

## Texas Department of State Health Services

# Center for Health Statistics Texas Health Care Information Collection

# TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2024

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#### BACKGROUND

The 2014-15 General Appropriations Act, S.B. 1, 83<sup>rd</sup> Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in Chapter 108, Texas Health and Safety Code (THSC).

DSHS began collecting ED data from hospitals on January 1, 2015 per <u>25</u> <u>Texas Administrative Code (TAC)</u> <u>Sections 421.71-421.79</u>, and in conjunction with the collection of inpatient and outpatient data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015, data.

The Freestanding Emergency Medical Care Facilities (FEMCF) data collection began on October 1, 2020, under the amended rules in 25 TAC Sections 421.71 – 421.79.

THSC Section <u>108.012</u> authorizes DSHS to charge the data requestor a standard fee to recoup funds for sustaining the program processing the data.

#### **TEXAS EMERGENCY DEPARTMENT Public Use DATA FILES**

The Texas Emergency Department Public Use Data Files include data from Inpatient "Public Use Data Files" (PUDF) and the Outpatient PUDF. The Inpatient PUDF contains patient-level information for patients which were admitted into the hospital for care. The inpatient hospital stay may last several hours to days, weeks or years, depending upon the condition or status of the patient before being discharged; the Outpatient PUDF contains patient-level information for outpatient services that does not go more than twenty-four (24) hours from the time they are being treated in the hospital or freestanding emergency medical care facility (FEMCF). DSHS only collect data from these hospitals and FEMCFs in which patient's received one or more procedures that included invasive surgical procedures or imaging/radiological procedures and all hospital emergency department (ED) visits.

The providers/submitters must submit, correct and certify their data according to the schedule specified in 25 TAC Sections <u>421.1</u>, <u>421.6</u> and <u>421.7</u>, for inpatient ED records and <u>421.73</u>, <u>421.75</u> and <u>421.76</u> for outpatient ED records (which references 25 TAC Sections <u>421.63</u>, <u>421.65</u> and <u>421.66</u>). The reporting schedules are also posted on the DSHS/THCIC webpage at <a href="http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm">http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm</a>. This means

that the Hospital PUDF and FEMCF ED PUDF reflect a snapshot in time and each quarter may contain some inpatient encounter records or outpatient event records dated in the previous quarter (i.e., for a complete calendar year of data, be sure to check the first quarter of the following year).

#### The ED PUDF contains:

- Inpatient (IP) Base Data #1 File This file contains the required data elements. For example, codes regarding facility identifier, principal diagnosis, other diagnoses, external cause of injury, principal procedure, other procedures, diagnosis related group, type of admission, source of admission, length of stay, patient ethnicity, patient race, patient residence city, county, ZIP code, patient status, primary payment source and other data used for most research topics.
- IP Base Data #2 File This file contains most of the situationally required data elements and some calculated fields. For example, codes regarding condition code, value code, occurrence code, occurrence day, charge amounts for service pay groups, and other information that may be useful regarding the inpatient stay research.
- IP Charges File This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- IP Grouper File This file contains grouper variables that were previously included in the IP base #1 file as well as their dynamic counterparts. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the 3M grouper variables, such as FROZEN\_MS\_DRG, FROZEN\_RISK\_MORTALITY, MS\_DRG, and RISK\_MORTALITY. Any variables with the suffix "frozen" are those included in the IP base #1 file of previously years but without the "frozen" prefix in the field name; variables without the suffix "frozen" in the OP Grouper File are the dynamic groupers newly added for 2022 and beyond. Frozen grouper calculations are updated yearly; dynamic grouper calculations are updated quarterly.
- Outpatient (OP) Base Data File This file contains the required data elements. For example, codes regarding facility identifier, diagnoses, external cause of injury, procedures, diagnosis related group, charge amounts for service pay groups, patient ethnicity, patient race, patient

- residence city, county, ZIP code, patient status, source of admission, primary payment source, and other data used for most research topics.
- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains Enhanced Ambulatory Patient Grouping codes and Ambulatory Payment Classification information.
- OP Classification Data File This file contains calculated data elements and classifiers assigned by THCIC. Clinical Classification Software Refined (CCSR) codes for diagnoses and Clinical Classification Software (CCS) codes for procedures.
- OP Grouper File This file contains groupers variables that were previously included in the OP charges and classification files. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the 3M grouper variables, such as FROZEN\_EAPG\_GRP\_VER, FROZEN\_APC\_WEIGHT, EAPG\_GRP\_VER, and APC\_WEIGHT. Any variables with the suffix "frozen" are those included in the OP charges and classification files previously but without the "frozen" prefix in the field name; variables without the suffix "frozen" in the OP Grouper File are the dynamic groupers newly added for 2022 and beyond. Frozen grouper calculations are updated quarterly.
- Facility Type Data File This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

The following supplementary information is provided along with the ED PUDF:

- Hospital/ASC/FEMCF Comments File This PDF file contains any comments that the facilities included when they submitted and certified their inpatient data.
- Outpatient Facility Comments File This PDF file contains any comments that the hospitals, ASCs and FEMCFs included when they reviewed and certified their outpatient data.
- Facility Reporting Status Document (Inpatient and Outpatient) These documents provide information about whether the hospitals, ASCs or FEMCFs reported any data. It also indicates whether they reported low

numbers and their identification was masked in the data, reported no discharