

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

Included with the 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 'Reporting Status of Texas Hospitals'.

CITATION

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

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



Texas Hospital Inpatient Discharge Public Use Data File

Data Dictionary

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

| | |
|---------------|--|
| Field | Unique, abbreviated name of the data element |
| Description | Brief explanation of the data element. Descriptions of data elements from the UB-92 are taken from specifications manuals. |
| Data Source | Provided by the hospital on the claim form (Claim) Assigned by DSHS (Assigned) 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 RECORD_ID in THCIC Research Data Files (RDF's). | | |
| Beginning Position: | 1 | Data Source: | Assigned |
| Length: | 12 | Type: | Alphanumeric |
| Field 2: | DISCHARGE | | |
| Description: | Discharge Quarter. Year and quarter of discharge. yyyyQn. | | |
| Beginning Position: | 13 | Data Source: | Assigned |
| Length: | 6 | Type: | Alphanumeric |
| Field 3: | THCIC_ID | | |
| Description: | Provider ID. Unique identifier assigned to the provider by DSHS. | | |
| Suppression: | Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'. | | |
| Beginning Position: | 19 | Data Source: | Assigned |
| Length: | 6 | Type: | Alphanumeric |
| Field 4: | 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: | 13 | Data Source: | Provider |
| Length: | 55 | Type: | Alphanumeric |

| | | | |
|----------------------------|---------------------------------------|---------------------------|--------------|
| Field 5: | TYPE_OF_ADMISSION | | |
| Description: | Code indicating the type of admission | | |
| Coding Scheme: | 1 | Emergency | |
| | 2 | Urgent | |
| | 3 | Elective | |
| | 4 | Newborn | |
| | 5 | Trauma Center | |
| | 9 | Information not available | |
| | ` | Invalid | |
| Beginning Position: | 80 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |

| | | | |
|----------------------------|--|--|--------------|
| Field 6: | SOURCE_OF_ADMISSION | | |
| Description: | Code indicating source of the admission. | | |
| Coding Scheme: | 1 | Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) | |
| | 2 | Clinic referral | |
| | 4 | Transfer from a hospital | |
| | 5 | Transfer from a skilled nursing facility, intermediate care facility or assisted living facility | |
| | 6 | Transfer from another health care facility | |
| | 8 | Court/Law Enforcement | |
| | 9 | Information not available | |
| | 0 | Transfer from psychiatric, substance abuse, rehab hospital | |
| | B | Transfer from another home health agency | |
| | D | Transfer from One distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in Separate Claim to the Payer | |
| | E | Transfer from Ambulatory Surgery Center | |
| | F | Transfer from a Hospice Facility | |
| | ` | Invalid | |
| | If Type of Admission=4 (Newborn) | | |
| | 5 | Born inside this hospital | |
| | 6 | Born outside this hospital | |
| Beginning Position: | 81 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |

| | | | |
|----------------------------|---|---------------------|------------------------|
| Field 7: | SPEC_UNIT_1 | | |
| Description: | Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file. | | |
| Coding Scheme: | C | Coronary Care Unit | P Pediatric Unit |
| | D | Detoxification Unit | Y Psychiatric Unit |
| | I | Intensive Care Unit | R Rehabilitation Unit |
| | H | Hospice Unit | U Sub-acute Care Unit |
| | N | Nursery | S Skilled Nursing Unit |
| | B | Obstetric Unit | Blank Acute Care |
| | O | Oncology Unit | |
| Beginning Position: | 82 | Data Source: | Calculated |
| Length: | 1 | Type: | Alphanumeric |

| | | | |
|----------------------------|---|---------------------|------------------------|
| Field 8: | SPEC_UNIT_2 | | |
| Description: | Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file. | | |
| Coding Scheme: | C | Coronary Care Unit | P Pediatric Unit |
| | D | Detoxification Unit | Y Psychiatric Unit |
| | I | Intensive Care Unit | R Rehabilitation Unit |
| | H | Hospice Unit | U Sub-acute Care Unit |
| | N | Nursery | S Skilled Nursing Unit |
| | B | Obstetric Unit | Blank Acute Care |
| | O | Oncology Unit | |
| Beginning Position: | 83 | Data Source: | Alphanumeric |
| Length: | 1 | Type: | Alphanumeric |

| | | | |
|---------------------|--|--|--|
| Field 9: | SPEC_UNIT_3 | | |
| Description: | Specialty Units in which most days during stay occurred based on number of days by Type of | | |

Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.

| | | | | |
|-----------------------|---|---------------------|-------|----------------------|
| Coding Scheme: | C | Coronary Care Unit | P | Pediatric Unit |
| | D | Detoxification Unit | Y | Psychiatric Unit |
| | I | Intensive Care Unit | R | Rehabilitation Unit |
| | H | Hospice Unit | U | Sub-acute Care Unit |
| | N | Nursery | S | Skilled Nursing Unit |
| | B | Obstetric Unit | Blank | Acute Care |
| | O | Oncology Unit | | |

Beginning Position: 84

Data Source:

Length: 1

Type: Alphanumeric

Field 10: SPEC_UNIT_4

Description: Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.

| | | | | |
|-----------------------|---|---------------------|-------|----------------------|
| Coding Scheme: | C | Coronary Care Unit | P | Pediatric Unit |
| | D | Detoxification Unit | Y | Psychiatric Unit |
| | I | Intensive Care Unit | R | Rehabilitation Unit |
| | H | Hospice Unit | U | Sub-acute Care Unit |
| | N | Nursery | S | Skilled Nursing Unit |
| | B | Obstetric Unit | Blank | Acute Care |
| | O | Oncology Unit | | |

Beginning Position: 85

Data Source:

Length: 1

Type: Alphanumeric

Field 11: SPEC_UNIT_5

Description: Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. SPEC_UNIT_1 through SPEC_UNIT_5 are combined in one field in the Tab Delimited file and can be accessed individually in the fixed length file.

| | | | | |
|-----------------------|---|---------------------|-------|----------------------|
| Coding Scheme: | C | Coronary Care Unit | P | Pediatric Unit |
| | D | Detoxification Unit | Y | Psychiatric Unit |
| | I | Intensive Care Unit | R | Rehabilitation Unit |
| | H | Hospice Unit | U | Sub-acute Care Unit |
| | N | Nursery | S | Skilled Nursing Unit |
| | B | Obstetric Unit | Blank | Acute Care |
| | O | Oncology Unit | | |

Beginning Position: 86

Data Source:

Length: 1

Type: Alphanumeric

Field 12: PAT_STATE

Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation.

| | | |
|-----------------------|----|---|
| Coding Scheme: | AR | Arkansas |
| | LA | Louisiana |
| | NM | New Mexico |
| | OK | Oklahoma |
| | TX | Texas |
| | ZZ | All other states and American Territories |
| | FC | Foreign country |
| | XX | Foreign country |

Beginning Position: 87

Data Source: Claim

Length: 2

Type: Alphanumeric

Field 13: PAT_ZIP

Description: Patient's five-digit ZIP code.

Suppression: Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-9-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', the ZIP Code is blank.

Beginning Position: 89

Data Source: Claim

| | | | |
|----------------------------|--|---------------------|--------------|
| Length: | 5 | Type: | Alphanumeric |
| Field 14: | PAT_COUNTRY | | |
| Description: | Country of patient's residential address. List maintained by the International Organization for Standardization (ISO). | | |
| Suppression: | Suppressed if fewer than 5 patients from one country. | | |
| Coding scheme: | See <i>www.ISO.org</i> for complete list. | | |
| Beginning Position: | 94 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |

Field 15: PAT_COUNTRY

Description: FIPS code of patient's county.

| | | | | | | | | |
|-----------------------|-----|---------------|-----|------------|-----|-------------|-----|---------------|
| Coding scheme: | 001 | Anderson | 129 | Donley | 257 | Kaufman | 385 | Real |
| | 003 | Andrews | 131 | Duval | 259 | Kendall | 387 | Red River |
| | 005 | Angelina | 133 | Eastland | 261 | Kenedy | 389 | Reeves |
| | 007 | Aransas | 135 | Ector | 263 | Kent | 391 | Refugio |
| | 009 | Archer | 137 | Edwards | 265 | Kerr | 393 | Roberts |
| | 011 | Armstrong | 139 | Ellis | 267 | Kimble | 395 | Robertson |
| | 013 | Atascosa | 141 | El Paso | 269 | King | 397 | Rockwall |
| | 015 | Austin | 143 | Erath | 271 | Kinney | 399 | Runnels |
| | 017 | Bailey | 145 | Falls | 273 | Kleberg | 401 | Rusk |
| | 019 | Bandera | 147 | Fannin | 275 | Knox | 403 | Sabine |
| | 021 | Bastrop | 149 | Fayette | 283 | La Salle | 405 | San Augustine |
| | 023 | Baylor | 151 | Fisher | 277 | Lamar | 407 | San Jacinto |
| | 025 | Bee | 153 | Floyd | 279 | Lamb | 409 | San Patricio |
| | 027 | Bell | 155 | Foard | 281 | Lampasas | 411 | San Saba |
| | 029 | Bexar | 157 | Fort Bend | 285 | Lavaca | 413 | Schleicher |
| | 031 | Blanco | 159 | Franklin | 287 | Lee | 415 | Scurry |
| | 033 | Borden | 161 | Freestone | 289 | Leon | 417 | Shackelford |
| | 035 | Bosque | 163 | Frio | 291 | Liberty | 419 | Shelby |
| | 037 | Bowie | 165 | Gaines | 293 | Limestone | 421 | Sherman |
| | 039 | Brazoria | 167 | Galveston | 295 | Lipscomb | 423 | Smith |
| | 041 | Brazos | 169 | Garza | 297 | Live Oak | 425 | Somervell |
| | 043 | Brewster | 171 | Gillespie | 299 | Llano | 427 | Starr |
| | 045 | Briscoe | 173 | Glasscock | 301 | Loving | 429 | Stephens |
| | 047 | Brooks | 175 | Goliad | 303 | Lubbock | 431 | Sterling |
| | 049 | Brown | 177 | Gonzales | 305 | Lynn | 433 | Stonewall |
| | 051 | Burleson | 179 | Gray | 307 | McCulloch | 435 | Sutton |
| | 053 | Burnet | 181 | Grayson | 309 | McLennan | 437 | Swisher |
| | 055 | Caldwell | 183 | Gregg | 311 | McMullen | 439 | Tarrant |
| | 057 | Calhoun | 185 | Grimes | 313 | Madison | 441 | Taylor |
| | 059 | Callahan | 187 | Guadalupe | 315 | Marion | 443 | Terrell |
| | 061 | Cameron | 189 | Hale | 317 | Martin | 445 | Terry |
| | 063 | Camp | 191 | Hall | 319 | Mason | 447 | Throckmorton |
| | 065 | Carson | 193 | Hamilton | 321 | Matagorda | 449 | Titus |
| | 067 | Cass | 195 | Hansford | 323 | Maverick | 451 | Tom Green |
| | 069 | Castro | 197 | Hardeman | 325 | Medina | 453 | Travis |
| | 071 | Chambers | 199 | Hardin | 327 | Menard | 455 | Trinity |
| | 073 | Cherokee | 201 | Harris | 329 | Midland | 457 | Tyler |
| | 075 | Childress | 203 | Harrison | 331 | Milam | 459 | Upshur |
| | 077 | Clay | 205 | Hartley | 333 | Mills | 461 | Upton |
| | 079 | Cochran | 207 | Haskell | 335 | Mitchell | 463 | Uvalde |
| | 081 | Coke | 209 | Hays | 337 | Montague | 465 | Val Verde |
| | 083 | Coleman | 211 | Hemphill | 339 | Montgomery | 467 | Van Zandt |
| | 085 | Collin | 213 | Henderson | 341 | Moore | 469 | Victoria |
| | 087 | Collingsworth | 215 | Hidalgo | 343 | Morris | 471 | Walker |
| | 089 | Colorado | 217 | Hill | 345 | Motley | 473 | Waller |
| | 091 | Comal | 219 | Hockley | 347 | Nacogdoches | 475 | Ward |
| | 093 | Comanche | 221 | Hood | 349 | Navarro | 477 | Washington |
| | 095 | Concho | 223 | Hopkins | 351 | Newton | 479 | Webb |
| | 097 | Cooke | 225 | Houston | 353 | Nolan | 481 | Wharton |
| | 099 | Coryell | 227 | Howard | 355 | Nueces | 483 | Wheeler |
| | 101 | Cottle | 229 | Hudspeth | 357 | Ochiltree | 485 | Wichita |
| | 103 | Crane | 231 | Hunt | 359 | Oldham | 487 | Wilbarger |
| | 105 | Crockett | 233 | Hutchinson | 361 | Orange | 489 | Willacy |
| | 107 | Crosby | 235 | Irion | 363 | Palo Pinto | 491 | Williamson |
| | 109 | Culberson | 237 | Jack | 365 | Panola | 493 | Wilson |
| | 111 | Dallam | 239 | Jackson | 367 | Parker | 495 | Winkler |
| | 113 | Dallas | 241 | Jasper | 369 | Parmer | 497 | Wise |
| | 115 | Dawson | 243 | Jeff Davis | 371 | Pecos | 499 | Wood |
| | 117 | Deaf Smith | 245 | Jefferson | 373 | Polk | 501 | Yoakum |
| | 119 | Delta | 247 | Jim Hogg | 375 | Potter | 503 | Young |
| | 121 | Denton | 249 | Jim Wells | 377 | Presidio | 505 | Zapata |

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|----------------------------|-----|---------|-----|---------------------|-------------------------------------|---------|-----|---------|
| | 123 | Dewitt | 251 | Johnson | 379 | Rains | 507 | Zavala |
| | 125 | Dickens | 253 | Jones | 381 | Randall | | |
| | 127 | Dimmit | 255 | Karnes | 383 | Reagan | | Invalid |
| Beginning Position: | 96 | | | Data Source: | Assigned; based on patient ZIP code | | | |
| Length: | 3 | | | Type: | Alphanumeric | | | |

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| Field 16: | PUBLIC_HEALTH_REGION | | | | | | | |
| Description: | Public Health Region of patient's address. | | | | | | | |
| | 1 | Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties | | | | | | |
| | 2 | Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties | | | | | | |
| | 3 | Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties | | | | | | |
| | 4 | Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties | | | | | | |
| | 5 | Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties | | | | | | |
| | 6 | Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties | | | | | | |
| | 7 | Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties | | | | | | |
| | 8 | Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties | | | | | | |
| | 9 | Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties | | | | | | |
| | 10 | Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties | | | | | | |
| | 11 | Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties | | | | | | |
| | \ | Invalid | | | | | | |

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|----------------------------|----|--|---------------------|--------------|--|--|--|
| Beginning Position: | 99 | | Data Source: | Assigned | | | |
| Length: | 2 | | Type: | Alphanumeric | | | |

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|-----------------------|---|---|--|--|--|--|--|--|
| Field 17: | PAT_STATUS | | | | | | | |
| Description: | Code indicating patient status as of the ending date of service for the period of care reported | | | | | | | |
| Coding Scheme: | 1 | Discharged to home or self-care (routine discharge) | | | | | | |
| | 2 | Discharged to other short term general hospital | | | | | | |
| | 3 | Discharged to skilled nursing facility | | | | | | |
| | 4 | Discharged to intermediate care facility | | | | | | |
| | 5 | Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007) | | | | | | |
| | 6 | Discharged to care of home health service | | | | | | |
| | 7 | Left against medical advice | | | | | | |
| | 8 | Discharged to care of Home IV provider | | | | | | |
| | 9 | Admitted as inpatient to this hospital | | | | | | |
| | 20 | Expired | | | | | | |
| | 30 | Still patient | | | | | | |
| | 40 | Expired at home | | | | | | |
| | 41 | Expired in a medical facility | | | | | | |
| | 42 | Expired, place unknown | | | | | | |
| | 43 | Discharged/transferred to federal health care facility | | | | | | |
| | 50 | Discharged to hospice-home | | | | | | |
| | 51 | Discharged to hospice-medical facility | | | | | | |
| | 61 | Discharged/transferred within this institution to Medicare-approved swing bed | | | | | | |
| | 62 | Discharged/transferred to inpatient rehabilitation facility | | | | | | |
| | 63 | Discharged/transferred to Medicare-certified long term care hospital | | | | | | |
| | 64 | Discharged/transferred to Medicaid-certified nursing facility | | | | | | |
| | 65 | Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital | | | | | | |
| | 66 | Discharged/transferred to Critical Access Hospital (CAH) | | | | | | |
| | 71 | Discharged/transferred to other outpatient service | | | | | | |
| | 72 | Discharged/transferred to institution outpatient | | | | | | |
| | \ | Invalid | | | | | | |

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|----------------------------|---|---------------------|--------------|
| Beginning Position: | 101 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 18: | SEX_CODE | | |
| Description: | Gender of the patient as recorded at date of admission or start of care. | | |
| Suppression: | Code is suppressed if an ICD-9-CM code indicates drug or alcohol use or an HIV diagnosis. If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Hospital Name and Patient ZIP Code are blank for those patients. | | |
| Coding Scheme: | M Male F Female U Unknown ' Invalid | | |
| Beginning Position: | 103 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 19: | RACE | | |
| Description: | Code indicating the patient's race. | | |
| Suppression: | If a hospital has fewer than ten patients of one race that race is changed to 'Other' (code equals 5). | | |
| Coding Scheme: | 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ' Invalid | | |
| Beginning Position: | 104 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 20: | ETHNICITY | | |
| Description: | Code indicating the Hispanic origin of the patient. | | |
| Suppression: | If a hospital has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank). | | |
| Coding Scheme: | 1 Hispanic Origin 2 Not of Hispanic Origin ' Invalid | | |
| Beginning Position: | 105 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 21: | ADMIT_WEEKDAY | | |
| Description: | Code indicating day of week patient is admitted | | |
| Coding Scheme: | 1 Monday 2 Tuesday 3 Wednesday 4 Thursday 5 Friday 6 Saturday 7 Sunday ' Invalid | | |
| Beginning Position: | 106 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 22: | LENGTH_OF_STAY | | |
| Description: | Length of stay in days <i>equals</i> Statement covers period through date <i>minus</i> Admission/start of care date. The minimum length of stay is 1 day. The maximum is 9999 days. | | |
| Beginning Position: | 107 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 23: | PAT_AGE | | |
| Description: | Code indicating age of patient in days or years on date of discharge. | | |
| Coding Scheme: | 00 1-28 days 01 29-365 days 02 1-4 years 03 5-9 04 10-14 05 15-17 06 18-19 07 20-24 08 25-29 09 30-34 10 35-39 11 40-44 12 45-49 13 50-54 14 55-59 15 60-64 16 65-69 17 70-74 18 75-79 19 80-84 20 85-89 21 90+ <i>HIV and drug/alcohol use patients:</i> 22 0-17 23 18-44 24 45-64 25 65-74 26 75+ ' Invalid | | |
| Beginning Position: | 111 | Data Source: | Assigned |
| Length: | 2 | Type: | Alphanumeric |

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|----------------------------|---|--|--|
| Field 24: | FIRST_PAYMENT_SRC | | |
| Description: | Code indicating the expected primary source of payment. | | |
| Coding Scheme: | 09 Self Pay Removed from 5010 format, use "ZZ") | HM | Health Maintenance Organization |
| | 10 Central Certification | LI | Liability |
| | 11 Other Non-federal Programs | LM | Liability Medical |
| | 12 Preferred Provider Organization (PPO) | MA | Medicare Part A |
| | 13 Point of Service (POS) | MB | Medicare Part B |
| | 14 Exclusive Provider Organization (EPO) | MC | Medicaid |
| | 15 Indemnity Insurance | TV | Title V |
| | 16 Health Maintenance Organization (HMO) Medicare Risk | OF | Other Federal Program |
| | AM Automobile Medical | VA | Veteran Administration Plan |
| | BL Blue Cross/Blue Shield | WC | Workers Compensation Health Claim |
| | CH CHAMPUS | ZZ | Charity, Indigent or Unknown |
| | CI Commercial Insurance | `` | Codes 09 and ZZ, combined for 2004 & 2005 |
| | DS Disability Insurance | ` | Invalid |
| Beginning Position: | 113 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 25: | SECONDARY_PAYMENT_SRC | | |
| Description: | Code indicating the expected secondary source of payment. | | |
| Coding Scheme: | Same as field 24, FIRST_PAYMENT_SRC | | |
| Beginning Position: | 115 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 26: | TYPE_OF_BILL | | |
| Description: | Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim. | | |
| Coding Scheme: | <i>1st digit–Type of Facility</i> | <i>2nd digit–Type of Care</i> | <i>3rd digit–Sequence of claim</i> |
| | 1 Hospital | 1 Inpatient, including Medicare Part A | 0 Non-payment/Zero claim |
| | 2 Skilled nursing | 2 Inpatient, Medicare Part B only | 1 Admit through discharge claim |
| | 3 Home health | 3 Outpatient | 2 Interim–first claim |
| | 4 Religious non-medical health care–Hospital | 4 Outpatient Other, Medicare Part B only | 3 Interim–continuing claim |
| | 5 Religious non-medical health care–Extended care | 5 Intermediate Care–Level I | 4 Interim–last claim |
| | 6 Intermediate care | 6 Intermediate Care–Level II | 5 Late charge(s) only claim |
| | 7 Clinic | 7 Sub-acute inpatient – Level III | 6 Adjustment of prior claim (Not used by Medicare) |
| | 8 Special facility | 8 Swing bed | 7 Replacement of prior claim |
| | | | 8 Void/cancel of prior claim |
| Beginning Position: | 117 | Data Source: | Claim |
| Length: | 3 | Type: | Alphanumeric |
| Field 27: | TOTAL_CHARGES | | |
| | Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23. | | |
| Beginning Position: | 120 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 28: | TOTAL_NON_COV_CHARGES | | |
| | Sum of non-covered accommodation charges, non-covered ancillary charges. | | |
| Beginning Position: | 132 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 29: | TOTAL_CHARGES_ACCOMM | | |
| | Sum of covered and non-covered accommodation charges. | | |
| Beginning Position: | 144 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 30: | TOTAL_NON_COV_CHARGES_ACCOMM | | |
| | Sum of non-covered accommodations charges. | | |
| Beginning Position: | 156 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 31: | TOTAL_CHARGES_ANCIL | | |

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| | Sum of covered and non-covered ancillary charges. | | |
| Beginning Position: | 168 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 32: | TOTAL_NON_COV_CHARGES Ancil | | |
| | Sum of non-covered ancillary charges. | | |
| Beginning Position: | 180 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 33: | POA_PROVIDER_INDICATOR | | |
| | Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals. | | |
| Coding Scheme: | M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required X Exempt , Invalid | | |
| Beginning Position: | 192 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 34: | ADMITTING_DIAGNOSIS | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 193 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 35: | PRINC_DIAG_CODE | | |
| | ICD-9-CM diagnosis code for the principal diagnosis, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 199 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 36: | POA_PRINC_DIAG_CODE | | |
| | Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid | | |
| Beginning Position: | 205 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 37: | OTH_DIAG_CODE_1 | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 206 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 38: | POA_OTH_DIAG_CODE_1 | | |
| | Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was 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: | 212 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 39: | OTH_DIAG_CODE_2 | | |

ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character.

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| Beginning Position: | 213 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 40: | POA_OTH_DIAG_CODE_2 | | |
| | Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was 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: | 219 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 41: | OTH_DIAG_CODE_3 | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 220 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 42: | POA_OTH_DIAG_CODE_3 | | |
| | Code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid | | |
| Beginning Position: | 226 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 43: | OTH_DIAG_CODE_4 | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 227 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 44: | POA_OTH_DIAG_CODE_4 | | |
| | Code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid | | |
| Beginning Position: | 233 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 45: | OTH_DIAG_CODE_5 | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 234 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 46: | POA_OTH_DIAG_CODE_5 | | |
| | Code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) | | |

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| Beginning Position: | 240 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 47: | OTH_DIAG_CODE_6 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 241 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 48: | POA_OTH_DIAG_CODE_6 Code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) \ Invalid | | |
| Beginning Position: | 247 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 49: | OTH_DIAG_CODE_7 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 248 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 50: | POA_OTH_DIAG_CODE_7 Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) \ Invalid | | |
| Beginning Position: | 254 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 51: | OTH_DIAG_CODE_8 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 255 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 52: | POA_OTH_DIAG_CODE_8 Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) \ Invalid | | |
| Beginning Position: | 261 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 53: | OTH_DIAG_CODE_9 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 262 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 54: | POA_OTH_DIAG_CODE_9 Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital | | |

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| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid | | |
| Beginning Position: | 268 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 55: | OTH_DIAG_CODE_10 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 269 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 56: | POA_OTH_DIAG_CODE_10 Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was 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: | 275 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 57: | OTH_DIAG_CODE_11 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 276 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 58: | POA_OTH_DIAG_CODE_11 Code identifying whether Oth_Diag_Code_11 code was present at the time the patient was 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: | 282 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 59: | OTH_DIAG_CODE_12 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 283 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 60: | POA_OTH_DIAG_CODE_12 Code identifying whether Oth_Diag_Code_12 code was present at the time the patient was 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: | 289 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 61: | OTH_DIAG_CODE_13 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 290 | Data Source: | Claim |

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| Length: | 6 | Type: | Alphanumeric |
| Field 62: | POA_OTH_DIAG_CODE_13 | | |
| | Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was 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: | 296 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 63: | OTH_DIAG_CODE_14 | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 297 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 64: | POA_OTH_DIAG_CODE_14 | | |
| | Code identifying whether Oth_Diag_Code_14 code was present at the time the patient was 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: | 303 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 65: | OTH_DIAG_CODE_15 | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 304 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 66: | POA_OTH_DIAG_CODE_15 | | |
| | Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) \ Invalid | | |
| Beginning Position: | 310 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 67: | OTH_DIAG_CODE_16 | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 311 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 68: | POA_OTH_DIAG_CODE_16 | | |
| | Code identifying whether Oth_Diag_Code_16 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) \ Invalid | | |
| Beginning Position: | 317 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |

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| Field 69: | OTH_DIAG_CODE_17 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 318 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 70: | POA_OTH_DIAG_CODE_17 Code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid | | |
| Beginning Position: | 324 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 71: | OTH_DIAG_CODE_18 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 325 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 72: | POA_OTH_DIAG_CODE_18 Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid | | |
| Beginning Position: | 331 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 73: | OTH_DIAG_CODE_19 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 332 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 74: | POA_OTH_DIAG_CODE_19 Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid | | |
| Beginning Position: | 338 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 75: | OTH_DIAG_CODE_20 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 339 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 76: | POA_OTH_DIAG_CODE_20 Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown | | |

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| | W | Clinically Undetermined | | |
| | 1 | Space (1 st & 2 nd Qtr 2012 only) | | |
| | ` | Invalid | | |
| Beginning Position: | 345 | | Data Source: | Claim |
| Length: | 1 | | Type: | Alphanumeric |
| Field 77: | OTH_DIAG_CODE_21 | | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | | |
| Beginning Position: | 346 | | Data Source: | Claim |
| Length: | 6 | | Type: | Alphanumeric |
| Field 78: | POA_OTH_DIAG_CODE_21 | | | |
| | Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was 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: | 352 | | Data Source: | Claim |
| Length: | 1 | | Type: | Alphanumeric |
| Field 79: | OTH_DIAG_CODE_22 | | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | | |
| Beginning Position: | 353 | | Data Source: | Claim |
| Length: | 6 | | Type: | Alphanumeric |
| Field 80: | POA_OTH_DIAG_CODE_22 | | | |
| | Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was 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: | 359 | | Data Source: | Claim |
| Length: | 1 | | Type: | Alphanumeric |
| Field 81: | OTH_DIAG_CODE_23 | | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | | |
| Beginning Position: | 360 | | Data Source: | Claim |
| Length: | 6 | | Type: | Alphanumeric |
| Field 82: | POA_OTH_DIAG_CODE_23 | | | |
| | Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was 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: | 366 | | Data Source: | Claim |
| Length: | 1 | | Type: | Alphanumeric |
| Field 83: | OTH_DIAG_CODE_24 | | | |
| | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | | |
| Beginning Position: | 367 | | Data Source: | Claim |
| Length: | 6 | | Type: | Alphanumeric |

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| Field 84: | POA_OTH_DIAG_CODE_24 Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was 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: | 373 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 85: | E_CODE_1 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character. | | |
| Beginning Position: | 374 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 86: | POA_E_CODE_1 Code identifying whether E_Code_1 code was present at the time the patient was 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: | 380 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 87: | E_CODE_2 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 381 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 88: | POA_E_CODE_2 Code identifying whether E_Code_2 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid | | |
| Beginning Position: | 387 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |
| Field 89: | E_CODE_3 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 388 | Data Source: | Claim |
| Length: | 6 | Type: | Alphanumeric |
| Field 90: | POA_E_CODE_3 Code identifying whether E_Code_3 code was present at the time the patient was admitted to the hospital | | |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid | | |
| Beginning Position: | 394 | Data Source: | Claim |
| Length: | 1 | Type: | Alphanumeric |

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| Field 91: | E_CODE_4 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. |
| Beginning Position: | 395 |
| Length: | 6 |
| | Data Source: Claim |
| | Type: Alphanumeric |
| Field 92: | POA_E_CODE_4 Code identifying whether E_Code_4 code was present at the time the patient was admitted to the hospital |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid |
| Beginning Position: | 401 |
| Length: | 1 |
| | Data Source: Claim |
| | Type: Alphanumeric |
| Field 93: | E_CODE_5 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. |
| Beginning Position: | 402 |
| Length: | 6 |
| | Data Source: Claim |
| | Type: Alphanumeric |
| Field 94: | POA_E_CODE_5 Code identifying whether E_Code_5 code was present at the time the patient was admitted to the hospital |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid |
| Beginning Position: | 408 |
| Length: | 1 |
| | Data Source: Claim |
| | Type: Alphanumeric |
| Field 95: | E_CODE_6 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. |
| Beginning Position: | 409 |
| Length: | 6 |
| | Data Source: Claim |
| | Type: Alphanumeric |
| Field 96: | POA_E_CODE_6 Code identifying whether E_Code_6 code was present at the time the patient was admitted to the hospital |
| Coding Scheme: | Y Yes N No U Unknown W Clinically Undetermined 1 Space (1 st & 2 nd Qtr 2012 only) , Invalid |
| Beginning Position: | 415 |
| Length: | 1 |
| | Data Source: Claim |
| | Type: Alphanumeric |
| Field 97: | E_CODE_7 ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. |
| Beginning Position: | 416 |
| Length: | 6 |
| | Data Source: Claim |
| | Type: Alphanumeric |
| Field 98: | POA_E_CODE_7 Code identifying whether E_Code_7 code was present at the time the patient was admitted to the hospital |
| Coding Scheme: | Y Yes N No U Unknown |

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| | W | Clinically Undetermined | | |
| | 1 | Space (1 st & 2 nd Qtr 2012 only) | | |
| | , | Invalid | | |
| Beginning Position: | 422 | | Data Source: | Claim |
| Length: | 1 | | Type: | Alphanumeric |
| Field 99: | E_CODE_8 | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 423 | | Data Source: | Claim |
| Length: | 6 | | Type: | Alphanumeric |
| Field 100: | POA_E_CODE_8 | Code identifying whether E_Code_8 code was present at the time the patient was 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: | 429 | | Data Source: | Claim |
| Length: | 1 | | Type: | Alphanumeric |
| Field 101: | E_CODE_9 | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 430 | | Data Source: | Claim |
| Length: | 6 | | Type: | Alphanumeric |
| Field 102: | POA_E_CODE_9 | Code identifying whether E_Code_9 code was present at the time the patient was 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: | 436 | | Data Source: | Claim |
| Length: | 1 | | Type: | Alphanumeric |
| Field 103: | E_CODE_10 | ICD-9-CM diagnosis code, including the 4th and 5th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 437 | | Data Source: | Claim |
| Length: | 6 | | Type: | Alphanumeric |
| Field 104: | POA_E_CODE_10 | Code identifying whether E_Code_10 code was present at the time the patient was 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: | 443 | | Data Source: | Claim |
| Length: | 1 | | Type: | Alphanumeric |
| Field 105: | PRINC_SURG_PROC_CODE | Code for the principal surgical or other procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. | | |
| Beginning Position: | 444 | | Data Source: | Claim |
| Length: | 7 | | Type: | Alphanumeric |

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| Field 106: | PRINC_SURG_PROC_DAY Day of principal surgical or other procedure <i>equals</i> Principal Surgical Procedure Date <i>minus</i> Admission/Start of Care Date | Beginning Position: 451 | Data Source: Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 107: | PRINC_ICD9_CODE ICD-9-CM code for principal surgical or other procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | Beginning Position: 455 | Data Source: Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 108: | OTH_SURG_PROC_CODE_1 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. | Beginning Position: 460 | Data Source: Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 109: | OTH_SURG_PROC_DAY_1 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date | Beginning Position: 467 | Data Source: Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 110: | OTH_ICD9_CODE_1 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | Beginning Position: 471 | Data Source: Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 111: | OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. | Beginning Position: 476 | Data Source: Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 112: | OTH_SURG_PROC_DAY_2 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date | Beginning Position: 483 | Data Source: Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 113: | OTH_ICD9_CODE_2 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | Beginning Position: 487 | Data Source: Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 114: | OTH_SURG_PROC_CODE_3 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. | Beginning Position: 492 | Data Source: Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 115: | OTH_SURG_PROC_DAY_3 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date | Beginning Position: 499 | Data Source: Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 116: | OTH_ICD9_CODE_3 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | Beginning Position: 503 | Data Source: Assigned |
| Length: | 5 | Type: | Alphanumeric |

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| Field 117: | OTH_SURG_PROC_CODE_4 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 508 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 118: | OTH_SURG_PROC_DAY_4 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date |
| Beginning Position: | 515 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 119: | OTH_ICD9_CODE_4 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 519 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 120: | OTH_SURG_PROC_CODE_5 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 524 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 121: | OTH_SURG_PROC_DAY_5 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date |
| Beginning Position: | 531 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 122: | OTH_ICD9_CODE_5 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 535 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 123: | OTH_SURG_PROC_CODE_6 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 540 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 124: | OTH_SURG_PROC_DAY_6 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date |
| Beginning Position: | 547 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 125: | OTH_ICD9_CODE_6 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 551 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 126: | OTH_SURG_PROC_CODE_7 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 556 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 127: | OTH_SURG_PROC_DAY_7 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date |
| Beginning Position: | 563 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |

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| Field 128: | OTH_ICD9_CODE_7 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 567 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 129: | OTH_SURG_PROC_CODE_8 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 572 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 130: | OTH_SURG_PROC_DAY_8 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date |
| Beginning Position: | 579 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 131: | OTH_ICD9_CODE_8 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 583 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 132: | OTH_SURG_PROC_CODE_9 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 588 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 133: | OTH_SURG_PROC_DAY_9 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 595 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 134: | OTH_ICD9_CODE_9 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 599 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 135: | OTH_SURG_PROC_CODE_10 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 604 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 136: | OTH_SURG_PROC_DAY_10 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 611 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 137: | OTH_ICD9_CODE_10 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 615 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 138: | OTH_SURG_PROC_CODE_11 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 620 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |

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| Field 139: | OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. | Beginning Position: 627 | Data Source: Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 140: | OTH_ICD9_CODE_11 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | Beginning Position: 631 | Data Source: Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 141: | OTH_SURG_PROC_CODE_12 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. | Beginning Position: 636 | Data Source: Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 142: | OTH_SURG_PROC_DAY_12 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. | Beginning Position: 643 | Data Source: Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 143: | OTH_ICD9_CODE_12 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | Beginning Position: 647 | Data Source: Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 144: | OTH_SURG_PROC_CODE_13 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. | Beginning Position: 652 | Data Source: Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 145: | OTH_SURG_PROC_DAY_13 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. | Beginning Position: 659 | Data Source: Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 146: | OTH_ICD9_CODE_13 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | Beginning Position: 663 | Data Source: Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 147: | OTH_SURG_PROC_CODE_14 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. | Beginning Position: 668 | Data Source: Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 148: | OTH_SURG_PROC_DAY_14 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. | Beginning Position: 675 | Data Source: Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 149: | OTH_ICD9_CODE_14 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | Beginning Position: 679 | Data Source: Assigned |
| Length: | 5 | Type: | Alphanumeric |

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| Field 150: | OTH_SURG_PROC_CODE_15 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 684 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 151: | OTH_SURG_PROC_DAY_15 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 691 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 152: | OTH_ICD9_CODE_15 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 695 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 153: | OTH_SURG_PROC_CODE_16 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 700 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 154: | OTH_SURG_PROC_DAY_16 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 707 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 155: | OTH_ICD9_CODE_16 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 711 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 156: | OTH_SURG_PROC_CODE_17 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 716 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 157: | OTH_SURG_PROC_DAY_17 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 723 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 158: | OTH_ICD9_CODE_17 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 727 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 159: | OTH_SURG_PROC_CODE_18 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 732 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 160: | OTH_SURG_PROC_DAY_18 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 739 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |

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| Field 161: | OTH_ICD9_CODE_18 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 743 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 162: | OTH_SURG_PROC_CODE_19 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 748 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 163: | OTH_SURG_PROC_DAY_19 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 755 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 164: | OTH_ICD9_CODE_19 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 759 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 165: | OTH_SURG_PROC_CODE_20 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 764 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 166: | OTH_SURG_PROC_DAY_20 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 771 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 167: | OTH_ICD9_CODE_20 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 775 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 168: | OTH_SURG_PROC_CODE_21 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 780 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |
| Field 169: | OTH_SURG_PROC_DAY_21 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. |
| Beginning Position: | 787 |
| Length: | 4 |
| Data Source: | Calculated |
| Type: | Alphanumeric |
| Field 170: | OTH_ICD9_CODE_21 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. |
| Beginning Position: | 791 |
| Length: | 5 |
| Data Source: | Assigned |
| Type: | Alphanumeric |
| Field 171: | OTH_SURG_PROC_CODE_22 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. |
| Beginning Position: | 796 |
| Length: | 7 |
| Data Source: | Claim |
| Type: | Alphanumeric |

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| Field 172: | OTH_SURG_PROC_DAY_22 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. | | |
| Beginning Position: | 803 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 173: | OTH_ICD9_CODE_22 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 807 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 174: | OTH_SURG_PROC_CODE_23 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. | | |
| Beginning Position: | 812 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 175: | OTH_SURG_PROC_DAY_23 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. | | |
| Beginning Position: | 819 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 176: | OTH_ICD9_CODE_23 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 823 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 177: | OTH_SURG_PROC_CODE_24 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-9, HCPCS, or CPT code. | | |
| Beginning Position: | 828 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 178: | OTH_SURG_PROC_DAY_24 Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i> Admission/Start of Care Date. | | |
| Beginning Position: | 835 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 179: | OTH_ICD9_CODE_24 ICD-9-CM code for surgical or other procedure other than the principal procedure, including the 4th and 5th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 839 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 180: | MS-MDC Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004. | | |
| Beginning Position: | 844 | Data Source: | Assigned |
| Length: | 2 | Type: | Alphanumeric |
| Field 181: | MS-DRG Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as assigned for hospital payment for Medicare beneficiaries. | | |
| Beginning Position: | 846 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 182: | MS_GROUPER_VERSION_NBR CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes | | |

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| Field 193: | CERT_STATUS | | |
| | Assignment of a code to indicate the certification of data and submission of comments by the hospital. First available 3 rd quarter 1999. | | |
| Coding Scheme: | 1 | Certified, without comment | |
| | 2 | Certified, with comment | |
| | 3 | Certified, with comment, comment not received by deadline | |
| | 4 | Hospital elected not to certify | |
| | 5 | Hospital closed, data not certified | |
| | 6 | Hospital out of compliance, did not certify data | |
| Beginning Position: | 893 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 194: | FILLER_SPACE | | |
| Description: | Indicates the number of claims used to create the encounter | | |
| Beginning Position: | 894 | Data Source: | Calculated |
| Length: | 57 | Type: | Alphanumeric |

BASE DATA #2 FILE

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| Field 1: | RECORD_ID | | |
| Description: | Record Identification Number. Unique number assigned to identify the record. First available 1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | | |
| Beginning Position: | 1 | Data Source: | Assigned |
| Length: | 12 | Type: | Alphanumeric |
| Field 2: | PRIVATE_AMOUNT | | |
| Description: | Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 11X, 14X | | |
| Beginning Position: | 13 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 3: | SEMI_PRIVATE_AMOUNT | | |
| Description: | Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 10X, 12X-14X, 16X-19X | | |
| Beginning Position: | 25 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 4: | WARD_AMOUNT | | |
| Description: | Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 15X. | | |
| Beginning Position: | 37 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 5: | ICU_AMOUNT | | |
| Description: | Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 20X. | | |
| Beginning Position: | 49 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 6: | CCU_AMOUNT | | |
| Description: | Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 21X. | | |
| Beginning Position: | 61 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |

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| Field 7: | OTHER_AMOUNT Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 002-099, 22X-24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X. | | |
| Beginning Position: | 73 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 8: | PHARM_AMOUNT Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 25X, 26X, and 63X. | | |
| Beginning Position: | 85 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 9: | MEDSURG_AMOUNT Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 27X, 62X. | | |
| Beginning Position: | 97 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 10: | DME_AMOUNT Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 290-292, 294-299. | | |
| Beginning Position: | 109 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 11: | USED_DME_AMOUNT 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 293. | | |
| Beginning Position: | 121 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 12: | PT_AMOUNT Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 42X. | | |
| Beginning Position: | 133 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 13: | OT_AMOUNT Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 42X. | | |
| Beginning Position: | 145 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 14: | SPEECH_AMOUNT Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 44X, 47X. | | |
| Beginning Position: | 157 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 15: | IT_AMOUNT Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 41X, 46X. | | |
| Beginning Position: | 169 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |

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| Field 16: | BLOOD_AMOUNT Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 38X. | | |
| Beginning Position: | 181 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 17: | BLOOD_ADMIN_AMOUNT Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 39X. | | |
| Beginning Position: | 193 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 18: | OR_AMOUNT Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 36X, 71X-72X. | | |
| Beginning Position: | 205 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 19: | LITH_AMOUNT Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 79X. | | |
| Beginning Position: | 217 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 20: | CARD_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 48X, 73X. | | |
| Beginning Position: | 229 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 21: | ANES_AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 37X. | | |
| Beginning Position: | 241 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 22: | LAB_AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 30X-31X, 74X-75X. | | |
| Beginning Position: | 253 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 23: | RAD_AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 28X, 32X-35X, 40X. | | |
| Beginning Position: | 265 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 24: | MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 61X. | | |
| Beginning Position: | 277 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 25: | OP_AMOUNT Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 49X-50X. | | |
| Beginning Position: | 289 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |

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| Field 26: | ER_AMOUNT Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 45X. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 301 | Data Source: | Calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 12 | Type: | Numeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 27: | AMBULANCE_AMOUNT Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 54X. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 313 | Data Source: | Calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 12 | Type: | Numeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 28: | PRO_FEE_AMOUNT Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 96X-98X. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 325 | Data Source: | Calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 12 | Type: | Numeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 29: | ORGAN_AMOUNT Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 81X, 89X. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 337 | Data Source: | Calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 12 | Type: | Numeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 30: | ESRD_AMOUNT 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 80X, 82X-88X. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 349 | Data Source: | Calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 12 | Type: | Numeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 31: | CLINIC_AMOUNT Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 51X. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 361 | Data Source: | Calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 12 | Type: | Numeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 186: | OCCUR_CODE_1 Code describing a significant event relating to the claim. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coding Scheme: | <table border="0"> <tr> <td>1</td> <td>Auto accident</td> <td>40</td> <td>Scheduled date of admission</td> </tr> <tr> <td>2</td> <td>No Fault Insurance Involved - Including Auto Accident/Other</td> <td>41</td> <td>Date of first test of pre-admission testing</td> </tr> <tr> <td>3</td> <td>Accident/ Tort Liability</td> <td>42</td> <td>Date of discharge (hospice only)</td> </tr> <tr> <td>4</td> <td>Accident/ Employment Related</td> <td>43</td> <td>Scheduled date of canceled surgery</td> </tr> <tr> <td>5</td> <td>Other accident</td> <td>44</td> <td>Date treatment started - OT</td> </tr> <tr> <td>6</td> <td>Crime Victim</td> <td>45</td> <td>Date treatment started - ST</td> </tr> <tr> <td>9</td> <td>Start of Infertility Treatment Cycle</td> <td>46</td> <td>Date treatment started - Cardiac rehabilitation</td> </tr> <tr> <td>10</td> <td>Last Menstrual Period</td> <td>47</td> <td>Date cost outlier status begins</td> </tr> <tr> <td>11</td> <td>Onset of Symptoms/ Illness</td> <td>A1</td> <td>Birthdate - Insured A</td> </tr> <tr> <td>12</td> <td>Date of Onset for a Chronically Dependent Individual</td> <td>A2</td> <td>Effective Date - Insured A Policy</td> </tr> <tr> <td>16</td> <td>Date of Last Therapy</td> <td>A3</td> <td>Payer A benefits exhausted</td> </tr> <tr> <td>17</td> <td>Date Outpatient OT Plan Established or Last Reviewed</td> <td>A4</td> <td>Split Bill Date</td> </tr> <tr> <td>18</td> <td>Date of Retirement - Patient/Beneficiary</td> <td>B1</td> <td>Birthdate - Insured B</td> </tr> <tr> <td>19</td> <td>Date of Retirement - Spouse</td> <td>B2</td> <td>Effective date - Insured B Policy</td> </tr> <tr> <td>20</td> <td>Date Guarantee of Payment Began</td> <td>B3</td> <td>Payer B benefits exhausted</td> </tr> <tr> <td>21</td> <td>Date UR Notice Received</td> <td>C1</td> <td>Birthdate - Insured C</td> </tr> <tr> <td>22</td> <td>Date Active Care Ended</td> <td>C2</td> <td>Effective date - Insured C Policy</td> </tr> <tr> <td>24</td> <td>Date Insurance Denied</td> <td>C3</td> <td>Payer C benefits exhausted</td> </tr> <tr> <td>25</td> <td>Date Benefits Terminated by Primary Payer</td> <td>DR</td> <td>Katrina disaster related</td> </tr> <tr> <td>26</td> <td>Date SNF Bed Became Available</td> <td>E1</td> <td>Birthdate - Insured D</td> </tr> </table> | 1 | Auto accident | 40 | Scheduled date of admission | 2 | No Fault Insurance Involved - Including Auto Accident/Other | 41 | Date of first test of pre-admission testing | 3 | Accident/ Tort Liability | 42 | Date of discharge (hospice only) | 4 | Accident/ Employment Related | 43 | Scheduled date of canceled surgery | 5 | Other accident | 44 | Date treatment started - OT | 6 | Crime Victim | 45 | Date treatment started - ST | 9 | Start of Infertility Treatment Cycle | 46 | Date treatment started - Cardiac rehabilitation | 10 | Last Menstrual Period | 47 | Date cost outlier status begins | 11 | Onset of Symptoms/ Illness | A1 | Birthdate - Insured A | 12 | Date of Onset for a Chronically Dependent Individual | A2 | Effective Date - Insured A Policy | 16 | Date of Last Therapy | A3 | Payer A benefits exhausted | 17 | Date Outpatient OT Plan Established or Last Reviewed | A4 | Split Bill Date | 18 | Date of Retirement - Patient/Beneficiary | B1 | Birthdate - Insured B | 19 | Date of Retirement - Spouse | B2 | Effective date - Insured B Policy | 20 | Date Guarantee of Payment Began | B3 | Payer B benefits exhausted | 21 | Date UR Notice Received | C1 | Birthdate - Insured C | 22 | Date Active Care Ended | C2 | Effective date - Insured C Policy | 24 | Date Insurance Denied | C3 | Payer C benefits exhausted | 25 | Date Benefits Terminated by Primary Payer | DR | Katrina disaster related | 26 | Date SNF Bed Became Available | E1 | Birthdate - Insured D |
| 1 | Auto accident | 40 | Scheduled date of admission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No Fault Insurance Involved - Including Auto Accident/Other | 41 | Date of first test of pre-admission testing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Accident/ Tort Liability | 42 | Date of discharge (hospice only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Accident/ Employment Related | 43 | Scheduled date of canceled surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Other accident | 44 | Date treatment started - OT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Crime Victim | 45 | Date treatment started - ST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Start of Infertility Treatment Cycle | 46 | Date treatment started - Cardiac rehabilitation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Last Menstrual Period | 47 | Date cost outlier status begins | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Onset of Symptoms/ Illness | A1 | Birthdate - Insured A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Date of Onset for a Chronically Dependent Individual | A2 | Effective Date - Insured A Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Date of Last Therapy | A3 | Payer A benefits exhausted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Date Outpatient OT Plan Established or Last Reviewed | A4 | Split Bill Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Date of Retirement - Patient/Beneficiary | B1 | Birthdate - Insured B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Date of Retirement - Spouse | B2 | Effective date - Insured B Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Date Guarantee of Payment Began | B3 | Payer B benefits exhausted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Date UR Notice Received | C1 | Birthdate - Insured C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Date Active Care Ended | C2 | Effective date - Insured C Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Date Insurance Denied | C3 | Payer C benefits exhausted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | Date Benefits Terminated by Primary Payer | DR | Katrina disaster related | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Date SNF Bed Became Available | E1 | Birthdate - Insured D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Field 42: | OCCUR_CODE_6 Code describing a significant event relating to the claim. | | |
| Coding Scheme: | Same as Field 186. | | |
| Beginning Position: | 403 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 43: | OCCUR_DAY_6 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. | | |
| Beginning Position: | 405 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 44: | OCCUR_CODE_7 Code describing a significant event relating to the claim. | | |
| Coding Scheme: | Same as Field 186. | | |
| Beginning Position: | 409 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 45: | OCCUR_DAY_7 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. | | |
| Beginning Position: | 411 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 46: | OCCUR_CODE_8 Code describing a significant event relating to the claim. | | |
| Coding Scheme: | Same as Field 186. | | |
| Beginning Position: | 415 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 47: | OCCUR_DAY_8 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. | | |
| Beginning Position: | 417 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 48: | OCCUR_CODE_9 Code describing a significant event relating to the claim. | | |
| Coding Scheme: | Same as Field 186. | | |
| Beginning Position: | 421 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 49: | OCCUR_DAY_9 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. | | |
| Beginning Position: | 423 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 50: | OCCUR_CODE_10 Code describing a significant event relating to the claim. | | |
| Coding Scheme: | Same as Field 186. | | |
| Beginning Position: | 427 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 51: | OCCUR_DAY_10 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. | | |
| Beginning Position: | 429 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 52: | OCCUR_CODE_11 Code describing a significant event relating to the claim. | | |
| Coding Scheme: | Same as Field 186. | | |
| Beginning Position: | 433 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 53: | OCCUR_DAY_11 Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. | | |
| Beginning Position: | 435 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |

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| Field 54: | OCCUR_CODE_12 | Code describing a significant event relating to the claim. | |
| Coding Scheme: | Same as Field 186. | | |
| Beginning Position: | 439 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 55: | OCCUR_DAY_12 | Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date. | |
| Beginning Position: | 441 | Data Source: | Calculated |
| Length: | 4 | Type: | Alphanumeric |
| Field 56: | OCCUR_SPAN_CODE_1 | Code describing a significant event relating to the claim that may affect payer processing. | |
| Coding Scheme: | 70 Qualifying stay dates (for SNF use only) | 78 SNF prior stay dates | |
| | 71 Prior stay dates | 79 Payer use codes | |
| | 72 First/Last Visit | DR Katrina disaster related | |
| | 73 Benefit eligibility period | M0 PRO/UR approved stay dates | |
| | 74 Noncovered level of care/Leave of absence | M1 Provider liability - no utilization | |
| | 75 SNF level of care | M2 Inpatient respite dates | |
| | 76 Patient Liability Period | M3 ICF level of care | |
| | 77 Provider Liability - Utilization Charged | M4 Residential level of care | |
| Beginning Position: | 445 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 57: | OCCUR_SPAN_FROM_1 | Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date. | |
| Beginning Position: | 447 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 58: | OCCUR_SPAN_THRU_1 | Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date. | |
| Beginning Position: | 453 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 59: | OCCUR_SPAN_CODE_2 | Code describing a significant event relating to the claim that may affect payer processing. | |
| Coding Scheme: | Same as Field 210. | | |
| Beginning Position: | 459 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 60: | OCCUR_SPAN_FROM_2 | Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date. | |
| Beginning Position: | 461 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 61: | OCCUR_SPAN_THRU_2 | Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date. | |
| Beginning Position: | 467 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 62: | OCCUR_SPAN_CODE_3 | Code describing a significant event relating to the claim that may affect payer processing. | |
| Coding Scheme: | Same as Field 210. | | |
| Beginning Position: | 473 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 63: | OCCUR_SPAN_FROM_3 | Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date. | |
| Beginning Position: | 475 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 64: | OCCUR_SPAN_THRU_3 | Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date. | |
| Beginning Position: | 481 | Data Source: | Calculated |
| Length: | 6 | Type: | Alphanumeric |
| Field 65: | OCCUR_SPAN_CODE_4 | Code describing a significant event relating to the claim that may affect payer processing. | |

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| Coding Scheme: | Same as Field 210. | |
| Beginning Position: | 487 | Data Source: Claim |
| Length: | 2 | Type: Alphanumeric |
| Field 66: | OCCUR_SPAN_FROM_4 | |
| | Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date. | |
| Beginning Position: | 489 | Data Source: Calculated |
| Length: | 6 | Type: Alphanumeric |
| Field 67: | OCCUR_SPAN_THRU_4 | |
| | Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care Date. | |
| Beginning Position: | 495 | Data Source: Calculated |
| Length: | 6 | Type: Alphanumeric |
| Field 68: | CONDITION_CODE_1 | |
| | Code describing a condition relating to the claim. | |
| Coding Scheme: | 1 Military service related | 76 Back-up in facility dialysis |
| | 2 Condition is employment related | 77 Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment |
| | 3 Patient covered by insurance not reflected here | 78 New coverage not implemented by HMO |
| | 4 Information only bill. | 79 CORF services provided offsite |
| | 5 Lien has been filed | 80 Home dialysis - nursing facility |
| | 6 ESRD patient in first 18 months of entitlement covered by EGHP | A0 CHAMPUS external partnership program |
| | 7 Treatment of non-terminal condition for hospice patient | A1 EPSDT/CHAP |
| | 8 Beneficiary would not provide information concerning other insurance coverage | A2 Physically handicapped children's program |
| | 9 Neither patient or spouse is employed | A3 Special Federal Funding |
| | 10 Patient and/or spouse is employed but no EGHP exists | A4 Family planning |
| | 11 Disabled beneficiary but no LGHP coverage exists | A5 Disability |
| | 17 Patient is homeless | A6 Vaccines/Medicare 100% payment |
| | 18 Maiden name retained | A7 Induced abortion - danger to life |
| | 19 Child retains mother's name | A8 Induced abortion - victim rape/incest |
| | 20 Beneficiary requested billing | A9 Second opinion surgery |
| | 21 Billing for denial notice | AA Abortion performed due to rape |
| | 22 Patient on multiple drug regimen | AB Abortion performed due to incest |
| | 23 Home care giver available | AC Abortion performed due to serious fatal genetic defect, deformity, or abnormality |
| | 24 Home IV patient also receiving HHA services | AD Abortion performed due to life endangering physical condition caused by, arising from or exacerbated by the pregnancy itself |
| | 25 Patient is non-US resident | AE Abortion performed due to physical health of mother that is not life endangering |
| | 26 VA eligible patient chooses to receive services in a Medicare certified facility | AF Abortion performed due to emotional/psychological health of mother |
| | 27 Patient referred to a sole community hospital for a diagnostic laboratory test | AG Abortion performed due to social or economic reasons |
| | 28 Patient and/or spouse's EGHP is secondary to Medicare | AH Elective abortion |
| | 29 Disabled beneficiary and/or family member's LGHP is secondary to Medicare | AI Sterilization |
| | 30 Non-research services provided to patients enrolled in a qualified clinical trial | AJ Payer responsible for co-payment |
| | 31 Patient is student (full time - day) | AJ Payer responsible for co-payment |
| | 32 Patient is student (cooperative/work study program) | AK Air ambulance required |
| | 33 Patient is student (full time - night) | AL Specialized treatment/bed unavailable |
| | 34 Patient is student (part-time) | AM Non-emergency medically necessary stretcher transport required |
| | 36 General care patient in a special unit | AN Pre-admission screening not required |
| | 37 Ward accommodation at patient request | B0 Medicare coordinated care demonstration claim |
| | 38 Semi-private room not available | B1 Beneficiary is ineligible for demonstration program |

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| Length: | 2 | Type: | Alphanumeric |
| Field 73: | CONDITION_CODE_6 | | |
| | Code describing a condition relating to the claim. | | |
| Coding Scheme: | Same as Field 68. | | |
| Beginning Position: | 511 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 74: | CONDITION_CODE_7 | | |
| | Code describing a condition relating to the claim. | | |
| Coding Scheme: | Same as Field 68. | | |
| Beginning Position: | 513 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 75: | CONDITION_CODE_8 | | |
| | Code describing a condition relating to the claim. | | |
| Coding Scheme: | Same as Field 68. | | |
| Beginning Position: | 515 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 76: | VALUE_CODE_1 | | |
| | Code describing information that may affect payer processing. | | |
| Coding Scheme: | 1 | Most common semi-private rate | 66 Medicaid spenddown amount |
| | 2 | Hospital has no semi-private rooms | 67 Peritoneal dialysis |
| | 4 | Inpatient professional component charges which are combined billed | 68 EPO-drug |
| | 5 | Professional component included in charges and also billed separately to carrier | 69 State charity care percentage |
| | 6 | Medicare blood deductible | 72 Flat rate surgery charge |
| | 8 | Medicare life time reserve amount in the first calendar year | 73 Drug deductible |
| | 9 | Medicare coinsurance amount in the first calendar year | 74 Drug coinsurance |
| | 10 | Medicare lifetime reserve amount in the second calendar year | 77 New technology add-on payment |
| | 11 | Medicare coinsurance amount in the second calendar year | A0 Special zip code reporting |
| | 12 | Working aged beneficiary/spouse with employer group health plan | A1 Deductible payer A |
| | 13 | ESRD beneficiary in a Medicare coordination period with an employer group health plan | A2 Coinsurance payer A |
| | 14 | No fault, including auto/other | A3 Estimated responsibility payer A |
| | 15 | Worker's compensation | A4 Covered self-administrable drugs - emergency |
| | 16 | Public health service (PHS) or other federal agency | A5 Covered self-administrable drugs - administrable in form and situation furnished to patient |
| | 21 | Catastrophic | A6 Covered self-administrable drugs - diagnostic study and other |
| | 22 | Surplus | A7 Co-payment payer A |
| | 23 | Recurring monthly income | A8 Patient weight |
| | 24 | Medicaid Rate Code | A9 Patient height |
| | 25 | Offset to the patient - payment amount - prescription drugs | AA Regulatory surcharges, assessments, allowances or health care related taxes - payer A |
| | 26 | Offset to the patient - payment amount - hearing and ear services | AB Other assessments or allowances (e.g., medical education) - payer A |
| | 27 | Offset to the patient - payment amount - vision and eye services | B1 Deductible payer B |
| | 28 | Offset to the patient - payment amount - dental services | B2 Coinsurance payer B |
| | 29 | Offset to the patient - payment amount - chiropractic services | B3 Estimated responsibility payer B |
| | 30 | Preadmission testing | B7 Co-payment payer B |
| | 31 | Patient Liability Amount | BA Regulatory surcharges, assessments, allowances or health care related taxes - payer B |
| | 32 | Multiple patient ambulance transport | BB Other assessments or allowances (e.g., medical education) - payer B |
| | 33 | Offset to the patient - payment amount - podiatric services | C1 Deductible payer C |

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| Field 80: | VALUE_CODE_3 Code describing information that may affect payer processing. | | |
| Coding Scheme: | Same as Field 76. | | |
| Beginning Position: | 539 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 81: | VALUE_AMOUNT_3 Dollar amount that may be affected. | | |
| Beginning Position: | 541 | Data Source: | Claim |
| Length: | 9 | Type: | Alphanumeric |
| Field 82: | VALUE_CODE_4 Code describing information that may affect payer processing. | | |
| Coding Scheme: | Same as Field 76. | | |
| Beginning Position: | 550 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 83: | VALUE_AMOUNT_4 Dollar amount that may be affected. | | |
| Beginning Position: | 552 | Data Source: | Claim |
| Length: | 9 | Type: | Alphanumeric |
| Field 84: | VALUE_CODE_5 Code describing information that may affect payer processing. | | |
| Coding Scheme: | Same as Field 76. | | |
| Beginning Position: | 561 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 85: | VALUE_AMOUNT_5 Dollar amount that may be affected. | | |
| Beginning Position: | 563 | Data Source: | Claim |
| Length: | 9 | Type: | Alphanumeric |
| Field 86: | VALUE_CODE_6 Code describing information that may affect payer processing. | | |
| Coding Scheme: | Same as Field 76. | | |
| Beginning Position: | 572 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 87: | VALUE_AMOUNT_6 Dollar amount that may be affected. | | |
| Beginning Position: | 574 | Data Source: | Claim |
| Length: | 9 | Type: | Alphanumeric |
| Field 88: | VALUE_CODE_7 Code describing information that may affect payer processing. | | |
| Coding Scheme: | Same as Field 76. | | |
| Beginning Position: | 583 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 89: | VALUE_AMOUNT_7 Dollar amount that may be affected. | | |
| Beginning Position: | 585 | Data Source: | Claim |
| Length: | 9 | Type: | Alphanumeric |
| Field 90: | VALUE_CODE_8 Code describing information that may affect payer processing. | | |
| Coding Scheme: | Same as Field 76. | | |
| Beginning Position: | 594 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 91: | VALUE_AMOUNT_8 Dollar amount that may be affected. | | |
| Beginning Position: | 596 | Data Source: | Claim |
| Length: | 9 | Type: | Alphanumeric |

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| Field 92: | VALUE_CODE_9 Code describing information that may affect payer processing. | | |
| Coding Scheme: | Same as Field 76. | | |
| Beginning Position: | 605 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 93: | VALUE_AMOUNT_9 Dollar amount that may be affected. | | |
| Beginning Position: | 607 | Data Source: | Claim |
| Length: | 9 | Type: | Alphanumeric |
| Field 94: | VALUE_CODE_10 Code describing information that may affect payer processing. | | |
| Coding Scheme: | Same as Field 76. | | |
| Beginning Position: | 616 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 95: | VALUE_AMOUNT_10 Dollar amount that may be affected. | | |
| Beginning Position: | 618 | Data Source: | Claim |
| Length: | 9 | Type: | Alphanumeric |
| Field 96: | VALUE_CODE_11 Code describing information that may affect payer processing. | | |
| Coding Scheme: | Same as Field 76. | | |
| Beginning Position: | 627 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 97: | VALUE_AMOUNT_11 Dollar amount that may be affected. | | |
| Beginning Position: | 629 | Data Source: | Claim |
| Length: | 9 | Type: | Alphanumeric |
| Field 98: | VALUE_CODE_12 Code describing information that may affect payer processing. | | |
| Coding Scheme: | Same as Field 76. | | |
| Beginning Position: | 638 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 99: | VALUE_AMOUNT_12 Dollar amount that may be affected. | | |
| Beginning Position: | 640 | Data Source: | Claim |
| Length: | 9 | Type: | Alphanumeric |
| Field 100: | FILLER_SPACE | | |
| Beginning Position: | 649 | Data Source: | Claim |
| Length: | 52 | Type: | Alphanumeric |

References:

CHARGES DATA FILE

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| Field 1: | RECORD_ID | | |
| Description: | Record Identification Number. Unique number assigned to identify the record. First available 1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | | |
| Beginning Position: | 1 | Data Source: | Assigned |
| Length: | 12 | Type: | Alphanumeric |
| Field 2: | REVENUE_CODE | | |
| Description: | Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed. | | |
| Coding Scheme: | 0100 | All-inclusive room charges plus ancillary | 0516 Clinic - urgent care |
| | 0101 | All-inclusive room charges | 0517 Clinic - family practice |
| | 0110 | Room charges for private rooms - general | 0519 Clinic - other |
| | 0111 | Room charges for private rooms - medical/surgical/GYN | 0520 Freestanding Clinic - general |
| | 0112 | Room charges for private rooms - obstetrics | 0521 Freestanding Clinic - Clinic Visit by Member to RHC/FQHC |
| | 0113 | Room charges for private rooms - pediatric | 0522 Freestanding Clinic - Home Visit by RHC/FQHC Practitioner |
| | 0114 | Room charges for private rooms - psychiatric | 0523 Freestanding Clinic - family practice |
| | 0115 | Room charges for private rooms - hospice | 0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF |
| | 0116 | Room charges for private rooms - detoxification | 0525 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility |
| | 0117 | Room charges for private rooms - oncology | 0526 Freestanding Clinic - urgent care |
| | 0118 | Room charges for private rooms - rehabilitation | 0527 Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area |
| | 0119 | Room charges for private rooms - other | 0528 Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident) |
| | 0120 | Room charges for semi-private rooms - general | 0529 Freestanding Clinic - other |
| | 0121 | Room charges for semi-private rooms - medical/surgical/GYN | 0530 Osteopathic service - general |
| | 0122 | Room charges for semi-private rooms - obstetrics | 0531 Osteopathic service - therapy |
| | 0123 | Room charges for semi-private rooms - pediatric | 0539 Osteopathic service - other |
| | 0124 | Room charges for semi-private rooms - psychiatric | 0540 Ambulance service - general |
| | 0125 | Room charges for semi-private rooms - hospice | 0541 Ambulance service - supplies |
| | 0126 | Room charges for semi-private rooms - detoxification | 0542 Ambulance service - medical transport |
| | 0127 | Room charges for semi-private rooms - oncology | 0543 Ambulance service - heart mobile |
| | 0128 | Room charges for semi-private rooms - rehabilitation | 0544 Ambulance service - oxygen |
| | 0129 | Room charges for semi-private rooms - other | 0545 Ambulance service - air ambulance |
| | 0130 | Room charges for semi-private - 3/4 beds - rooms - general | 0546 Ambulance service - neonatal |
| | 0131 | Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN | 0547 Ambulance service - pharmacy |
| | 0132 | Room charges for semi-private - 3/4 beds - rooms - obstetrics | 0548 Ambulance service - telephone transmission EKG |
| | 0133 | Room charges for semi-private - 3/4 beds - rooms - pediatric | 0549 Ambulance service - other |
| | 0134 | Room charges for semi-private - 3/4 beds - rooms - psychiatric | 0550 Skilled nursing - general |
| | 0135 | Room charges for semi-private - 3/4 beds - rooms - hospice | 0551 Skilled nursing - visit charge |
| | 0136 | Room charges for semi-private - 3/4 beds - rooms - detoxification | 0552 Skilled nursing - hourly charge |
| | 0137 | Room charges for semi-private - 3/4 beds - rooms - oncology | 0559 Skilled nursing - other |

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| 0138 | Room charges for semi-private - 3/4 beds - rooms - rehabilitation | 0560 | Medical social services - general |
| 0139 | Room charges for semi-private - 3/4 beds - rooms - other | 0561 | Medical social services - visit charge |
| 0140 | Room charges for private (deluxe) rooms - general | 0562 | Medical social services - hourly charge |
| 0141 | Room charges for private (deluxe) rooms - medical/surgical/GYN | 0569 | Medical social services - other |
| 0142 | Room charges for private (deluxe) rooms - obstetrics | 0570 | Home health aide - general |
| 0143 | Room charges for private (deluxe) rooms - pediatric | 0571 | Home health aide - visit charge |
| 0144 | Room charges for private (deluxe) rooms - psychiatric | 0572 | Home health aide - hourly charge |
| 0145 | Room charges for private (deluxe) rooms - hospice | 0579 | Home health aide - other |
| 0146 | Room charges for private (deluxe) rooms - detoxification | 0580 | Other visits (home health) - general |
| 0147 | Room charges for private (deluxe) rooms - oncology | 0581 | Other visits (home health) - visit charge |
| 0148 | Room charges for private (deluxe) rooms - rehabilitation | 0582 | Other visits (home health) - hourly charge |
| 0149 | Room charges for private (deluxe) rooms - other | 0583 | Other visits (home health) - assessment |
| 0150 | Room charges for ward rooms - general | 0589 | Other visits (home health) - other |
| 0151 | Room charges for ward rooms - medical/surgical/GYN | 0590 | Units of service (home health) - general |
| 0152 | Room charges for ward rooms - obstetrics | 0599 | Units of service (home health) - other |
| 0153 | Room charges for ward rooms - pediatric | 0600 | Oxygen (home health) - general |
| 0154 | Room charges for ward rooms - psychiatric | 0601 | Oxygen (home health) - stat/equip/supply or contents |
| 0155 | Room charges for ward rooms - hospice | 0602 | Oxygen (home health) - stat/equip/supply under 1 liter per minute |
| 0156 | Room charges for ward rooms - detoxification | 0603 | Oxygen (home health) - stat/equip/supply over 4 liters per minute |
| 0157 | Room charges for ward rooms - oncology | 0604 | Oxygen (home health) - portable add-in |
| 0158 | Room charges for ward rooms - rehabilitation | 0610 | MRI - general |
| 0159 | Room charges for ward rooms - other | 0611 | MRI - brain (including brain stem) |
| 0160 | Room charges for other rooms - general | 0612 | MRI - spinal cord (including spine) |
| 0161 | Room charges for other rooms - medical/surgical/GYN | 0619 | MRI - other |
| 0162 | Room charges for other rooms - obstetrics | 0621 | Medical/surgical supplies - incident to radiology |
| 0163 | Room charges for other rooms - pediatric | 0622 | Medical/surgical supplies - incident to other diagnostic services |
| 0164 | Room charges for other rooms - psychiatric | 0623 | Medical/surgical supplies - surgical dressings |
| 0165 | Room charges for other rooms - hospice | 0624 | Medical/surgical supplies - FDA investigational devices |
| 0166 | Room charges for other rooms - detoxification | 0630 | Drugs requiring specific identification - general |
| 0167 | Room charges for other rooms - oncology | 0631 | Drugs requiring specific identification - single source |
| 0168 | Room charges for other rooms - rehabilitation | 0632 | Drugs requiring specific identification - multiple source |
| 0169 | Room charges for other rooms - other | 0633 | Drugs requiring specific identification - restrictive prescription |
| 0170 | Room charges for nursery - general | 0634 | Drugs requiring specific identification - EPO, less than 10,000 units |
| 0171 | Room charges for nursery - newborn level I | 0635 | Drugs requiring specific identification - EPO, 10,000 or more units |
| 0172 | Room charges for nursery - newborn level II | 0636 | Drugs requiring specific identification - requiring detailed coding |
| 0173 | Room charges for nursery - newborn level III | 0637 | Drugs requiring specific identification - self-adminstrable nto requiring detailed coding |
| 0174 | Room charges for nursery - newborn level IV | 0640 | Home IV therapy services - general |
| 0179 | Room charges for nursery - other | 0641 | Home IV therapy services - nonroutine nursing, central line |
| 0180 | Room charges for LOA - general | 0642 | Home IV therapy services - IV site care, central line |

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| 0182 | Room charges for LOA - patient convenience-charges billable | 0643 | Home IV therapy services - IV start/change, peripheral line |
| 0183 | Room charges for LOA - therapeutic leave | 0644 | Home IV therapy services - nonroutine nursing, peripheral line |
| 0184 | Room charges for LOA - ICF mentally retarded - any reason | 0645 | Home IV therapy services - training patient/caregiver, central line |
| 0185 | Room charges for LOA - hospitalization | 0646 | Home IV therapy services - training, disabled patient, central line |
| 0189 | Room charges for LOA - other | 0647 | Home IV therapy services - training, patient/caregiver, peripheral |
| 0190 | Room charges for subacute care - general | 0648 | Home IV therapy services - training, disabled patient, peripheral |
| 0191 | Room charges for subacute care - Level I (skilled care) | 0649 | Home IV therapy services - other |
| 0192 | Room charges for subacute care - Level II (comprehensive care) | 0650 | Hospice services - general |
| 0193 | Room charges for subacute care - Level III (complex care) | 0651 | Hospice services - routine home care |
| 0194 | Room charges for subacute care - Level IV (intensive care) | 0652 | Hospice services - continuous home care |
| 0199 | Room charges for subacute care - other | 0655 | Hospice services - inpatient respite care |
| 0200 | Room charges for intensive care - general | 0656 | Hospice services - general inpatient care (nonrespite) |
| 0201 | Room charges for intensive care - surgical | 0657 | Hospice services - physician services |
| 0202 | Room charges for intensive care - medical | 0658 | Hospice services - room and board - nursing facility |
| 0203 | Room charges for intensive care - pediatric | 0659 | Hospice services - other |
| 0204 | Room charges for intensive care - psychiatric | 0660 | Respite care - general |
| 0206 | Room charges for intensive care - intermediate intensive care unit (ICU) | 0661 | Respite care - hourly charge/skilled nursing |
| 0207 | Room charges for intensive care - burn care | 0662 | Respite care - hourly charge/aide/homemaker/companion |
| 0208 | Room charges for intensive care - trauma | 0663 | Respite care - daily charge |
| 0209 | Room charges for intensive care - other | 0669 | Respite care - other |
| 0210 | Room charges for coronary care - general | 0670 | Outpatient special residence - general |
| 0211 | Room charges for coronary care - myocardial infarction | 0671 | Outpatient special residence - hospital based |
| 0212 | Room charges for coronary care - pulmonary care | 0672 | Outpatient special residence - contracted |
| 0213 | Room charges for coronary care - heart transplant | 0679 | Outpatient special residence - other |
| 0214 | Room charges for coronary care - intermediate coronary care unit (CCU) | 0681 | Trauma response - level I |
| 0219 | Room charges for coronary care - other | 0682 | Trauma response - level II |
| 0220 | Special charges - general | 0683 | Trauma response - level III |
| 0221 | Special charges - admission charge | 0684 | Trauma response - level IV |
| 0222 | Special charges - technical support charge | 0689 | Trauma response - other |
| 0223 | Special charges - UR service charge | 0700 | Cast Room services - general |
| 0224 | Special charges - late discharge, medically necessary | 0709 | Cast Room services - other |
| 0229 | Special charges - other | 0710 | Recovery Room services - general |
| 0230 | Incremental nursing care - general | 0719 | Recovery Room services - other |
| 0231 | Incremental nursing care - nursery | 0720 | Labor/Delivery Room services - general |
| 0232 | Incremental nursing care - OB | 0721 | Labor/Delivery Room services - labor |
| 0233 | Incremental nursing care - ICU (includes transitional care) | 0722 | Labor/Delivery Room services - delivery |
| 0234 | Incremental nursing care - CCU (includes transitional care) | 0723 | Labor/Delivery Room services - circumcision |
| 0235 | Incremental nursing care - hospice | 0724 | Labor/Delivery Room services - birthing center |
| 0239 | Incremental nursing care - other | 0729 | Labor/Delivery Room services - other |
| 0240 | All-inclusive ancillary - general | 0730 | EKG/ECG services - general |
| 0249 | All-inclusive ancillary - other | 0731 | EKG/ECG services - holter monitor |
| 0250 | Pharmacy - general | 0732 | EKG/ECG services - telemetry |
| 0251 | Pharmacy - generic drugs | 0739 | EKG/ECG services - other |

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| 0252 | Pharmacy - nongeneric drugs | 0740 | EEG services - general |
| 0253 | Pharmacy - take-home drugs | 0749 | EEG services - other |
| 0254 | Pharmacy - drugs incident to other diagnostic services | 0750 | Gastrointestinal services - general |
| 0255 | Pharmacy - drugs incident to radiology | 0759 | Gastrointestinal services - other |
| 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 | | |
| 0260 | IV Therapy - general | 0769 | Treatment or observation room services - other |
| 0261 | IV Therapy - infusion pump | 0770 | Preventive care services - general |
| 0262 | IV Therapy - pharmacy services | 0771 | Preventive care services - vaccine administration |
| 0263 | IV Therapy - durg/supply delivery | 0779 | Preventive care services - other |
| 0264 | IV Therapy - supplies | 0780 | Telemedicine services - general |
| 0269 | IV Therapy - other | 0789 | Telemedicine services - other |
| 0270 | Medical surgical supplies and devices - general | 0790 | Extra-corporeal shockwave therapy - general |
| 0271 | Medical surgical supplies and devices - nonsterile | 0799 | Extra-corporeal shockwave therapy - other |
| 0272 | Medical surgical supplies and devices - sterile | | |
| 0273 | Medical surgical supplies and devices - take-home | | |
| 0274 | Medical surgical supplies and devices - prosthetic/orthotic | 0800 | Inpatient renal dialysis services - general |
| 0275 | Medical surgical supplies and devices - pacemaker | 0801 | Inpatient renal dialysis services - hemodialysis |
| 0276 | Medical surgical supplies and devices - intraocular lens (IOL) | 0802 | Inpatient renal dialysis services - peritoneal (non-CAPD) |
| 0277 | Medical surgical supplies and devices - oxygen - take-home | 0803 | Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) |
| 0278 | Medical surgical supplies and devices - other implants | 0804 | Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD) |
| 0279 | Medical surgical supplies and devices - other | 0809 | Inpatient renal dialysis services - other |
| 0280 | Oncology - general | 0810 | Organ acquisition - general |
| 0289 | Oncology - other | 0811 | Organ acquisition - living donor |
| 0290 | DME - general | 0812 | Organ acquisition - cadaver donor |
| 0291 | DME - rental | 0813 | Organ acquisition - unknown donor |
| 0292 | DME - purchase of new | 0814 | Organ acquisition - unsuccessful organ search-donor bank charges |
| 0293 | DME - purchase of used | 0819 | Organ acquisition - other donor |
| 0294 | DME - supplies/drugs for DME effectiveness | 0820 | Hemodialysis - outpatient or home - general |
| 0299 | DME - other equipment | 0821 | Hemodialysis - outpatient or home - composite or other rate |
| 0300 | Laboratory - general | 0825 | Hemodialysis - outpatient or home - support services |
| 0301 | Laboratory - chemistry | 0829 | Hemodialysis - outpatient or home - other |
| 0302 | Laboratory - immunology | 0830 | Peritoneal dialysis - outpatient or home - general |
| 0303 | Laboratory - renal patient (home) | 0831 | Peritoneal dialysis - outpatient or home - composite or other rate |
| 0304 | Laboratory - nonroutine dialysis | 0835 | Peritoneal dialysis - outpatient or home - support services |
| 0305 | Laboratory - hematology | 0839 | Peritoneal dialysis - outpatient or home - other |
| 0306 | Laboratory - bacteriology and microbiology | 0840 | CAPD - outpatient or home - general |
| 0307 | Laboratory - urology | 0841 | CAPD - outpatient or home - composite or other rate |
| 0309 | Laboratory - other | 0845 | CAPD - outpatient or home - support services |
| 0310 | Laboratory pathological - general | 0849 | CAPD - outpatient or home - other |
| 0311 | Laboratory pathological - cytology | 0850 | CCPD - outpatient or home - general |
| 0312 | Laboratory pathological - histology | 0851 | CCPD - outpatient or home - composite or other rate |

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| 0313 | Laboratory pathological - biopsy | 0855 | CCPD - outpatient or home - support services |
| 0319 | Laboratory pathological - other | 0859 | CCPD - outpatient or home - other |
| 0320 | Radiology - diagnostic - general | 0880 | Miscellaneous dialysis - general |
| 0321 | Radiology - diagnostic - angiocardiology | 0881 | Miscellaneous dialysis - ultrafiltration |
| 0322 | Radiology - diagnostic - arthrography | 0882 | Miscellaneous dialysis - home aide visit |
| 0323 | Radiology - diagnostic - arteriography | 0889 | Miscellaneous dialysis - other |
| 0324 | Radiology - diagnostic - chest x-ray | 0900 | Behavior health treatments/services - general |
| 0329 | Radiology - diagnostic - other | 0901 | Behavior health treatments/services - electroshock |
| 0330 | Radiology - therapeutic and/or chemotherapy administration - general | 0902 | Behavior health treatments/services - milieu therapy |
| 0331 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected | 0903 | Behavioral health treatments/services - play therapy |
| 0332 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral | 0904 | Behavior health treatments/services - activity therapy |
| 0333 | Radiology - therapeutic and/or chemotherapy administration - radiation therapy | 0905 | Behavior health treatments/services - intensive outpatient services - psychiatric |
| 0335 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV | 0906 | Behavior health treatments/services - intensive outpatient services - chemical dependency |
| 0339 | Radiology - therapeutic and/or chemotherapy administration - other | 0907 | Behavior health treatments/services - community behavioral health program |
| 0340 | Nuclear medicine - general | 0909 | Behavior health treatments - other |
| 0341 | Nuclear medicine - diagnostic procedures | 0910 | Reserved |
| 0342 | Nuclear medicine - therapeutic procedures | 0911 | Behavior health treatment/services - rehabilitation |
| 0343 | Nuclear medicine - diagnostic radiopharmaceuticals | 0912 | Behavior health treatment/services - partial hospitalization - less intensive |
| 0344 | Nuclear medicine - therapeutic radiopharmaceuticals | 0913 | Behavior health treatment/services - partial hospitalization - intensive |
| 0349 | Nuclear medicine - other | 0914 | Behavior health treatment/services - individual therapy |
| 0350 | CT scan - general | 0915 | Behavior health treatment/services - group therapy |
| 0351 | CT scan - head | 0916 | Behavior health treatment/services - family therapy |
| 0352 | CT scan - body | 0917 | Behavior health treatment/services - biofeedback |
| 0359 | CT scan - other | 0918 | Behavior health treatment/services - testing |
| 0360 | Operating room services - general | 0919 | Behavior health treatment/services - other |
| 0361 | Operating room services - minor surgery | 0920 | Other diagnostic services - general |
| 0362 | Operating room services - organ transplant other than kidney | 0921 | Other diagnostic services - peripheral vascular lab |
| 0367 | Operating room services - kidney transplant | 0922 | Other diagnostic services - electromyogram |
| 0369 | Operating room services - other | 0923 | Other diagnostic services - pap smear |
| 0370 | Anesthesia - general | 0924 | Other diagnostic services - allergy test |
| 0371 | Anesthesia - incident to radiology | 0925 | Other diagnostic services - pregnancy test |
| 0372 | Anesthesia - incident to other diagnostic services | 0929 | Other diagnostic services - other |
| 0374 | Anesthesia - acupuncture | 0931 | Medical rehabilitation day program - half day |
| 0379 | Anesthesia - other | 0932 | Medical rehabilitation day program - full day |
| 0380 | Blood - general | 0940 | Other therapeutic services - general |
| 0381 | Blood - packed red cells | 0941 | Other therapeutic services - recreational therapy |
| 0382 | Blood - whole blood | 0942 | Other therapeutic services - education/training |
| 0383 | Blood - plasma | 0943 | Other therapeutic services - cardiac rehabilitation |
| 0384 | Blood - platelets | 0944 | Other therapeutic services - drug rehabilitation |
| 0385 | Blood - leukocytes | 0945 | Other therapeutic services - alcohol rehabilitation |
| 0386 | Blood - other components | 0946 | Other therapeutic services - complex medical equipment - routine |
| 0387 | Blood - other derivatives (cryoprecipitates) | 0947 | Other therapeutic services - complex medical equipment - ancillary |
| 0389 | Blood - other | 0949 | Other therapeutic services - other |

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| 0390 | Blood amd blood component administration, storage and processing - general | 0960 | Professional fees - general |
| 0391 | Blood and blood component administration, storage and processing - administration | 0961 | Professional fees - psychiatric |
| 0399 | Blood and blood component administration, storage and processing - other | 0962 | Professional fees - ophthalmology |
| 0400 | Other imaging services - general | 0963 | Professional fees - anesthesiologist (MD) |
| 0401 | Other imaging services - diagnostic mammography | 0964 | Professional fees - anesthetist (CRNA) |
| 0402 | Other imaging services - ultrasound | 0969 | Professional fees - other |
| 0403 | Other imaging services - screening mammography | 0970 | Professional fees - general |
| 0404 | Other imaging services - PET | 0971 | Professional fees - laboratory |
| 0409 | Other imaging services - other | 0972 | Professional fees - radiology - diagnostic |
| 0410 | Respiratory services - general | 0973 | Professional fees - radiology - therapeutic |
| 0412 | Respiratory services - inhalation | 0974 | Professional fees - readiology - nuclear medicine |
| 0413 | Respiratory services - hyperbaric oxygen therapy | 0975 | Professional fees - operating room |
| 0419 | Respiratory services - other | 0976 | Professional fees - respiratory therapy |
| 0420 | Physical therapy - general | 0977 | Professional fees - physical therapy |
| 0421 | Physical therapy - visit charge | 0978 | Professional fees - occupational therapy |
| 0422 | Physical therapy - hourly charge | 0979 | Professional fees - speech therapy |
| 0423 | Physical therapy - group rate | 0980 | Professional fees - general |
| 0424 | Physical therapy - evaluation or reevaluation | 0981 | Professional fees - emergency room |
| 0429 | Physical therapy - other | 0982 | Professional fees - outpatient services |
| 0430 | Occupational therapy - general | 0983 | Professional fees - clinic |
| 0431 | Occupational therapy - visit charge | 0984 | Professional fees - medical social services |
| 0432 | Occupational therapy - hourly charge | 0985 | Professional fees - EKG |
| 0433 | Occupational therapy - group rate | 0986 | Professional fees - EEG |
| 0434 | Occupational therapy - evaluation or reevaluation | 0987 | Professional fees - hospital visit |
| 0439 | Occupational therapy - other | 0988 | Professional fees - consultation |
| 0440 | Speech-language pathology - general | 0989 | Professional fees - private duty nurse |
| 0441 | Speech-language pathology - visit charge | 0990 | Patient convenience items - general |
| 0442 | Speech-language pathology - hourly charge | 0991 | Patient convenience items - cafeteria/guest tray |
| 0443 | Speech-language pathology - group rate | 0992 | Patient convenience items - private linen service |
| 0444 | Speech-language pathology - evaluation or reevaluation | 0993 | Patient convenience items - telephone/telegraph |
| 0449 | Speech-language pathology - other | 0994 | Patient convenience items - TV/radio |
| 0450 | Emergency room - general | 0995 | Patient convenience items - nonpatient room rentals |
| 0451 | Emergency room - EMTALA emergency medical screening services | 0996 | Patient convenience items - late discharge charge |
| 0452 | Emergency room - beyond EMTALA screening | 0997 | Patient convenience items - admission kits |
| 0456 | Emergency room - urgent care | 0998 | Patient convenience items - beauty shop/barber |
| 0459 | Emergency room - other | 0999 | Patient convenience items - other |
| 0460 | Pulmonary function - general | 1000 | Behavior health accommodations - general |
| 0469 | Pulmonary function - other | 1001 | Behavior health accommodations - residential treatment - psychiatric |
| 0470 | Audiology - general | 1002 | Behavior health accommodations - residential treatment - chemical dependency |
| 0471 | Audiology - diagnostic | 1003 | Behavior health accommodations - supervised living |
| 0472 | Audiology - treatment | 1004 | Behavior health accommodations - halfway house |
| 0479 | Audiology - other | 1005 | Behavior health accommodations - group home |
| 0480 | Cardiology - general | 2100 | Alternative therapy services - general |
| 0481 | Cardiology - cardiac cath lab | 2101 | Alternative therapy services - acupuncture |
| 0482 | Cardiology - stress test | 2102 | Alternative therapy services - acupressure |
| 0483 | Cardiology - echocardiology | 2103 | Alternative therapy services - massage |
| 0489 | Cardiology - other | 2104 | Alternative therapy services - reflexology |

| | | | | |
|----------------------------|--|---|---------------------|--|
| | 0490 | Ambulatory surgical care - general | 2105 | Alternative therapy services - biofeedback |
| | 0499 | Ambulatory surgical care - other | 2106 | Alternative therapy services - hypnosis |
| | 0500 | Outpatient services - general | 2109 | Alternative therapy services - other |
| | 0509 | Outpatient services - other | 3101 | Adult day care, medical and social - hourly |
| | 0510 | Clinic - general | 3102 | Adult day care, social - hourly |
| | 0511 | Clinic - chronic pain | 3103 | Adult day care, medical and social - daily |
| | 0512 | Clinic - dental | 3104 | Adult day care, social - daily |
| | 0513 | Clinic - psychiatric | 3105 | Adult foster care - daily |
| | 0514 | Clinic - OB/GYN | 3109 | Adult foster care - other |
| | 0515 | Clinic - pediatric | | |
| Beginning Position: | 13 | | Data Source: | Claim |
| Length: | 4 | | Type: | Alphanumeric |
| Field 3: | HCPCS_QUALIFIER | | | |
| Description: | | | | |
| Beginning Position: | 17 | | Data Source: | Claim |
| Length: | 2 | | Type: | Alphanumeric |
| Field 4 | HCPCS_PROCEDURE_CODE | | | |
| Description: | HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. | | | |
| Coding Scheme: | See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list. | | | |
| Beginning Position: | 19 | | Data Source: | Claim |
| Length: | 5 | | Type: | Alphanumeric |
| Field 5: | MODIFIER_1 | | | |
| Description: | Identifies special circumstances related to the performance of the service | | | |
| Coding Scheme: | 0 | No assessment completed | F2 | Left hand, third digit |
| | 1 | Medicare 5 day assessment (full) | F3 | Left hand, fourth digit |
| | 2 | Medicare 30 day assessment (full) | F4 | Left hand, fifth digit |
| | 3 | Medicare 60 day assessment (full) | F5 | Right hand, thumb |
| | 4 | Medicare 90 day assessment (full) | F6 | Right hand, second digit |
| | 7 | Medicare 14 day assessment (comprehensive or full) | F7 | Right hand, third digit |
| | 8 | Other Medicare required assessment (OMRA) | F8 | Right hand, fourth digit |
| | 11 | Admission assessment - Medicare 5 day assessment (comprehensive) | F9 | Right hand, fifth digit |
| | 25 | Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure o | FA | Left hand, thumb |
| | 31 | SCSA or OMRA/Medicare 5 day assessment (replacement) | G1 | Most recent URR of less than 60% |
| | 32 | SCSA or OMRA/Medicare 30 day assessment (replacement) | G2 | Most recent URR of 60% to 64% |
| | 33 | SCSA or OMRA/Medicare 60 day assessment (replacement) | G3 | Most recent URR of 65% to 69.9% |
| | 34 | SCSA or OMRA/Medicare 90 day assessment (replacement) | G4 | Most recent URR of 70% to 74.9% |
| | 37 | SCSA or OMRA/Medicare 14 day assessment (replacement) | G5 | Most recent URR of 75% or greater |
| | 38 | Significant change in status assessment (SCSA) | GN | Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. |
| | 41 | Significant correction of prior full assessment/Medicare 5 day assessment | GO | Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care. |
| | 42 | Significant correction of prior full assessment/Medicare 30 day assessment | GP | Service delivered personally by a physical therapist or under an outpatient physical therapy plan of care. |
| | 43 | Significant correction of prior full assessment/Medicare 60 day assessment | LC | Left circumflex coronary artery |
| | 44 | Significant correction of prior full assessment/Medicare 90 day assessment | LD | Left anterior descending coronary artery |
| | 47 | Significant correction of prior full assessment/Medicare 14 day assessment | LT | Left side of the body procedure |
| | 48 | Significant correction of prior full assessment/OMRA or SCSA | QM | Ambulance service provided under arrangement by a provider of services |

| | | | |
|----------------------------|--|---------------------|----------|
| Field 13: | CHRG_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 outpatient service.

| | | | |
|----------------------------|--|---------------------|--------------|
| Field 1: | THCIC_ID | | |
| Description: | Provider ID. Unique identifier assigned to the provider by DSHS. | | |
| Beginning Position: | 1 | Data Source: | Assigned |
| Length: | 6 | Type: | Alphanumeric |
| Field 2 | PROVIDER_NAME | | |
| Description: | Hospital name provided by the hospital. | | |
| Beginning Position: | 7 | Data Source: | Provider |
| Length: | 55 | Type: | Alphanumeric |
| Field 3: | FAC_TEACHING_IND | | |
| Description: | Teaching Facility Indicator. | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| Coding Scheme: | A Member, Council of Teaching Hospitals X Other teaching facility | | |
| Beginning Position: | 62 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 4: | FAC_PSYCH_IND | | |
| Description: | Psychiatric Facility Indicator. | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| Beginning Position: | 63 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 5: | FAC_REHAB_IND | | |
| Description: | Rehabilitation Facility Indicator. | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| Beginning Position: | 64 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 6: | FAC_ACUTE_CARE_IND | | |
| Description: | Acute Care Facility Indicator. | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| Beginning Position: | 65 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 7: | FAC_SNF_IND | | |
| Description: | Skilled Nursing Facility Indicator. Hospital facility type indicator provided by the hospital. | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| Beginning Position: | 66 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 8: | FAC_LONG_TERM_AC_IND | | |
| Description: | Long Term Acute Care Facility Indicator. | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| Beginning Position: | 67 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 9: | FAC_OTHER_LTC_IND | | |
| Description: | Other Long Term Care Facility Indicator. | | |
| Suppression: | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| Beginning Position: | 68 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 10: | FAC_PEDS_IND | | |
| Description: | Pediatric Facility Indicator. | | |

| | | | |
|----------------------------|---|---------------------|--------------|
| Suppression: | Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). | | |
| Coding Scheme: | C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities that also treat children | | |
| Beginning Position: | 69 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |



Texas Hospital Inpatient Discharge Public Use Data File

**Base Data #1 File, Base Data #2 File,
Charges Data File, and Facility Type Indicator File**

Data Fields

Fields that are shaded are not available in this release of data.

Base Data #1 File

| Number | FIELD NAME (<i>Base Data #1 File</i>) | 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 | PROVIDER_NAME | 25 | 55 | Alphanumeric |
| 5 | TYPE_OF_ADMISSION | 80 | 1 | Alphanumeric |
| 6 | SOURCE_OF_ADMISSION | 81 | 1 | Alphanumeric |
| 7 | SPEC_UNIT_1 | 82 | 1 | Alphanumeric |
| 8 | SPEC_UNIT_2 | 83 | 1 | Alphanumeric |
| 9 | SPEC_UNIT_3 | 84 | 1 | Alphanumeric |
| 10 | SPEC_UNIT_4 | 85 | 1 | Alphanumeric |
| 11 | SPEC_UNIT_5 | 86 | 1 | Alphanumeric |
| 12 | PAT_STATE | 87 | 2 | Alphanumeric |
| 13 | PAT_ZIP | 89 | 5 | Alphanumeric |
| 14 | PAT_COUNTRY | 94 | 2 | Alphanumeric |
| 15 | COUNTY | 96 | 3 | Alphanumeric |
| 16 | PUBLIC_HEALTH_REGION | 99 | 2 | Alphanumeric |
| 17 | PAT_STATUS | 101 | 2 | Alphanumeric |
| 18 | SEX_CODE | 103 | 1 | Alphanumeric |
| 19 | RACE | 104 | 1 | Alphanumeric |
| 20 | ETHNICITY | 105 | 1 | Alphanumeric |
| 21 | ADMIT_WEEKDAY | 106 | 1 | Alphanumeric |
| 22 | LENGTH_OF_STAY | 107 | 4 | Alphanumeric |
| 23 | PAT_AGE | 111 | 2 | Alphanumeric |
| 24 | FIRST_PAYMENT_SRC | 113 | 2 | Alphanumeric |
| 25 | SECONDARY_PAYMENT_SRC | 115 | 2 | Alphanumeric |
| 26 | TYPE_OF_BILL | 117 | 3 | Alphanumeric |
| 27 | TOTAL_CHARGES | 120 | 12 | Numeric |
| 28 | TOTAL_NON_COV_CHARGES | 132 | 12 | Numeric |
| 29 | TOTAL_CHARGES_ACCOMM | 144 | 12 | Numeric |
| 30 | TOTAL_NON_COV_CHARGES_ACCOMM | 156 | 12 | Numeric |
| 31 | TOTAL_CHARGES_ANCIL | 168 | 12 | Numeric |
| 32 | TOTAL_NON_COV_CHARGES_ANCIL | 180 | 12 | Numeric |
| 33 | POA_PROVIDER_INDICATOR | 192 | 1 | Alphanumeric |

| Number | FIELD NAME (Base Data #1 File) | Position | Length | Field Type |
|--------|--------------------------------|----------|--------|--------------|
| 34 | ADMITTING_DIAGNOSIS | 193 | 6 | Alphanumeric |
| 35 | PRINC_DIAG_CODE | 199 | 6 | Alphanumeric |
| 36 | POA_PRINC_DIAG_CODE | 205 | 1 | Alphanumeric |
| 37 | OTH_DIAG_CODE_1 | 206 | 6 | Alphanumeric |
| 38 | POA_OTH_DIAG_CODE_1 | 212 | 1 | Alphanumeric |
| 39 | OTH_DIAG_CODE_2 | 213 | 6 | Alphanumeric |
| 40 | POA_OTH_DIAG_CODE_2 | 219 | 1 | Alphanumeric |
| 41 | OTH_DIAG_CODE_3 | 220 | 6 | Alphanumeric |
| 42 | POA_OTH_DIAG_CODE_3 | 226 | 1 | Alphanumeric |
| 43 | OTH_DIAG_CODE_4 | 227 | 6 | Alphanumeric |
| 44 | POA_OTH_DIAG_CODE_4 | 233 | 1 | Alphanumeric |
| 45 | OTH_DIAG_CODE_5 | 234 | 6 | Alphanumeric |
| 46 | POA_OTH_DIAG_CODE_5 | 240 | 1 | Alphanumeric |
| 47 | OTH_DIAG_CODE_6 | 241 | 6 | Alphanumeric |
| 48 | POA_OTH_DIAG_CODE_6 | 247 | 1 | Alphanumeric |
| 49 | OTH_DIAG_CODE_7 | 248 | 6 | Alphanumeric |
| 50 | POA_OTH_DIAG_CODE_7 | 254 | 1 | Alphanumeric |
| 51 | OTH_DIAG_CODE_8 | 255 | 6 | Alphanumeric |
| 52 | POA_OTH_DIAG_CODE_8 | 261 | 1 | Alphanumeric |
| 53 | OTH_DIAG_CODE_9 | 262 | 6 | Alphanumeric |
| 54 | POA_OTH_DIAG_CODE_9 | 268 | 1 | Alphanumeric |
| 55 | OTH_DIAG_CODE_10 | 269 | 6 | Alphanumeric |
| 56 | POA_OTH_DIAG_CODE_10 | 275 | 1 | Alphanumeric |
| 57 | OTH_DIAG_CODE_11 | 276 | 6 | Alphanumeric |
| 58 | POA_OTH_DIAG_CODE_11 | 282 | 1 | Alphanumeric |
| 59 | OTH_DIAG_CODE_12 | 283 | 6 | Alphanumeric |
| 60 | POA_OTH_DIAG_CODE_12 | 289 | 1 | Alphanumeric |
| 61 | OTH_DIAG_CODE_13 | 290 | 6 | Alphanumeric |
| 62 | POA_OTH_DIAG_CODE_13 | 296 | 1 | Alphanumeric |
| 63 | OTH_DIAG_CODE_14 | 297 | 6 | Alphanumeric |
| 64 | POA_OTH_DIAG_CODE_14 | 303 | 1 | Alphanumeric |
| 65 | OTH_DIAG_CODE_15 | 304 | 6 | Alphanumeric |
| 66 | POA_OTH_DIAG_CODE_15 | 310 | 1 | Alphanumeric |
| 67 | OTH_DIAG_CODE_16 | 311 | 6 | Alphanumeric |
| 68 | POA_OTH_DIAG_CODE_16 | 317 | 1 | Alphanumeric |
| 69 | OTH_DIAG_CODE_17 | 318 | 6 | Alphanumeric |
| 70 | POA_OTH_DIAG_CODE_17 | 324 | 1 | Alphanumeric |
| 71 | OTH_DIAG_CODE_18 | 325 | 6 | Alphanumeric |
| 72 | POA_OTH_DIAG_CODE_18 | 331 | 1 | Alphanumeric |
| 73 | OTH_DIAG_CODE_19 | 332 | 6 | Alphanumeric |
| 74 | POA_OTH_DIAG_CODE_19 | 338 | 1 | Alphanumeric |
| 75 | OTH_DIAG_CODE_20 | 339 | 6 | Alphanumeric |
| 76 | POA_OTH_DIAG_CODE_20 | 345 | 1 | Alphanumeric |
| 77 | OTH_DIAG_CODE_21 | 346 | 6 | Alphanumeric |
| 78 | POA_OTH_DIAG_CODE_21 | 352 | 1 | Alphanumeric |
| 79 | OTH_DIAG_CODE_22 | 353 | 6 | Alphanumeric |
| 80 | POA_OTH_DIAG_CODE_22 | 359 | 1 | Alphanumeric |

| Number | FIELD NAME (Base Data #1 File) | Position | Length | Field Type |
|--------|--------------------------------|----------|--------|--------------|
| 81 | OTH_DIAG_CODE_23 | 360 | 6 | Alphanumeric |
| 82 | POA_OTH_DIAG_CODE_23 | 366 | 1 | Alphanumeric |
| 83 | OTH_DIAG_CODE_24 | 367 | 6 | Alphanumeric |
| 84 | POA_OTH_DIAG_CODE_24 | 373 | 1 | Alphanumeric |
| 85 | E_CODE_1 | 374 | 6 | Alphanumeric |
| 86 | POA_E_CODE_1 | 380 | 1 | Alphanumeric |
| 87 | E_CODE_2 | 381 | 6 | Alphanumeric |
| 88 | POA_E_CODE_2 | 387 | 1 | Alphanumeric |
| 89 | E_CODE_3 | 388 | 6 | Alphanumeric |
| 90 | POA_E_CODE_3 | 394 | 1 | Alphanumeric |
| 91 | E_CODE_4 | 395 | 6 | Alphanumeric |
| 92 | POA_E_CODE_4 | 401 | 1 | Alphanumeric |
| 93 | E_CODE_5 | 402 | 6 | Alphanumeric |
| 94 | POA_E_CODE_5 | 408 | 1 | Alphanumeric |
| 95 | E_CODE_6 | 409 | 6 | Alphanumeric |
| 96 | POA_E_CODE_6 | 415 | 1 | Alphanumeric |
| 97 | E_CODE_7 | 416 | 6 | Alphanumeric |
| 98 | POA_E_CODE_7 | 422 | 1 | Alphanumeric |
| 99 | E_CODE_8 | 423 | 6 | Alphanumeric |
| 100 | POA_E_CODE_8 | 429 | 1 | Alphanumeric |
| 101 | E_CODE_9 | 430 | 6 | Alphanumeric |
| 102 | POA_E_CODE_9 | 436 | 1 | Alphanumeric |
| 103 | E_CODE_10 | 437 | 6 | Alphanumeric |
| 104 | POA_E_CODE_10 | 443 | 1 | Alphanumeric |
| 105 | PRINC_SURG_PROC_CODE | 444 | 7 | Alphanumeric |
| 106 | PRINC_SURG_PROC_DAY | 451 | 4 | Alphanumeric |
| 107 | PRINC_ICD9_CODE | 455 | 5 | Alphanumeric |
| 108 | OTH_SURG_PROC_CODE_1 | 460 | 7 | Alphanumeric |
| 109 | OTH_SURG_PROC_DAY_1 | 467 | 4 | Alphanumeric |
| 110 | OTH_ICD9_CODE_1 | 471 | 5 | Alphanumeric |
| 111 | OTH_SURG_PROC_CODE_2 | 476 | 7 | Alphanumeric |
| 112 | OTH_SURG_PROC_DAY_2 | 483 | 4 | Alphanumeric |
| 113 | OTH_ICD9_CODE_2 | 487 | 5 | Alphanumeric |
| 114 | OTH_SURG_PROC_CODE_3 | 492 | 7 | Alphanumeric |
| 115 | OTH_SURG_PROC_DAY_3 | 499 | 4 | Alphanumeric |
| 116 | OTH_ICD9_CODE_3 | 503 | 5 | Alphanumeric |
| 117 | OTH_SURG_PROC_CODE_4 | 508 | 7 | Alphanumeric |
| 118 | OTH_SURG_PROC_DAY_4 | 515 | 4 | Alphanumeric |
| 119 | OTH_ICD9_CODE_4 | 519 | 5 | Alphanumeric |
| 120 | OTH_SURG_PROC_CODE_5 | 524 | 7 | Alphanumeric |
| 121 | OTH_SURG_PROC_DAY_5 | 531 | 4 | Alphanumeric |
| 122 | OTH_ICD9_CODE_5 | 535 | 5 | Alphanumeric |
| 123 | OTH_SURG_PROC_CODE_6 | 540 | 7 | Alphanumeric |
| 124 | OTH_SURG_PROC_DAY_6 | 547 | 4 | Alphanumeric |
| 125 | OTH_ICD9_CODE_6 | 551 | 5 | Alphanumeric |
| 126 | OTH_SURG_PROC_CODE_7 | 556 | 7 | Alphanumeric |
| 127 | OTH_SURG_PROC_DAY_7 | 563 | 4 | Alphanumeric |

| Number | FIELD NAME (Base Data #1 File) | Position | Length | Field Type |
|--------|--------------------------------|----------|--------|--------------|
| 128 | OTH_ICD9_CODE_7 | 567 | 5 | Alphanumeric |
| 129 | OTH_SURG_PROC_CODE_8 | 572 | 7 | Alphanumeric |
| 130 | OTH_SURG_PROC_DAY_8 | 579 | 4 | Alphanumeric |
| 131 | OTH_ICD9_CODE_8 | 583 | 5 | Alphanumeric |
| 132 | OTH_SURG_PROC_CODE_9 | 588 | 7 | Alphanumeric |
| 133 | OTH_SURG_PROC_DAY_9 | 595 | 4 | Alphanumeric |
| 134 | OTH_ICD9_CODE_9 | 599 | 5 | Alphanumeric |
| 135 | OTH_SURG_PROC_CODE_10 | 604 | 7 | Alphanumeric |
| 136 | OTH_SURG_PROC_DAY_10 | 611 | 4 | Alphanumeric |
| 137 | OTH_ICD9_CODE_10 | 615 | 5 | Alphanumeric |
| 138 | OTH_SURG_PROC_CODE_11 | 620 | 7 | Alphanumeric |
| 139 | OTH_SURG_PROC_DAY_11 | 627 | 4 | Alphanumeric |
| 140 | OTH_ICD9_CODE_11 | 631 | 5 | Alphanumeric |
| 141 | OTH_SURG_PROC_CODE_12 | 636 | 7 | Alphanumeric |
| 142 | OTH_SURG_PROC_DAY_12 | 643 | 4 | Alphanumeric |
| 143 | OTH_ICD9_CODE_12 | 647 | 5 | Alphanumeric |
| 144 | OTH_SURG_PROC_CODE_13 | 652 | 7 | Alphanumeric |
| 145 | OTH_SURG_PROC_DAY_13 | 659 | 4 | Alphanumeric |
| 146 | OTH_ICD9_CODE_13 | 663 | 5 | Alphanumeric |
| 147 | OTH_SURG_PROC_CODE_14 | 668 | 7 | Alphanumeric |
| 148 | OTH_SURG_PROC_DAY_14 | 675 | 4 | Alphanumeric |
| 149 | OTH_ICD9_CODE_14 | 679 | 5 | Alphanumeric |
| 150 | OTH_SURG_PROC_CODE_15 | 684 | 7 | Alphanumeric |
| 151 | OTH_SURG_PROC_DAY_15 | 691 | 4 | Alphanumeric |
| 152 | OTH_ICD9_CODE_15 | 695 | 5 | Alphanumeric |
| 153 | OTH_SURG_PROC_CODE_16 | 700 | 7 | Alphanumeric |
| 154 | OTH_SURG_PROC_DAY_16 | 707 | 4 | Alphanumeric |
| 155 | OTH_ICD9_CODE_16 | 711 | 5 | Alphanumeric |
| 156 | OTH_SURG_PROC_CODE_17 | 716 | 7 | Alphanumeric |
| 157 | OTH_SURG_PROC_DAY_17 | 723 | 4 | Alphanumeric |
| 158 | OTH_ICD9_CODE_17 | 727 | 5 | Alphanumeric |
| 159 | OTH_SURG_PROC_CODE_18 | 732 | 7 | Alphanumeric |
| 160 | OTH_SURG_PROC_DAY_18 | 739 | 4 | Alphanumeric |
| 161 | OTH_ICD9_CODE_18 | 743 | 5 | Alphanumeric |
| 162 | OTH_SURG_PROC_CODE_19 | 748 | 7 | Alphanumeric |
| 163 | OTH_SURG_PROC_DAY_19 | 755 | 4 | Alphanumeric |
| 164 | OTH_ICD9_CODE_19 | 759 | 5 | Alphanumeric |
| 165 | OTH_SURG_PROC_CODE_20 | 764 | 7 | Alphanumeric |
| 166 | OTH_SURG_PROC_DAY_20 | 771 | 4 | Alphanumeric |
| 167 | OTH_ICD9_CODE_20 | 775 | 5 | Alphanumeric |
| 168 | OTH_SURG_PROC_CODE_21 | 780 | 7 | Alphanumeric |
| 169 | OTH_SURG_PROC_DAY_21 | 787 | 4 | Alphanumeric |
| 170 | OTH_ICD9_CODE_21 | 791 | 5 | Alphanumeric |
| 171 | OTH_SURG_PROC_CODE_22 | 796 | 7 | Alphanumeric |
| 172 | OTH_SURG_PROC_DAY_22 | 803 | 4 | Alphanumeric |
| 173 | OTH_ICD9_CODE_22 | 807 | 5 | Alphanumeric |
| 174 | OTH_SURG_PROC_CODE_23 | 812 | 7 | Alphanumeric |

| Number | FIELD NAME (Base Data #1 File) | Position | Length | Field Type |
|--------|--------------------------------|----------|--------|--------------|
| 175 | OTH_SURG_PROC_DAY_23 | 819 | 4 | Alphanumeric |
| 176 | OTH_ICD9_CODE_23 | 823 | 5 | Alphanumeric |
| 177 | OTH_SURG_PROC_CODE_24 | 828 | 7 | Alphanumeric |
| 178 | OTH_SURG_PROC_DAY_24 | 835 | 4 | Alphanumeric |
| 179 | OTH_ICD9_CODE_24 | 839 | 5 | Alphanumeric |
| 180 | MS_MDC | 844 | 2 | Alphanumeric |
| 181 | MS_DRG | 846 | 3 | Alphanumeric |
| 182 | MS_GROUPER_VERSION_NBR | 849 | 5 | Alphanumeric |
| 183 | MS_GROUPER_ERROR_CODE | 854 | 2 | Alphanumeric |
| 184 | APR_MDC | 856 | 2 | Alphanumeric |
| 185 | APR_DRG | 858 | 4 | Alphanumeric |
| 186 | RISK_MORTALITY | 862 | 1 | Alphanumeric |
| 187 | ILLNESS_SEVERITY | 863 | 1 | Alphanumeric |
| 188 | APR_GROUPER_VERSION_NBR | 864 | 5 | Alphanumeric |
| 189 | APR_GROUPER_ERROR_CODE | 869 | 2 | Alphanumeric |
| 190 | ATTENDING_PHYSICIAN_UNIF_ID | 871 | 10 | Alphanumeric |
| 191 | OPERATING_PHYSICIAN_UNIF_ID | 881 | 10 | Alphanumeric |
| 192 | ENCOUNTER_INDICATOR | 891 | 2 | Alphanumeric |
| 193 | CERT_STATUS | 893 | 1 | Alphanumeric |
| 194 | FILLER_SPACE | 894 | 57 | Alphanumeric |
| | | | | |
| | RECORD_LENGTH | | 950 | |

Base Data #2 File

| Number | FIELD NAME (Base Data #2 File) | Position | Length | Field Type |
|--------|---|----------|--------|--------------|
| 1 | RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | 1 | 12 | Alphanumeric |
| 2 | PRIVATE_AMOUNT | 13 | 12 | Numeric |
| 3 | SEMI_PRIVATE_AMOUNT | 25 | 12 | Numeric |
| 4 | WARD_AMOUNT | 37 | 12 | Numeric |
| 5 | ICU_AMOUNT | 49 | 12 | Numeric |
| 6 | CCU_AMOUNT | 61 | 12 | Numeric |
| 7 | OTHER_AMOUNT | 73 | 12 | Numeric |
| 8 | PHARM_AMOUNT | 85 | 12 | Numeric |
| 9 | MEDSURG_AMOUNT | 97 | 12 | Numeric |
| 10 | DME_AMOUNT | 109 | 12 | Numeric |
| 11 | USED_DME_AMOUNT | 121 | 12 | Numeric |
| 12 | PT_AMOUNT | 133 | 12 | Numeric |
| 13 | OT_AMOUNT | 145 | 12 | Numeric |
| 14 | SPEECH_AMOUNT | 157 | 12 | Numeric |
| 15 | IT_AMOUNT | 169 | 12 | Numeric |
| 16 | BLOOD_AMOUNT | 181 | 12 | Numeric |
| 17 | BLOOD_ADM_AMOUNT | 193 | 12 | Numeric |
| 18 | OR_AMOUNT | 205 | 12 | Numeric |
| 19 | LITH_AMOUNT | 217 | 12 | Numeric |
| 20 | CARD_AMOUNT | 229 | 12 | Numeric |

| Number | FIELD NAME (Base Data #2 File) | Position | Length | Field Type |
|--------|--------------------------------|----------|--------|--------------|
| 21 | ANES_AMOUNT | 241 | 12 | Numeric |
| 22 | LAB_AMOUNT | 253 | 12 | Numeric |
| 23 | RAD_AMOUNT | 265 | 12 | Numeric |
| 24 | MRI_AMOUNT | 277 | 12 | Numeric |
| 25 | OP_AMOUNT | 289 | 12 | Numeric |
| 26 | ER_AMOUNT | 301 | 12 | Numeric |
| 27 | AMBULANCE_AMOUNT | 313 | 12 | Numeric |
| 28 | PRO_FEE_AMOUNT | 325 | 12 | Numeric |
| 29 | ORGAN_AMOUNT | 337 | 12 | Numeric |
| 30 | ESRD_AMOUNT | 349 | 12 | Numeric |
| 31 | CLINIC_AMOUNT | 361 | 12 | Numeric |
| 32 | OCCUR_CODE_1 | 373 | 2 | Alphanumeric |
| 33 | OCCUR_DAY_1 | 375 | 4 | Alphanumeric |
| 34 | OCCUR_CODE_2 | 379 | 2 | Alphanumeric |
| 35 | OCCUR_DAY_2 | 381 | 4 | Alphanumeric |
| 36 | OCCUR_CODE_3 | 385 | 2 | Alphanumeric |
| 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 |

| Number | FIELD NAME (Base Data #2 File) | Position | Length | Field Type |
|--------|--------------------------------|----------|--------|--------------|
| 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 |
| 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 |
| 100 | FILLER_SPACE | 649 | 52 | Alphanumeric |
| | | | | |
| | RECORD_LENGTH | | 700 | |

Charges Data File

| Number | FIELD NAME | Position | Length | Field Type |
|--------|---|----------|--------|--------------|
| 1 | RECORD_ID Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | 1 | 12 | Alphanumeric |
| 2 | REVENUE_CODE | 13 | 4 | Alphanumeric |
| 3 | HCPCS_QUALIFIER | 17 | 2 | Alphanumeric |
| 4 | HCPCS_PROCEDURE_CODE | 19 | 5 | Alphanumeric |
| 5 | MODIFIER_1 | 24 | 2 | Alphanumeric |
| 6 | MODIFIER_2 | 26 | 2 | Alphanumeric |
| 7 | MODIFIER_3 | 28 | 2 | Alphanumeric |
| 8 | MODIFIER_4 | 30 | 2 | Alphanumeric |
| 9 | UNIT_MEASUREMENT_CODE | 32 | 2 | Alphanumeric |
| 10 | UNITS_OF_SERVICE | 34 | 7 | Numeric |
| 11 | UNIT_RATE | 41 | 12 | Numeric |
| 12 | CHRG_LINE_ITEM | 53 | 14 | Numeric |
| 13 | CHRG_NON_COV | 67 | 14 | Numeric |
| | | | | |
| | RECORD_LENGTH | | 80 | |

Facility Type Indicator File

| Number | FIELD NAME | Position | Length | Field Type |
|--------|----------------------|----------|--------|--------------|
| 1 | THCIC_ID | 1 | 6 | Alphanumeric |
| 2 | PROVIDER_NAME | 7 | 55 | Alphanumeric |
| 3 | FAC_TEACHING_IND | 62 | 1 | Alphanumeric |
| 4 | FAC_PSYCH_IND | 63 | 1 | Alphanumeric |
| 5 | FAC_REHAB_IND | 64 | 1 | Alphanumeric |
| 6 | FAC_ACUTE_CARE_IND | 65 | 1 | Alphanumeric |
| 7 | FAC_SNF_IND | 66 | 1 | Alphanumeric |
| 8 | FAC_LONG_TERM_AC_IND | 67 | 1 | Alphanumeric |
| 9 | FAC_OTHER_LTC_IND | 68 | 1 | Alphanumeric |
| 10 | FAC_PEDS_IND | 69 | 1 | Alphanumeric |
| | | | | |
| | RECORD_LENGTH | | 69 | |



Texas Hospital Inpatient Discharge Data

Public Use Data File

Reporting Status of Texas Hospitals, 2013

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|--|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| Abilene | | | | | | | | | |
| 091001 Abilene Regional Medical Center | | X | | X | | X | | | |
| 500000 Hendrick Medical Center | | X | | X | | X | | | |
| 688000 Hendrick Center-Extended Care | | X | | X | | X ^{lv} | | | |
| 846000 Acadia Abilene | | X | | X | | X | X | | |
| 920000 Reliant Rehab Hospital Abilene | | X | | X | | X | | | |
| Addison | | | | | | | | | |
| 750000 Methodist Hospital for Surgery | | X | | X | | X | | | |
| Alice | | | | | | | | | |
| 689401 CHRISTUS Spohn Hospital Alice | | X | | X | | X | | | |
| Allen | | | | | | | | | |
| 724200 Texas Health Presbyterian Hospital Allen | | X | X | X | X | X | X | | |
| 854000 Twin Creeks Hospital | | X ^{OC} | | C | | | | | |
| 973130 Warm Springs Rehab Hospital Allen First reports 2 nd quarter 2013 | | | | X | | X | | | |
| Alpine | | | | | | | | | |
| 711900 Big Bend Regional Medical Center | | X | | X | | X | | | |
| Amarillo | | | | | | | | | |
| 001000 Baptist St Anthonys Health System-Baptist Campus | | X | X | X | X | X | X | | |
| 318000 Northwest Texas Hospital | | X | | X | | X | | | |
| 318001 The Pavilion | 318000 | | | | | | | | |
| 714000 Northwest Texas Surgery Center | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 796000 Plum Creek Specialty Hospital | | X | | X | | X | | | |
| 818000 Kindred Hospital Amarillo | | X | | X | | C | | | |
| 841400 Kindred Rehabilitation Hospital Amarillo | | X | | X | | C | | | |
| 852900 Physicians Surgical Hospital-Quail Creek | | X | | X | | X | | | |
| 852901 Physicians Surgical Hospital-Panhandle Campus | | X | | X | | X | | | |
| Anahuac | | | | | | | | | |
| 442000 Bayside Community Hospital | | * | | * | | * | | | |
| Andrews | | | | | | | | | |
| 187000 Permian Regional Medical Center | | * | | * | | * | | | |
| Angleton | | | | | | | | | |
| 126000 Angleton Danbury Medical Center | | X | | X | | X | | | |
| Anson | | | | | | | | | |
| 016000 Anson General Hospital | | * | | * | | * | | | |
| Aransas Pass | | | | | | | | | |
| 239001 Care Regional Medical Center | | X | | X | | X | | | |
| Arlington | | | | | | | | | |
| 100084 Sundance Hospital | | X | | X | | X | | | |
| 422000 Texas Health Arlington Memorial Hospital | | X | X | X | X | X | X | | |
| 502000 Medical Center-Arlington | | X | | X | X | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|--|--------------|-----------------|--------------|------------------|--------------|------------------|--------------|------|--------------|
| 660000 HEALTHSOUTH Rehab Hospital- Arlington | | X | | X | | X | | | |
| 690000 Kindred Hospital-Tarrant County | | X | | X | | X | | | |
| 730001 Texas Health Heart & Vascular Hospital | | X | X | X | X | X | X | | |
| 765001 Millwood Hospital | | X | | X | | X | | | |
| 799001 USMD Hospital-Arlington | | X | | X | | X | | | |
| 831800 Kindred Rehabilitation Hospital Arlington | | X | | X | | X | | | |
| 936000 Baylor Orthopedic and Spine Hospital- Arlington | | X | | X | | X | | | |
| Aspermont | | | | | | | | | |
| 666000 Stonewall Memorial Hospital | | * | | * | | * | | | |
| Athens | | | | | | | | | |
| 374000 East Texas Medical Center-Athens | | X | | X | | X | | | |
| Atlanta | | | | | | | | | |
| 788003 Christus St Michael Hospital Atlanta | | X | X | X | X | X | X | | |
| Aubrey | | | | | | | | | |
| 873200 Baylor Emergency Medical Center at Aubrey | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| Austin | | | | | | | | | |
| 000100 Austin State Hospital | | X | X | X | X | X | X | | |
| 035000 St Davids Hospital | | X | | X | | X | | | |
| 335000 University Medical Center-Brackenridge | | X | X | X | X | X | X | | |
| 497000 Seton Medical Center | | X | X | X | X | X | X | | |
| 602000 St Davids South Austin Hospital | | X | | X | | X | | | |
| 622001 Texas NeuroRehab Center | | X | | X | | X | | | |
| 649000 St Davids Rehab Center | | X | | X | | X | | | |
| 663000 HEALTHSOUTH Rehab Hospital-Austin | | X | | X ^{lv} | | X | | | |
| 700000 Cornerstone Hospital-Austin | | X | | X | | X | | | |
| 739001 Texas NeuroRehab Center | | X | | X | | X | | | |
| 770000 Seton Shoal Creek Hospital | | X | | X | | X | | | |
| 794000 Northwest Hills Surgical Hospital | | X | | X | | X | | | |
| 797500 Seton Southwest Hospital | | X | X | X | X | X | X | | |
| 797600 Seton Northwest Hospital | | X | X | X | X | X | X | | |
| 798500 Austin Surgical Hospital | | X ^{OC} | | X ^{OC} | | C | | | |
| 822800 Westlake Medical Center | | X | | X | | X | | | |
| 829000 Heart Hospital-Austin | | X | | X | | X | | | |
| 829900 North Austin Medical Center | | X ^{OC} | | X | | X | | | |
| 852000 Dell Childrens Medical Center | | X | X | X | X | X | X | | |
| 854400 Central Texas Rehab Hospital | | X | | X | | X | | | |
| 855200 Austin Lakes Hospital | | X | | X | | X | | | |
| 970200 Lakeway Regional Medical Center | | X | | X | | X | | | |
| 970800 Reliant Austin | | X | | X | | X | | | |
| 973160 Austin Oaks Hospital First reports 2 nd quarter 2013 | | | | X ^{lv} | | X | | | |
| 973290 Arise Austin Medical Center First reports 3 rd quarter 2013 | | | | | | X | | | |
| Azle | | | | | | | | | |
| 469000 Texas Health Harris Methodist Hospital Azle | | X | X | X | X | X | X | | |
| Ballinger | | | | | | | | | |
| 234000 Ballinger Memorial Hospital District | | *X | | *X ^{lv} | | *X ^{lv} | | | |
| Bay City | | | | | | | | | |
| 006000 Matagorda Regional Medical Center | | X | X | X | X | X | X | | |
| 006001 Matagorda Regional Medical Center | | X ^{lv} | X | X ^{lv} | X | X ^{lv} | X | | |
| Baytown | | | | | | | | | |
| 405000 San Jacinto Methodist Hospital | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|--|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 405002 San Jacinto Methodist Hospital–Alexander Campus | 405000 | | | | | | | | |
| 720401 Kindred Hospital Baytown | | X | | X | | X | | | |
| Beaumont | | | | | | | | | |
| 389000 Baptist Hospitals of Southeast Texas | | X | | X | | X | | | |
| 389002 Baptist Hospitals of Southeast Texas Fannin Behavioral Ctr | 389000 | | | | | | | | |
| 444001 CHRISTUS St Elizabeth Hospital | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| 671000 HEALTHSOUTH Rehab Hospital–Beaumont | | X | | X | | X | | | |
| 708000 CHRISTUS Dubuis Hospital–Beaumont | | X | X | X | X | X | X | | |
| 826500 Beaumont Bone & Joint Institute | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 861900 Kate Dishman Rehab Hospital | | X | | X | | X | X | | |
| 973170 Victory Medical Center Beaumont First reports 2 nd quarter 2013 | | | | X ^{lv} | | X | | | |
| Bedford | | | | | | | | | |
| 182000 Texas Health Harris Methodist HEB | | X | X | X | X | X | X | | |
| 700003 Reliant Rehab Hospital Mid–Cities | | X | | X | | X | | | |
| 778000 Texas Health Springwood Hospital | | X | X | X | X | X | X | | |
| Beeville | | | | | | | | | |
| 429001 CHRISTUS Spohn Hospital–Beeville | | X | | X | | X | | | |
| Bellaire | | | | | | | | | |
| 831900 Houston Orthopedic & Spine Hospital | | X | | X | | X | | | |
| 840100 First Street Hospital | | X | | X | | X | | | |
| Bellville | | | | | | | | | |
| 552000 Bellville General Hospital | | * | | * | | * | | | |
| Belton | | | | | | | | | |
| 806002 Cedar Crest Hospital | | X | | X | | X | | | |
| Big Lake | | | | | | | | | |
| 343000 Reagan Memorial Hospital | | * | | * | | * | | | |
| Big Spring | | | | | | | | | |
| 000101 Big Spring State Hospital | | X | X | X | X | X | X | | |
| 221000 Scenic Mountain Medical Center | | X | | X | | X | | | |
| Bonham | | | | | | | | | |
| 106001 Red River Regional Hospital | | X | | X | | X | | | |
| Borger | | | | | | | | | |
| 654000 Golden Plains Community Hospital | | X | | X | | X | | | |
| Bowie | | | | | | | | | |
| 440000 Bowie Memorial Hospital | | * | | * | | * | | | |
| Brady | | | | | | | | | |
| 362000 Heart of Texas Healthcare System | | * | | * | | * | | | |
| Breckenridge | | | | | | | | | |
| 430000 Stephens Memorial Hospital | | * | | * | | * | | | |
| Brenham | | | | | | | | | |
| 066000 Scott & White Hospital–Brenham | | X | | X | | X | | | |
| Bridgeport | | | | | | | | | |
| 973110 Wise Regional Health System Bridgeport Campus First reports 2 nd quarter 2013 | | | | X ^{lv} | X | X ^{lv} | X | | |
| Brownfield | | | | | | | | | |
| 078000 Brownfield Regional Medical Center | | * | | * | | * | | | |
| Brownsville | | | | | | | | | |
| 019000 Valley Regional Medical Center | | X | | X | | X ^{OC} | | | |
| 314001 Valley Baptist Medical Center–Brownsville | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 314002 Valley Baptist Medical Center–Brownsville Psych Unit | 314001 | | | | | | | | |
| 724900 Brownsville Doctors Hospital | | X ^{lv} | | C | | | | | |
| 821100 South Texas Rehab Hospital | | X | | X | | X | | | |
| 847500 Solara Hospital–Brownsville Campus | | X | | X | | X | | | |
| Brownwood | | | | | | | | | |
| 058000 Brownwood Regional Medical Center | | X | | X | | X | | | |
| Bryan | | | | | | | | | |
| 002001 St Joseph Regional Health Center | | X | X | X | X | X | X | | |
| 002002 St Joseph Regional Rehab Center | 002001 | | | | | | | | |
| 717500 Physicians Centre Hospital | | X | | X | | X | | | |
| 864800 CHRISTUS Dubuis Hospital–Bryan | | X | X | X | X | X ^{lv} | X | | |
| Burnet | | | | | | | | | |
| 559000 Seton Highland Lakes Hospital | | X | X | X | X | X ^{OC} | | | |
| Caldwell | | | | | | | | | |
| 679000 Burleson St Joseph Health Center–Caldwell | | X | X | X ^{lv} | X | X | X | | |
| Canadian | | | | | | | | | |
| 457000 Hemphill County Hospital | | * | | * | | * | | | |
| Carrizo Springs | | | | | | | | | |
| 156000 Dimmit Regional Hospital | | * | | * | | * | | | |
| Carrollton | | | | | | | | | |
| 042000 Baylor Medical Center at Carrollton | | X | X | X | X | X | X | | |
| 969500 Carrollton Springs | | X | | X | | X | | | |
| Carthage | | | | | | | | | |
| 484000 East Texas Medical Center–Carthage | | X | | X ^{OC} | | X | | | |
| Cedar Park | | | | | | | | | |
| 101200 Scott & White Emergency Hospital at Cedar Park First reports 2 nd quarter 2013 | | | | X ^{lv} | | X ^{lv} | | | |
| 858300 Cedar Park Regional Medical Center | | X | | X | | X | | | |
| Channelview | | | | | | | | | |
| 720400 Kindred Hospital East Houston | | X | | X | | X | | | |
| Childress | | | | | | | | | |
| 026000 Childress Regional Medical Center | | X | | X | | X | | | |
| Chillicothe | | | | | | | | | |
| 523000 Chillicothe Hospital | | * | | * | | * | | | |
| Clarksville | | | | | | | | | |
| 292000 East Texas Medical Center–Clarksville | | X | | X | | X | | | |
| Cleburne | | | | | | | | | |
| 323000 Texas Health Harris Methodist Hospital Cleburne | | X | X | X | X | X | X | | |
| Cleveland | | | | | | | | | |
| 108000 Cleveland Regional Medical Center | | X | | X | | X ^{OC} | | | |
| 840400 Doctors Diagnostic Hospital | | X | X | X | X | X ^{OC} | | | |
| Clifton | | | | | | | | | |
| 070000 Goodall–Witcher Healthcare Foundation | | * | | * | | * | | | |
| Coleman | | | | | | | | | |
| 049000 Coleman County Medical Center | | X | | X | | X | | | |
| College Station | | | | | | | | | |
| 071000 College Station Medical Center | | X | | X | | X | | | |
| 206100 Scott & White Hospital College Station First reports 3 rd quarter 2013 | | | | | | X | | | |
| Colorado City | | | | | | | | | |
| 075000 Mitchell County Hospital | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| Columbus | | | | | | | | | |
| 014000 Columbus Community Hospital | | X | | X | | X | | | |
| Comanche | | | | | | | | | |
| 495001 Comanche County Medical Center | | X ^{OC} | | X ^{OC} | | X | | | |
| Commerce | | | | | | | | | |
| 087000 Hunt Regional Community Hospital | | X | | X | | X ^{lv} | | | |
| Conroe | | | | | | | | | |
| 100087 Montgomery County Mental Health Treatment Facility | | X | | X | | X | | | |
| 508001 Conroe Regional Medical Center | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| 695000 HEALTHSOUTH Rehab Hospital The Woodlands | | X | | X | | X | | | |
| 854100 Solara Hospital Conroe | | X | | X | | X | | | |
| 915000 Aspire Behavioral Health–Conroe | | X | | X | | X | | | |
| Corpus Christi | | | | | | | | | |
| 398000 CHRISTUS Spohn Hospital Corpus Christi | | X | | X | | X | | | |
| 398001 CHRISTUS Spohn Hospital Corpus Christi–Shoreline | | X | | X | | X | | | |
| 398002 CHRISTUS Spohn Hospital Corpus Christi–South | | X | | X | | X | | | |
| 488000 Driscoll Childrens Hospital | | X | | X | | X | | | |
| 703000 Corpus Christi Medical Center–Bay Area | | X | | X | | X | | | |
| 703002 Corpus Christi Medical Center–Doctors Regional | | X | | X | | X | | | |
| 703003 Corpus Christi Medical Center–Heart Hospital | | X | | X | | X | | | |
| 703005 Bayview Behavioral Hospital | | X | | X | | X | | | |
| 704004 Corpus Christi Medical Center–Northwest | | X | | X | | X | | | |
| 797001 Dubuis Hospital–Corpus Christi | | X | X | X | X | X | X | | |
| 804100 Kindred Hospital–Corpus Christi | | X | | X | | C | | | |
| 931000 South Texas Surgical Hospital | | X | | X | | X | | | |
| 970700 Esplanade Rehab Hospital | | X ^{OC} | | X | | X ^{lv} | | | |
| 973310 Corpus Christi Rehabilitation Hospital First reports 3 rd quarter 2013 | | | | | | X | | | |
| Corsicana | | | | | | | | | |
| 141000 Navarro Regional Hospital | | X | | X | | X | | | |
| Crane | | | | | | | | | |
| 467000 Crane Memorial Hospital | | * | | * | | * | | | |
| Crockett | | | | | | | | | |
| 185000 East Texas Medical Center–Crockett | | X | | X | | X | | | |
| Crosbyton | | | | | | | | | |
| 176000 Crosbyton Clinic Hospital | | * | | * | | * | | | |
| Cuero | | | | | | | | | |
| 074000 Cuero Community Hospital | | * | | * | | * | | | |
| Cypress | | | | | | | | | |
| 114100 Lone Star Behavioral Health Cypress | | X | | X | | X ^{OC} | | | |
| 843200 North Cypress Medical Center | | X | | X | | X | | | |
| Dalhart | | | | | | | | | |
| 262000 Coon Memorial Hospital & Home | | * | | * | | * | | | |
| Dallas | | | | | | | | | |
| 008001 Baylor Medical Center at Uptown | | X | | X | | X | | | |
| 028000 Kindred Hospital–Dallas | | X | | X | | X | | | |
| 054000 Texas Scottish Rite Hospital for Children | | * | | * | | * | | | |
| 142000 Methodist Charlton Medical Center | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 143000 Childrens Medical Center–Dallas | | X | | X | | X | | | |
| 255000 Methodist Dallas Medical Center | | X | | X | | X | | | |
| 331000 Baylor University Medical Center | | X | X | X | X | X | X | | |
| 340000 Medical City Dallas Hospital | | X | | X | | X | | | |
| 431000 Texas Health Presbyterian Hospital Dallas | | X | X | X | X | X | X | | |
| 448001 UT Southwestern University Hospital–St Paul | | X | | X | | X | X | | |
| 449000 Dallas Medical Center | | X | | X | | X ^{OC} | | | |
| 474000 Parkland Memorial Hospital | | X | X | X | X | X | X | | |
| 511000 Doctors Hospital–White Rock Lake | | X | | X | | X | | | |
| 586000 Baylor Specialty Hospital | | X | | X | | X | | | |
| 642000 Baylor Institute for Rehab | | X | | X | | X | | | |
| 653001 UT Southwestern University Hospital–Zale Lipsy | | X | | X | | X | | | |
| 661001 Texas Specialty Hospital–Dallas | | X | | X | | X | | | |
| 672000 Select Specialty Hospital–Dallas | | X | | X | | X | | | |
| 680001 Reliant Rehab Hospital Dallas | | X | | X | | X | | | |
| 710000 Our Childrens House Baylor | | X | | X | | X | | | |
| 717000 LifeCare Hospital–Dallas | | X | | X | | X | | | |
| 719400 Kindred Hospital–White Rock | | X | | X | | X ^{lv} | | | |
| 752000 Timberlawn Mental Health System | | X | | X | | X | | | |
| 766000 Green Oaks Hospital | | X | | X | | X | X | | |
| 784400 Baylor Heart & Vascular Center | | X | X | X | X | X | X | | |
| 813100 Texas Institute for Surgery–Texas Health Presbyterian–D | | X | X | X | X | X | X | | |
| 818200 Pine Creek Medical Center | | X | | X | | X | | | |
| 839100 Vibra Specialty Hospital | | X ^{OC} | | X | | X | | | |
| 860600 North Central Surgical Center | | X | | X | | X | | | |
| 862000 Methodist Rehab Hospital | | X | | X | | X | | | |
| 872100 Baylor Institute for Rehab Northwest Dallas | | X | | X | | X | | | |
| 900000 Forest Park Medical Center | | X | | X | | X | | | |
| 908000 South Hampton Community Hospital | | X | | X ^{OC} | | X ^{OC} | | | |
| 914000 Kindred Hospital Dallas Central | | X | | X | | X | | | |
| De Soto | | | | | | | | | |
| 785900 Select Specialty Hospital–South Dallas | | X | | X | | X | | | |
| 837800 Hickory Trail Hospital | | X | | X | | X ^{OC} | | | |
| Decatur | | | | | | | | | |
| 254000 Wise Regional Health System | | X ^{lv} | X | X ^{lv} | X | X ^{lv} | X | | |
| 254001 Wise Regional Health System | | X | X | X | X | X | X | | |
| Del Rio | | | | | | | | | |
| 462000 Val Verde Regional Medical Center | | X | | X | | X | | | |
| Denison | | | | | | | | | |
| 847000 Texoma Medical Center | | X | X | X | X | X | X | | |
| 847001 Reba McEntire Center–Rehab | 847000 | | | | | | | | |
| 864600 Carrus Specialty Hospital | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| Denton | | | | | | | | | |
| 208100 The Heart Hospital Baylor Denton First reports 3 rd quarter 2013 | | | | | | *** | | | |
| 336001 Denton Regional Medical Center | | X | | X | X | X | | | |
| 820800 Texas Health Presbyterian Hospital–Denton | | X | X | X | X | X | X | | |
| 826800 University Behavioral Health–Denton | | X | | X | | X | | | |
| 831700 Mayhill Hospital | | X ^{OC} | | X | | X | | | |
| 844200 Integrity Transitional Hospital | | X | | X | | X | | | |
| 847200 Atrium Medical Center–Corinth | | X ^{lv} | | X | | X | | | |
| 871500 Select Rehab Hospital–Denton | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| Denver City | | | | | | | | | |
| 485000 Yoakum County Hospital | | * | | * | | * | | | |
| Dilley | | | | | | | | | |
| 973150 Nix Community General Hospital First reports 3 rd quarter 2013 | | | | | | X ^{lv} | | | |
| Dimmitt | | | | | | | | | |
| 260000 Plains Memorial Hospital | | * | | * | | * | | | |
| Dumas | | | | | | | | | |
| 199000 Memorial Hospital | | *X | | *X | | *X | | | |
| Eagle Lake | | | | | | | | | |
| 560000 Rice Medical Center | | X | | X | | X | | | |
| Eagle Pass | | | | | | | | | |
| 547001 Fort Duncan Regional Medical Center | | X | | X | | X | | | |
| Eastland | | | | | | | | | |
| 222000 Eastland Memorial Hospital | | * | | * | | * | | | |
| Eden | | | | | | | | | |
| 202000 Concho County Hospital | | * | | * | | * | | | |
| Edinburg | | | | | | | | | |
| 140002 Edinburg Regional Medical Center | | X | | X | | X | | | |
| 797100 Doctors Hospital-Renaissance | | X | | X | | X | | | |
| 797101 Womens Hospital-Renaissance | 797100 | | | | | | | | |
| 797102 Behavioral Medicine-Renaissance | 797100 | | | | | | | | |
| 797103 Rehab Center at Renaissance | 797100 | | | | | | | | |
| 802004 South Texas Behavioral Health Center | 802001 | | | | | | | | |
| 830000 Cornerstone Regional Hospital | | X | | X | | X | | | |
| 816301 Solara Hospital | | X | | X | | X ^{lv} | | | |
| Edna | | | | | | | | | |
| 017000 Jackson Healthcare Center | | * | | * | | * | | | |
| El Campo | | | | | | | | | |
| 426000 El Campo Memorial Hospital | | X | | X | | X | | | |
| El Paso | | | | | | | | | |
| 000118 El Paso Psychiatric Center | | X | X | X | X | X | X | | |
| 130000 Providence Memorial Hospital | | X | | X | | X | | | |
| 180000 Las Palmas Medical Center | | X | | X | | X | | | |
| 180001 Las Palmas Rehab Hospital | 180000 | | | | | | | | |
| 263000 University Medical Center of El Paso | | X | X | X | X | X | X | | |
| 266000 Sierra Medical Center | | X | | X | | X | | | |
| 319000 Del Sol Medical Center | | X | | X | | X | | | |
| 701000 Mesa Hills Specialty Hospital | | X | | X | | X | | | |
| 718002 Highlands Regional Rehab Hospital | | X | | X | | X | | | |
| 727100 Kindred Hospital El Paso | | X | | X | | X | | | |
| 728200 El Paso Specialty Hospital | | X | | X | | X | X | | |
| 801300 East El Paso Physicians Medical Center | | X | | X | | X | | | |
| 841300 El Paso LTAC Hospital | | X | | X | | X | | | |
| 858600 University Behavioral Health-El Paso | | X | | X | | X | | | |
| 865000 Sierra Providence East Medical Center | | X | | X | | X | | | |
| 969700 El Paso Childrens Hospital | | X | | X | | X | | | |
| Eldorado | | | | | | | | | |
| 136000 Schleicher County Medical Center | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| Electra | | | | | | | | | |
| 490000 Electra Memorial Hospital | | X | | X | | X | | | |
| Ennis | | | | | | | | | |
| 714500 Ennis Regional Medical Center | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|--|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| Fairfield | | | | | | | | | |
| 401000 East Texas Medical Center-Fairfield | | X | | X | X | X | | | |
| Floresville | | | | | | | | | |
| 433000 Connally Memorial Medical Center | | X | | X | | X | | | |
| Flower Mound | | | | | | | | | |
| 100082 Continuum Rehabilitation Hospital North Texas | | X | X | X ^{OC} | | X ^{OC} | | | |
| 943000 Texas Health Presbyterian Hospital Flower Mound | | X | X | X | X | X | X | | |
| Fort Stockton | | | | | | | | | |
| 356000 Pecos County Memorial Hospital | | * | | * | | * | | | |
| Fort Worth | | | | | | | | | |
| 047000 Huguley Memorial Medical Center | | X | X | X | X | X | X | | |
| 235000 Texas Health Harris Methodist Hospital-Fort Worth | | X | X | X | X | X | X | | |
| 332000 Cook Childrens Medical Center | | X | X | X | X | X | X | | |
| 363000 Baylor All Saints Medical Center-Fort Worth | | X ^N | | X ^N | | X ^N | | | |
| 409000 John Peter Smith Hospital | | X | X | X | X | X | X | | |
| 477000 Plaza Medical Center-Fort Worth | | X | | X | | X | | | |
| 627000 Texas Health Harris Methodist Hospital-Southwest Fort Worth | | X | X | X | X | X | X | | |
| 652000 Texas Health Specialty Hospital-Fort Worth | | X ^{Iv} | X | X ^{Iv} | X | X ^{Iv} | X | | |
| 659000 HEALTHSOUTH Rehab Hospital | | X | | X | | X | | | |
| 662000 HEALTHSOUTH City View Rehab Hospital | | X | | X | | X | | | |
| 690600 LifeCare Hospital-Fort Worth | | X | | X | | X | | | |
| 800000 Kindred Hospital Tarrant County Fort Worth SW | | X | | X | | X | | | |
| 800700 Kindred Hospital-Fort Worth | | X | | X | | X | | | |
| 804500 Baylor Surgical Hospital-Fort Worth | | X ^{OC} | | X ^{OC} | | X | | | |
| 839200 Regency Hospital-Fort Worth | | X | | X | | X | | | |
| 861400 USMD Hospital Fort Worth | | X | | X | | X | | | |
| 873800 Baylor Institute for Rehab-Fort Worth | | X | | X | | X | | | |
| 902200 Texas Rehabilitation Hospital-Fort Worth | | X | | X | | X | | | |
| 972900 Texas Health Harris Methodist Hospital Alliance | | X | X | X | X | X | X | | |
| Fredericksburg | | | | | | | | | |
| 219000 Hill Country Memorial Hospital | | X | | X | | X | | | |
| Friona | | | | | | | | | |
| 200000 Parmer Medical Center | | * | | * | | * | | | |
| Frisco | | | | | | | | | |
| 100093 Baylor Institute for Rehab Frisco | | X | | X | | X | | | |
| 787400 Baylor Medical Center-Frisco | | X | | X | | X | | | |
| 806300 Centennial Medical Center | | X | | X | | X | | | |
| 971800 Forest Park Medical Center Frisco | | X | | X | | X | | | |
| Gainesville | | | | | | | | | |
| 298000 North Texas Medical Center | | * | | * | | * | | | |
| Galveston | | | | | | | | | |
| 000102 UT Medical Branch Hospital | | X | | X | | X | | | |
| 247000 Shriners Hospital for Children-Galveston | | X | | X | | X | | | |
| Garland | | | | | | | | | |
| 027000 Baylor Medical Center-Garland | | X | X | X | X | X | X | | |
| Gatesville | | | | | | | | | |
| 346000 Coryell Memorial Hospital | | OC | | X ^{OC} | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|------|--------------|-----------------|--------------|------|--------------|
| Georgetown | | | | | | | | | |
| 835700 St Davids Georgetown Hospital | | X | | X | | X | | | |
| Gilmer | | | | | | | | | |
| 806800 East Texas Medical Center-Gilmer | | X | | X | | X | | | |
| Glen Rose | | | | | | | | | |
| 059000 Glen Rose Medical Center | | * | | * | | * | | | |
| Gonzales | | | | | | | | | |
| 103000 Memorial Hospital | | * | | * | | * | | | |
| Graham | | | | | | | | | |
| 094000 Graham Regional Medical Center | | * | | * | | * | | | |
| Granbury | | | | | | | | | |
| 424000 Lake Granbury Medical Center | | X | | X | | X | | | |
| Grand Prairie | | | | | | | | | |
| 115100 Texas General Hospital | | X | X | X | X | X ^{OC} | | | |
| Grapevine | | | | | | | | | |
| 513000 Baylor Regional Medical Center-Grapevine | | X | | X | X | X | | | |
| 858200 Ethicus Hospital DFW | | X | | X | | X | | | |
| Greenville | | | | | | | | | |
| 085000 Hunt Regional Medical Center Greenville | | X | | X | | X | | | |
| 754000 Glen Oaks Hospital | | X | | X | | X | | | |
| Groesbeck | | | | | | | | | |
| 052000 Limestone Medical Center | | * | | * | | * | | | |
| Groves | | | | | | | | | |
| 907000 Renaissance Hospital-Groves | | X ^{OC} | | C | | | | | |
| Hallettsville | | | | | | | | | |
| 527000 Lavaca Medical Center | | * | | * | | * | | | |
| Hamilton | | | | | | | | | |
| 640000 Hamilton General Hospital | | * | | * | | * | | | |
| Hamlin | | | | | | | | | |
| 305000 Hamlin Memorial Hospital | | * | | * | | * | | | |
| Harker Heights | | | | | | | | | |
| 971000 Seton Medical Center Harker Heights | | X ^{OC} | | X | | X ^{OC} | | | |
| Harlingen | | | | | | | | | |
| 000104 Rio Grande State Center | | X | X | X | X | X | X | | |
| 400000 Valley Baptist Medical Center | | X | | X | | X | | | |
| 788002 Harlingen Medical Center | | X | | X | | X | | | |
| 840700 Solara Hospital Harlingen | | X | | X | | X | | | |
| Haskell | | | | | | | | | |
| 572000 Haskell Memorial Hospital | | * | | * | | * | | | |
| Hemphill | | | | | | | | | |
| 522000 Sabine County Hospital | | X | | X | | X | | | |
| Henderson | | | | | | | | | |
| 248000 East Texas Medical Center Henderson | | X | | X | | X | | | |
| Henrietta | | | | | | | | | |
| 193000 Clay County Memorial Hospital | | * | | * | | * | | | |
| Hereford | | | | | | | | | |
| 420000 Hereford Regional Medical Center | | * | | * | | * | | | |
| Hillsboro | | | | | | | | | |
| 383000 Hill Regional Hospital | | X | | X | | X | | | |
| Hondo | | | | | | | | | |
| 427000 Medina Regional Hospital | | * | | * | | * | | | |
| Houston | | | | | | | | | |
| 000105 UT MD Anderson Cancer Center | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 000115 Harris County Psychiatric Center | | X | | X | | X | | | |
| 007000 Womans Hospital-Texas | | X | | X | | X | | | |
| 030000 Doctors Hospital-Tidwell | | X | | X ^{OC} | | X ^{OC} | | | |
| 101300 Westside Surgical Hospital First reports 2 nd quarter 2013 | | | | X | | X ^{OC} | | | |
| 112100 Healthsouth Rehabilitation Hospital of Cypress | | X | | X | | X | | | |
| 117000 Texas Childrens Hospital | | X | | X | | X | | | |
| 117002 Texas Childrens Hospital West Campus | | X | | X | | X | | | |
| 117100 Texas Childrens Hospital-Pavilion for Women | | X | | X | | X | | | |
| 118000 St Lukes Episcopal Hospital | | X | X | X | X | X | X | | |
| 119000 Memorial Hermann Southeast Hospital | | X | | X | | X | | | |
| 124000 Methodist Hospital | | X | | X | | X | | | |
| 164000 TIRR Memorial Hermann | | X | | X | | X | | | |
| 172000 Memorial Hermann Northwest Hospital | | X | | X | | X | | | |
| 206003 Select Specialty Hospital-Houston Heights | | X | | X | | X | | | |
| 206004 Select Specialty Hospital-Houston West | | X | | X | | X | | | |
| 206005 Select Specialty Hospital-Houston Medical Center | | X | | X | | X | | | |
| 229000 Houston Northwest Medical Center | | X | | X | | X | | | |
| 302000 Memorial Hermann Memorial City Medical Center | | X | | X | | X | | | |
| 337001 West Houston Medical Center | | X | | X | | X | | | |
| 347000 Memorial Hermann Hospital | | X | | X | | X | | | |
| 384000 Lyndon B Johnson General Hospital | | X | | X | | X | | | |
| 390000 Park Plaza Hospital | | X | | X | | X | | | |
| 407000 Memorial Hermann Southwest Hospital | | X | | X | | X | | | |
| 458001 East Houston Regional Medical Center | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| 459000 Ben Taub General Hospital | | X | | X | | X | | | |
| 459001 Quentin Mease Community Hospital | | X | | X | | X | | | |
| 460000 Riverside General Hospital | | X ^{Iv} | | X ^{Iv} | | X | | | |
| 526000 Shriners Hospitals For Children | | X | | X | | X | | | |
| 606000 Cypress Fairbanks Medical Center | | X | | X | | X | | | |
| 674000 TOPS Surgical Specialty Hospital | | X | | X | | X | | | |
| 676000 Kindred Hospital-Houston Medical Center | | X | | X | | X | | | |
| 678000 Kindred Hospital Midtown | | X ^{Iv} | | X ^{Iv} | | X ^{Iv} | | | |
| 698005 Cornerstone Hospital Houston-Bellaire | | X | | X | | X | | | |
| 706000 Kindred Hospital Houston NW | | X | | X | | X | | | |
| 712500 HealthBridge Childrens Hospital-Houston | | X | | X | | X ^{Iv} | | | |
| 713400 Kindred Hospital North Houston | | X | | X | | X | | | |
| 715001 Texas Specialty Hospital-Houston | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| 724700 Methodist Willowbrook Hospital | | X | X | X | | X | | | |
| 740000 St Lukes Hospital at the Vintage | | X | X | X | X | X | X | | |
| 744001 Cypress Creek Hospital | | X | | X | | X | | | |
| 755001 West Oaks Hospital | | X | | X | | X | | | |
| 758000 Houston Hospital for Specialized Surgery | | X | | X ^{Iv} | | X ^{Iv} | | | |
| 763000 Plaza Specialty Hospital | | X | | X | | X | | | |
| 782001 Intracare North Hospital | | X | | X | | X | | | |
| 792000 Texas Orthopedic Hospital | | X | | X | | X | | | |
| 792600 Kindred Hospital Spring | | X | | X | | X | | | |
| 792702 Kindred Hospital Town & Country | | X | | X | | X | | | |
| 794200 Menninger Clinic | | X | | X | | X | | | |
| 800010 Methodist West Houston Hospital | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 838400 Memorial Hermann Rehab Hospital Katy | | X | | X | | X | | | |
| 838600 St Joseph Medical Center | | X | X | X | X | X | X | | |
| 840200 University General Hospital | | X | X | X ^{OC} | | X | | | |
| 909000 St Anthonys Hospital | | OC | | X | | X ^N | | | |
| 941000 Kindred Hospital The Heights | | X | | X | | X | | | |
| 956000 Westbury Community Hospital | | X | | X | | X | | | |
| 969200 Behavioral Hospital–Bellaire | | X | | X | | X | | | |
| 970160 Red Oak Hospital | | X ^{lv} | | X ^{lv} | | X ^{OC} | | | |
| 970600 Reliant Rehab Hospital Northwest Houston | | X | | X | | X | | | |
| 971100 Efficacy Health Services | | *** | | *** | | *** | | | |
| 971700 Cambridge Hospital | | X | | X | | X | | | |
| 972200 Cornerstone Hospital of South Houston | | X | | X | | X | | | |
| 972970 Victory Surgical Hospital East Houston | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 973100 St Joseph Medical Center-Heights | | X | | X | X | X | X | | |
| Humble | | | | | | | | | |
| 616000 HEALTHSOUTH Rehab Hospital Humble | | X | | X | | X | | | |
| 847100 Memorial Hermann Northeast | | X | | X | | X | | | |
| 865900 Icon Hospital | | X | | X | | X | | | |
| 901100 Humble Surgical Hospital | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 969600 Kindred Rehab Hospital Northeast Houston | | X | | X | | X | | | |
| Huntsville | | | | | | | | | |
| 061000 Huntsville Memorial Hospital | | X | | X | | X | | | |
| Hurst | | | | | | | | | |
| 850200 Cook Childrens Northeast Hospital | | X ^{lv} | | X ^{lv} | | X ^{OC} | | | |
| 972990 Victory Medical Center Mid-Cities | | X ^{lv} | | X | | X | | | |
| Iraan | | | | | | | | | |
| 258000 Iraan General Hospital | | * | | * | | * | | | |
| Irving | | | | | | | | | |
| 300000 Baylor Medical Center–Irving | | X | X | X | X | X | X | | |
| 799500 Irving Coppell Surgical Hospital | | X | | X | | X | | | |
| 814000 Las Colinas Medical Center | | X | | X | | X | | | |
| Jacksboro | | | | | | | | | |
| 046000 Faith Community Hospital | | * | | * | | * | | | |
| Jacksonville | | | | | | | | | |
| 416000 East Texas Medical Center–Jacksonville | | X | | X | | X | | | |
| 725400 Mother Frances Hospital–Jacksonville | | X | | X | X | X | | | |
| Jasper | | | | | | | | | |
| 038001 CHRISTUS Jasper Memorial Hospital | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| Jourdanton | | | | | | | | | |
| 334002 South Texas Regional Medical Center | | X | | X | | X | | | |
| Junction | | | | | | | | | |
| 205000 Kimble Hospital | | X | | X ^{lv} | | X | | | |
| Katy | | | | | | | | | |
| 534001 Memorial Hermann Katy Hospital | | X | | X | | X | | | |
| 715901 CHRISTUS St Catherine Hospital | | X | X | X | X | X ^{OC} | | | |
| Kaufman | | | | | | | | | |
| 303000 Texas Health Presbyterian Hospital–Kaufman | | X | X | X | X | X | X | | |
| Kenedy | | | | | | | | | |
| 357000 Otto Kaiser Memorial Hospital | | * | | * | | * | | | |
| Kermit | | | | | | | | | |
| 062000 Winkler County Memorial Hospital | | X | | X ^{lv} | | X ^{lv} | | | |
| Kerrville | | | | | | | | | |
| 000106 Kerrville State Hospital | | X ^{lv} | X | X ^{lv} | X | X ^{lv} | X | | |
| 406000 Peterson Regional Medical Center | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|--|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| Kilgore | | | | | | | | | |
| 031001 Allegiance Specialty Hospital-Kilgore | | X | | X | | X | | | |
| Killeen | | | | | | | | | |
| 397001 Metroplex Hospital | | X | | X | | X | | | |
| 397002 Metroplex Pavilion | 397001 | | | | | | | | |
| Kingsville | | | | | | | | | |
| 216001 CHRISTUS Spohn Hospital-Kleberg | | X | | X | | X | | | |
| Kingwood | | | | | | | | | |
| 675000 Kingwood Medical Center | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| 813800 Memorial Hermann Specialty Hospital Kingwood | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 818600 Kingwood Pines Hospital | | X | | X | | X | | | |
| Knox City | | | | | | | | | |
| 568000 Knox County Hospital | | * | | * | | * | | | |
| Kyle | | | | | | | | | |
| 921000 Seton Medical Center Hays | | X | X | X | X | X | X | | |
| La Grange | | | | | | | | | |
| 823400 St Marks Medical Center | | X | | X | | X | | | |
| Lake Jackson | | | | | | | | | |
| 436000 Brazosport Regional Health System | | X | | X | | X | | | |
| Lamesa | | | | | | | | | |
| 341000 Medical Arts Hospital | | * | | * | | * | | | |
| Lampasas | | | | | | | | | |
| 397000 Rollins Brooks Community Hospital | | X | | X | | X | | | |
| Lancaster | | | | | | | | | |
| 973180 Crescent Medical Center Lancaster First reports 3 rd quarter 2013 | | | | | | OC | | | |
| Laredo | | | | | | | | | |
| 207001 Laredo Medical Center | | X | | X | | X | | | |
| 301000 Doctors Hospital-Laredo | | X | | X | | X | | | |
| 804400 Providence Hospital | 301000 | | | | | | | | |
| 836300 Laredo Specialty Hospital | | X | | X | | X | | | |
| League City | | | | | | | | | |
| 718000 Devereux Texas Treatment Network | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| Levelland | | | | | | | | | |
| 307000 Covenant Hospital-Levelland | | X | | X | | X | | | |
| Lewisville | | | | | | | | | |
| 394000 Medical Center-Lewisville | | X | | X | | X | | | |
| Liberty | | | | | | | | | |
| 089001 Liberty-Dayton Regional Medical Center | | X | | X | | X ^{lv} | | | |
| Linden | | | | | | | | | |
| 822100 Good Shepherd Medical Center-Linden | | X | X | X | X | X | X | | |
| Littlefield | | | | | | | | | |
| 217000 Lamb Healthcare Center | | * | | * | | * | | | |
| Livingston | | | | | | | | | |
| 466000 Memorial Medical Center-Livingston | | X | | X | | X | | | |
| Llano | | | | | | | | | |
| 476000 Scott & White Hospital Llano | | X | | X | | X | | | |
| Lockney | | | | | | | | | |
| 010000 WJ Mangold Memorial Hospital | | * | | * | | * | | | |
| Longview | | | | | | | | | |
| 029000 Good Shepherd Medical Center | | X | X | X | X | X | X | | |
| 106100 Audubon Behavioral Healthcare of Longview | | X ^{OC} | | X | | X | | | |
| 525000 Longview Regional Medical Center | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 794600 Select Specialty Hospital-Longview | | X | | X | | X | | | |
| 944000 Behavioral Hospital Longview | | X | | X | | X | | | |
| Lubbock | | | | | | | | | |
| 013001 Grace Medical Center | | X ^{OC} | | X | | X | | | |
| 109000 Covenant Medical Center-Lakeside | | X | | X | | X | | | |
| 145000 University Medical Center | | X | X | X | X | X | X | | |
| 465000 Covenant Medical Center | | X | | X | | X | | | |
| 686000 Covenant Childrens Hospital | | X | | X | | X | | | |
| 786001 Llano Specialty Hospital | | X ^{lv} | | X ^{lv} | | X ^{OC} | | | |
| 801500 Lubbock Heart Hospital | | X ^N | | X ^N | | X ^N | | | |
| 804000 Sunrise Canyon | | X | | X | | X | | | |
| 846200 Covenant Specialty Hospital | | X | | X | | X | | | |
| 865800 Trustpoint Hospital | | X ^N | | X ^N | | X ^N | | | |
| 940000 Texas Specialty Hospital Lubbock | | X | | X | | X | | | |
| Lufkin | | | | | | | | | |
| 107100 Audubon Behavioral Healthcare of Lufkin | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| 129000 Memorial Medical Center East Texas | | X | | X | | X | | | |
| 481000 Woodland Heights Medical Center | | X | | X | X | X | | | |
| 691000 Memorial Specialty Hospital | | X | | X | | X | | | |
| Luling | | | | | | | | | |
| 597000 Seton Edgar B Davis Hospital | | X | X | X | X | X | X | | |
| 848200 Warm Springs Specialty Hospital-Luling | | X | | X | | X | | | |
| Madisonville | | | | | | | | | |
| 041000 Madison St Joseph Health Center | | X | X | X | X | X | X | | |
| Mansfield | | | | | | | | | |
| 657000 Kindred Hospital-Mansfield | | X | | X | | X | | | |
| 842800 Methodist Mansfield Medical Center | | X | | X | | X | | | |
| Marlin | | | | | | | | | |
| 517000 Falls Community Hospital & Clinic | | * | | * | | * | | | |
| Marshall | | | | | | | | | |
| 020000 Good Shepherd Medical Center-Marshall | | X | X | X | X | X | X | | |
| McAllen | | | | | | | | | |
| 601000 Rio Grande Regional Hospital | | X | | X | | X | | | |
| 802001 McAllen Medical Center | | X | | X | | X | | | |
| 802003 McAllen Heart Hospital | 802001 | | | | | | | | |
| 816300 Solara Hospital | | X | | X | | X | | | |
| 821001 LifeCare Hospital-South Texas-South | | X | | X | | X | | | |
| 821002 LifeCare Hospitals-South Texas-North | | X | | X | | X | | | |
| McCamey | | | | | | | | | |
| 240000 McCamey Hospital | | * | | * | | * | | | |
| McKinney | | | | | | | | | |
| 246000 Columbia Medical Center-McKinney | | X | | X | | X | | | |
| 246001 Medical Center McKinney-Wysong Campus | 246000 | | | | | | | | |
| 856400 Victory Medical Center Craig Ranch First reports 3 rd quarter 2013 | | | | | | X ^{lv} | | | |
| 937000 Methodist McKinney Hospital | | X | | X | | X | | | |
| 971900 Baylor Medical Center McKinney | | X | X | X | X | X | X | | |
| Mesquite | | | | | | | | | |
| 315003 Dallas Regional Medical Center | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| 670001 Mesquite Rehab Hospital | | X | | X | | X | | | |
| 840000 Mesquite Specialty Hospital | | X | | X | | X | | | |
| Mexia | | | | | | | | | |
| 505000 Parkview Regional Hospital | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|--|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| Midland | | | | | | | | | |
| 101400 Behavioral Health Center of the Permian Basin First reports 2 nd quarter 2013 | | | | X | | X | | | |
| 210100 ContinueCare Hospital of Midland First reports 3 rd quarter 2013 | | | | | | X ^{lv} | | | |
| 452000 Midland Memorial Hospital | | X | | X | | X | | | |
| 693000 HEALTHSOUTH Rehab Hospital-Midland/Odessa | | X | | X | | X | | | |
| 789900 Select Specialty Hospital-Midland | | X | | X | | X ^{lv} | | | |
| Mineral Wells | | | | | | | | | |
| 034000 Palo Pinto General Hospital | | X | | X | | X | | | |
| Mission | | | | | | | | | |
| 370000 Mission Regional Medical Center | | X | | X | | X | | | |
| Missouri City | | | | | | | | | |
| 609001 Memorial Hermann Sugar Land | | X | | X | | X | | | |
| Monahans | | | | | | | | | |
| 468000 Ward Memorial Hospital | | * | | * | | * | | | |
| Morton | | | | | | | | | |
| 159000 Cochran Memorial Hospital | | * | | * | | * | | | |
| Mount Pleasant | | | | | | | | | |
| 137000 Titus Regional Medical Center | | * | | * | | * | | | |
| Mount Vernon | | | | | | | | | |
| 282000 East Texas Medical Center-Mount Vernon | | X | | X | | X | | | |
| Muenster | | | | | | | | | |
| 365000 Muenster Memorial Hospital | | * | | * | | * | | | |
| Muleshoe | | | | | | | | | |
| 631000 Muleshoe Area Medical Center | | * | | * | | * | | | |
| Nacogdoches | | | | | | | | | |
| 392000 Nacogdoches Medical Center | | X | | X | | X | | | |
| 478000 Nacogdoches Memorial Hospital | | X | | X | | X | | | |
| 478001 Cecil R Bomar Rehab Center | 478000 | | | | | | | | |
| Nassau Bay | | | | | | | | | |
| 600001 CHRISTUS St John Hospital | | X | | X ^{OC} | | X ^{OC} | | | |
| Navasota | | | | | | | | | |
| 728800 Grimes St Joseph Health Center | | X | X | X | X | X | X | | |
| Nederland | | | | | | | | | |
| 127000 Mid-Jefferson Extended Care Hospital | | X | | X | | X | | | |
| New Braunfels | | | | | | | | | |
| 124100 Warm Springs Specialty Hospital New Braunfels | | X | | X | | X | | | |
| 786200 New Braunfels Regional Rehab Hospital | | X | | X | | X | | | |
| 863300 CHRISTUS Santa Rosa Hospital New Braunfels | | X | X | X | X | X | X | | |
| Nocona | | | | | | | | | |
| 348000 Nocona General Hospital | | * | | * | | * | | | |
| Odessa | | | | | | | | | |
| 181000 Medical Center Hospital | | X | X | X | | X | | | |
| 425000 Odessa Regional Medical Center | | X | | X | | X | | | |
| 938000 Basin Healthcare Center | | X ^{OC} | | X ^{lv} | | X ^{lv} | | | |
| Olney | | | | | | | | | |
| 294000 Hamilton Hospital | | * | | * | | * | | | |
| Orange | | | | | | | | | |
| 121000 Baptist Orange Hospital | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 851400 Harbor Hospital–Southeast Texas | | X | | X | | X | | | |
| Palacios | | | | | | | | | |
| 574001 Palacios Community Medical Center | | X | | X | X | X ^{lv} | | | |
| Palestine | | | | | | | | | |
| 629001 Palestine Regional Medical Center | | X | | X | | X | | | |
| 629002 Palestine Regional Medical Center Rehab & Psych Campus | 629001 | | | | | | | | |
| Pampa | | | | | | | | | |
| 832900 Pampa Regional Medical Center | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| Paris | | | | | | | | | |
| 095002 Paris Regional Medical Center South Campus | | X | | X ^{OC} | | X | | | |
| 095003 Paris Regional Medical Center North Campus | 095002 | | | | | | | | |
| 787500 Dubuis Hospital–Paris | | X | X | X ^{lv} | X | X | X | | |
| Pasadena | | | | | | | | | |
| 349001 Bayshore Medical Center | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| 694100 Surgery Specialty Hospitals of America–Southeast Houston | | X ^{lv} | | X ^{OC} | | X ^{OC} | | | |
| 801000 Kindred Hospital Bay Area | | X | | X | | X | | | |
| 846100 St Lukes Patients Medical Center | | X | | X | | X | | | |
| 972700 Pristine Hospital of Pasadena | | X ^{OC} | | X ^{OC} | | C | | | |
| Pearsall | | | | | | | | | |
| 441000 Frio Regional Hospital | | * | | * | | * | | | |
| Pecos | | | | | | | | | |
| 367000 Reeves County Hospital | | * | | * | | * | | | |
| Perryton | | | | | | | | | |
| 098000 Ochiltree General Hospital | | * | | * | | * | | | |
| Pittsburg | | | | | | | | | |
| 438000 East Texas Medical Center–Pittsburg | | X | | X | | X | | | |
| Plainview | | | | | | | | | |
| 146000 Covenant Hospital–Plainview | | X | | X | | X | | | |
| 816001 Allegiance Behavioral Health Center–Plainview | | X | | X | | X | | | |
| Plano | | | | | | | | | |
| 143001 Childrens Medical Center Legacy | | X | | X | | X | | | |
| 214000 Medical Center–Plano | | X | X | X | | X | | | |
| 664000 Texas Health Presbyterian Hospital–Plano | | X | X | X | X | X | X | | |
| 670000 HEALTHSOUTH Plano Rehab Hospital | | X | X | X | X | X | X | | |
| 720000 Texas Health Seay Behavioral Health Center | | X | X | X | X | X | X | | |
| 789800 LifeCare Hospital–Plano | | X | | X | | X | | | |
| 805000 Plano Specialty Hospital | | X | | X | | X | | | |
| 814001 Baylor Regional Medical Center–Plano | | X | X | X | X | X | X | | |
| 815300 Texas Health Center–Diagnostics & Surgery Plano | | X | X | X | X | X | X | | |
| 844000 Heart Hospital Baylor Plano | | X | | X | X | X | | | |
| 971200 Accel Rehab Hospital of Plano | | X | X | X | | X | | | |
| 972910 Victory Medical Center Plano | | X | | X | | X | | | |
| Port Arthur | | | | | | | | | |
| 299001 CHRISTUS Hospital–St Mary | | X ^{OC} | | X ^{OC} | | X ^{OC} | | | |
| 464002 Medical Center–Southeast Texas | | X | | X | | X | | | |
| 708001 CHRISTUS Dubuis Hospital–Port Arthur | | X ^{lv} | X | X ^{lv} | X | X ^{lv} | X | | |
| Port Lavaca | | | | | | | | | |
| 487000 Memorial Medical Center | | * | | * | | * | | | |
| Quanah | | | | | | | | | |
| 102000 Hardeman County Memorial Hospital | | * | | * | | * | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|--|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| Quitman | | | | | | | | | |
| 411000 East Texas Medical Center–Quitman | | X | | X | | X | | | |
| Rankin | | | | | | | | | |
| 290000 Rankin County Hospital District | | * | | * | | * | | | |
| Refugio | | | | | | | | | |
| 368000 Refugio County Memorial Hospital District | | * | | * | | * | | | |
| Richardson | | | | | | | | | |
| 549000 Methodist Richardson Medical Center | | X | | X | | X | | | |
| 549001 Bush Renner | | *** | | *** | | *** | | | |
| 861300 Reliant Rehab Hospital North Texas | | X | | X | | X | | | |
| Richland Hills | | | | | | | | | |
| 437000 North Hills Hospital | | X | | X | | X | | | |
| Richmond | | | | | | | | | |
| 230000 Oakbend Medical Center | | X | | X | | X | | | |
| 230001 Oakbend Medical Center | | X | | X | | X | | | |
| Rio Grande City | | | | | | | | | |
| 393000 Starr County Memorial Hospital | | X | | X | | X | | | |
| Rockdale | | | | | | | | | |
| 369000 Little River Healthcare | | X | | X | | X | | | |
| Rockwall | | | | | | | | | |
| 859900 Texas Health Presbyterian Hospital–Rockwall | | X | X | X | X | X | X | | |
| Rotan | | | | | | | | | |
| 355000 Fisher County Hospital District | | * | | * | | * | | | |
| Round Rock | | | | | | | | | |
| 608000 Round Rock Medical Center | | X | | X | | X | | | |
| 852600 Scott & White Hospital Round Rock | | X | | X | | X | | | |
| 861700 Seton Medical Center Williamson | | X | X | X | X | X | X | | |
| 866100 Reliant Rehab Hospital Central Texas | | X | | X | | X | | | |
| Rowlett | | | | | | | | | |
| 625000 Lake Pointe Medical Center | | X | | X | | X | | | |
| Rusk | | | | | | | | | |
| 000107 Rusk State Hospital | | X | X | X | X | X | X | | |
| San Angelo | | | | | | | | | |
| 056000 San Angelo Community Medical Center | | X ^N | | X ^N | | X ^N | | | |
| 168000 Shannon West Texas Memorial Hospital | | X | | X | | X | | | |
| 445000 Shannon Medical Center–St Johns Campus | 168000 | | | | | | | | |
| 747000 River Crest Hospital | | X ^{OC} | | X | | X | | | |
| San Antonio | | | | | | | | | |
| 000108 Texas Center for Infectious Disease | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 000110 San Antonio State Hospital | | X | X | X | X | X | X | | |
| 081001 Mission Trail Baptist Hospital | | X | | X | | X ^{OC} | | | |
| 101100 Baptist Emergency Hospital First reports 2 nd quarter 2013 | | | | X ^{lv} | | X ^{lv} | | | |
| 114001 Baptist Medical Center | | X | | X | | X ^{OC} | | | |
| 134001 Northeast Baptist Hospital | | X | | X | | X ^{OC} | | | |
| 154000 Methodist Hospital | | X | | X | | X | | | |
| 154001 Methodist Specialty & Transplant Hospital | | X | | X | | X ^{OC} | | | |
| 154002 Northeast Methodist Hospital | | X | | X | | X | | | |
| 154003 Methodist Teksan Hospital | | X | | X | | X | | | |
| 158000 University Hospital | | X | | X | | X | | | |
| 209100 Victory Medical Center Landmark First reports 3 rd quarter 2013 | | | | | | X | | | |
| 228001 Southwest General Hospital | | X | | X | | X | | | |
| 283000 Metropolitan Methodist Hospital | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 339001 CHRISTUS Santa Rosa Medical Center | | X | X | X | X | X | X | | |
| 339002 CHRISTUS Santa Rosa Hospital–Westover Hills | | X | X | X | X | X | X | | |
| 339003 CHRISTUS Santa Rose-Alamo Heights | | X ^{lv} | X | X ^{lv} | X | X ^{lv} | X | | |
| 396001 Nix Specialty Health Center | 396002 | | | | | | | | |
| 396002 Nix Health Care System | | X | | X | | X | | | |
| 503001 St Lukes Baptist Hospital | | X | | X | | X ^{OC} | | | |
| 634000 Childrens Hospital of San Antonio | | X | X | X | X | X | X | | |
| 636000 HEALTHSOUTH Rehab Institute–San Antonio | | X | | X | | X | | | |
| 645000 Kindred Hospital–San Antonio | | X | | X | | X | | | |
| 647000 Baptist Emergency Hospital Thousand Oaks | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 677001 North Central Baptist Hospital | | X | | X | | X ^{OC} | | | |
| 681001 Methodist Ambulatory Surgery Hospital–Northwest | | X | | X | | X | | | |
| 702001 Acuity Hospital South Texas | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 719300 Select Specialty Hospital–San Antonio | | X | | X | | X | | | |
| 723001 Laurel Ridge Treatment Center | | X | | X | | X | | | |
| 737000 Clarity Child Guidance Center | | X | | X | | X | | | |
| 786800 South Texas Spine & Surgical Hospital | | X | | X | X | X | | | |
| 815000 LifeCare Hospital–San Antonio | | X | | X | | X | | | |
| 820600 Innova Hospital–San Antonio | | X | | X | | X | | | |
| 844600 Warm Springs Rehab Hospital–San Antonio | | X | | X | | X | | | |
| 844601 Warm Springs Rehab Hospital Thousand Oaks | | X | | X | | X | | | |
| 844602 Warm Springs Rehab Hospital Westover Hills | | X | | X | | X | | | |
| 852100 Foundation Bariatric Hospital–San Antonio | | X | | X | | X | | | |
| 874100 Methodist Stone Oak Hospital | | X | | X | | X | | | |
| 939000 GlobalRehab Hospital–San Antonio | | X | | C | | | | | |
| 972810 Baptist Emergency Hospital Overlook | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 972960 Warm Springs Specialty Hospital San Antonio | | X | | X ^{lv} | | X | | | |
| 973000 Baptist Emergency Hospital Westover Hills | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 973300 Select Rehabilitation Hospital-San Antonio First reports 3 rd quarter 2013 | | | | | | X | | | |
| San Augustine | | | | | | | | | |
| 072000 Memorial Medical Center–San Augustine | | X | | X | | X | | | |
| San Marcos | | | | | | | | | |
| 556000 Central Texas Medical Center | | X | | X | | X | | | |
| Schertz | | | | | | | | | |
| 973120 Baptist Emergency Hospital First reports 2 nd quarter 2013 | | | | X ^{lv} | | X ^{lv} | | | |
| Seguin | | | | | | | | | |
| 155000 Guadalupe Regional Medical Center | | X | | X | | X | | | |
| Seminole | | | | | | | | | |
| 113000 Memorial Hospital | | * | | * | | * | | | |
| Seymour | | | | | | | | | |
| 546000 Seymour Hospital | | * | | * | | * | | | |
| Shamrock | | | | | | | | | |
| 571000 Shamrock General Hospital | | * | | * | | * | | | |
| Shenandoah | | | | | | | | | |
| 795000 Nexus Specialty Hospital Shenandoah Campus | | X | | X | | X | | | |
| 873700 Reliant Rehab Hospital North Houston | | X | | X | | X | | | |
| Sherman | | | | | | | | | |
| 100076 Heritage Park Surgical Hospital | | X | | X | | X | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 297000 Texas Health Presbyterian Hospital – WNJ | | X | X | X | X | X | X | | |
| 297002 Texas Health Presbyterian Hospital – WNJ Behavioral Health | 297000 | | | | | | | | |
| 847002 Texoma Medical Center Behavioral Health Center | 847000 | | | | | | | | |
| 957000 Carrus Rehab Hospital | | X | | X | | X | | | |
| Smithville | | | | | | | | | |
| 424500 Seton Smithville Regional Hospital | | X | | X | | X | | | |
| Snyder | | | | | | | | | |
| 439000 Cogdell Memorial Hospital | | * | | * | | * | | | |
| Sonora | | | | | | | | | |
| 147000 Lillian M Hudspeth Memorial Hospital | | *X | | *X | | *X | | | |
| Southlake | | | | | | | | | |
| 812800 Texas Health Harris Methodist Hospital Southlake | | X | X | X | X | X | X | | |
| 973140 Forest Park Medical Center Southlake First reports 3 rd quarter 2013 | | | | | | X ^{lv} | | | |
| Spearman | | | | | | | | | |
| 395000 Hansford County Hospital | | * | | * | | * | | | |
| Spring | | | | | | | | | |
| 945500 Victory Medical Center Houston | | X | | X | | X | | | |
| Stafford | | | | | | | | | |
| 874000 Atrium Medical Center | | X | | X | | X | | | |
| Stamford | | | | | | | | | |
| 043000 Stamford Memorial Hospital | | * | | * | | * | | | |
| Stanton | | | | | | | | | |
| 388000 Martin County Hospital District | | * | | * | | * | | | |
| Stephenville | | | | | | | | | |
| 256000 Texas Health Harris Methodist Hospital– Stephenville | | X | X | X | X | X | X | | |
| Sugar Land | | | | | | | | | |
| 790500 Sugar Land Surgical Hospital | | X | | X | | X | | | |
| 792700 Kindred Hospital Sugar Land | | X | | X | | X | | | |
| 823000 Methodist Sugar Land Hospital | | X | | X | | X | | | |
| 869700 St Lukes Sugar Land Hospital | | X | X | X | X | X | X | | |
| 916000 Emerus Hospital | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 969000 HEALTHSOUTH Sugar Land Rehab Hospital | | X | | X | | X | | | |
| Sulphur Springs | | | | | | | | | |
| 280000 Hopkins County Memorial Hospital | | * | | * | | * | | | |
| Sunnyvale | | | | | | | | | |
| 919000 Texas Regional Medical Center Sunnyvale | | X | X | X | | X | | | |
| Sweeny | | | | | | | | | |
| 178000 Sweeny Community Hospital | | X | | X | | X | | | |
| Sweetwater | | | | | | | | | |
| 471000 Rolling Plains Memorial Hospital | | * | | * | | * | | | |
| Tahoka | | | | | | | | | |
| 192000 Lynn County Hospital District | | * | | * | | * | | | |
| Taylor | | | | | | | | | |
| 044000 Scott & White Hospital Taylor | | X | | X | | X | | | |
| Temple | | | | | | | | | |
| 537000 Scott & White Memorial Hospital | | X | | X | | X | | | |
| 537001 Scott & White Santa Fe Center | 537000 | | | | | | | | |
| 537002 Scott & White Pavilion | 537000 | | | | | | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|---|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 537003 Scott & White Memorial Hospital-SNF | | X | | X | | X | | | |
| 537005 Scott & White Memorial Hospital-Psych | | X | | X | | X | | | |
| 537006 McLane Childrens Hospital Scott & White | | X | | X | | X | | | |
| 850300 Scott & White Continuing Care | | X | | X | | X | | | |
| Terrell | | | | | | | | | |
| 000111 Terrell State Hospital | | X | X | X | X | X | X | | |
| Texarkana | | | | | | | | | |
| 144000 Wadley Regional Medical Center | | X | X | X ^{OC} | | X | | | |
| 684000 HEALTHSOUTH Rehab Hospital-Texarkana | | X | | X | | X | | | |
| 713001 CHRISTUS St Michael Rehab Hospital | | X | | X | | X | | | |
| 788001 CHRISTUS St Michael Health System | | X | X | X | X | X | X | | |
| 822000 Dubuis Hospital-Texarkana | | X | X | X | X | X | X | | |
| 847600 Dubuis Hospital-Texarkana-Wadley | | X | X | X ^{lv} | X | X | X | | |
| Texas City | | | | | | | | | |
| 793000 Mainland Medical Center | | X | | X | | X | | | |
| The Woodlands | | | | | | | | | |
| 615000 Memorial Hermann The Woodlands Hospital | | X | | X | | X | | | |
| 793100 St Lukes The Woodlands Hospital | | X | X | X | X | X | X | | |
| 795001 Nexus Specialty Hospital | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| 923000 St Lukes Lakeside Hospital | | X | X | X | X | X | X | | |
| Throckmorton | | | | | | | | | |
| 428000 Throckmorton County Memorial Hospital | | * | | * | | * | | | |
| Tomball | | | | | | | | | |
| 076000 Tomball Regional Medical Center | | X ^{OC} | | X ^{OC} | | X | | | |
| 792601 Kindred Hospital Tomball | | X | | X | | X | | | |
| Trinity | | | | | | | | | |
| 287000 East Texas Medical Center-Trinity | | X | | X | | X | | | |
| Trophy Club | | | | | | | | | |
| 805100 Baylor Medical Center Trophy Club | | X | | X | | X | | | |
| Tulia | | | | | | | | | |
| 273000 Swisher Memorial Hospital | | * | | * | | * | | | |
| Tyler | | | | | | | | | |
| 000112 UT Health Center-Tyler | | X | | X | | X | | | |
| 286000 Mother Frances Hospital | | X | | X | | X | | | |
| 410000 East Texas Medical Center | | X | | X | | X | | | |
| 410001 East Texas Medical Center Behavioral Health Center | 410000 | | | | | | | | |
| 692000 Trinity Mother Frances Rehab Hospital | | X | | X | | X | | | |
| 777000 East Texas Medical Center Specialty Hospital | | X | | X | | X | | | |
| 790200 Texas Spine & Joint Hospital | | X | | X | | X | | | |
| 799000 East Texas Medical Center Rehab Hospital | | X | | X | | X | | | |
| 806500 Tyler Continue Care Hospital | | X | | X | | X | | | |
| Uvalde | | | | | | | | | |
| 063000 Uvalde Memorial Hospital | | X | | X | | X | | | |
| Van Horn | | | | | | | | | |
| 139000 Culberson Hospital | | X ^{lv} | | X ^{lv} | | X ^{lv} | | | |
| Vernon | | | | | | | | | |
| 000113 North Texas State Hospital-Vernon | 000114 | | | | | | | | |
| 084000 Wilbarger General Hospital | | * | | * | | * | | | |
| Victoria | | | | | | | | | |
| 064000 Citizens Medical Center | | X | | X | | X | | | |
| 453000 DeTar Hospital-Navarro | | X | X | X | X | X | X | | |
| 453001 DeTar Hospital-North | 453000 | | | | | | | | |
| 812000 Kindred Hospital Victoria | | X | | X | | C | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|--|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|------|--------------|
| 848100 Warm Springs Specialty Hospital–Victoria | | X | | X | | X | | | |
| Waco | | | | | | | | | |
| 000117 Waco Center for Youth | | X ^{lv} | X | X ^{lv} | X | X ^{lv} | X | | |
| 040000 Providence Health Center | | X | | X ^{OC} | | X | | | |
| 506000 Hillcrest Baptist Medical Center | | X | | X | | X | | | |
| 506001 Hillcrest Baptist Medical Center | 506000 | | | | | | | | |
| 736000 DePaul Center | | X | | X ^{OC} | | X | | | |
| Waxahachie | | | | | | | | | |
| 285000 Baylor Medical Center–Waxahachie | | X | X | X | X | X | X | | |
| Weatherford | | | | | | | | | |
| 844800 Weatherford Regional Medical Center | | X | | X | | X | | | |
| Webster | | | | | | | | | |
| 212000 Clear Lake Regional Medical Center | | X | | X | | X | | | |
| 680000 Kindred Rehab Hospital Clear Lake | | X | | X | | X | | | |
| 698004 Cornerstone Hospital Houston–Clear Lake | | X | | X | | X | | | |
| 720402 Kindred Hospital Clear Lake | | X | | X | | X | | | |
| 822001 Houston Physicians Hospital | | X | | X | | X | | | |
| Wellington | | | | | | | | | |
| 195000 Collingsworth General Hospital | | X | | X | | X | | | |
| Weslaco | | | | | | | | | |
| 480000 Knapp Medical Center | | X | | X | | X | | | |
| 808500 Weslaco Rehab Hospital | | X | | X | | X | | | |
| Wharton | | | | | | | | | |
| 833000 Gulf Coast Medical Center | | X | | X | | X | | | |
| Wheeler | | | | | | | | | |
| 116000 Parkview Hospital | | * | | * | | * | | | |
| Wichita Falls | | | | | | | | | |
| 000114 North Texas State Hospital | | X | X | X | X | X | X | | |
| 417000 United Regional Health Care System | | X | | X | | X | | | |
| 681400 Kell West Regional Hospital | | X | | X | | X | | | |
| 685000 HEALTHSOUTH Rehab Hospital–Wichita Falls | | X | | X | | X | | | |
| 709001 Red River Hospital | | X | X | X | X | X | X | | |
| 820002 Texas Specialty Hospital–Wichita Falls | | X | | X | | X | | | |
| Winnie | | | | | | | | | |
| 781400 Winnie Community Hospital | | * | | * | | * | | | |
| Winnsboro | | | | | | | | | |
| 446001 Mother Frances Hospital Winnsboro | | X | | X | X | X | | | |
| Winters | | | | | | | | | |
| 151000 North Runnels Hospital | | * | | * | | * | | | |
| Woodville | | | | | | | | | |
| 569000 Tyler County Hospital | | * | | * | | * | | | |
| Yoakum | | | | | | | | | |
| 023000 Yoakum Community Hospital | | X | | X | | X | | | |
| Total exempt hospitals | | 82 | | 82 | | 82 | | | |
| Total exempt hospitals voluntarily reporting | | 3 | | 3 | | 3 | | | |
| Total hospitals not in compliance. No data submitted | | 2 | | 0 | | 1 | | | |

| | Reports With | 1Q13 | With Comment | 2Q13 | With Comment | 3Q13 | With Comment | 4Q13 | With Comment |
|--|--------------|------|--------------|------|--------------|------|--------------|------|--------------|
| Total hospitals with discharges reported by another hospital | | 28 | | 28 | | 28 | | | |
| Total reporting | | 577 | | 584 | | 587 | | | |

Note: Hospitals that report discharge data with another hospital are so indicated in the 'Reports With' column.

C Closed, no data submitted.

C^N Closed, data not certified.

NC Certification comments not submitted to DSHS.

OC Not in compliance for this quarter. No data submitted.

x Hospital submitted and certified data, submitted comments.

x^{lv} Hospital with fewer than fifty discharges in the quarter. The hospital IDs for these hospitals have been changed to '999999' in the Public Use Data File, but their comments are listed under their actual THCIC ID. Other changes to the patient records for these hospitals are indicated in the 'Data Dictionary'.

x^N Hospital elected not to certify data.

x^{OC} Hospital did not certify data. Not in compliance for this quarter.

* Exempt hospital. Includes 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). Also includes hospitals that do not seek insurance payment or government reimbursement (Section 108.009).

*** No discharges for this quarter.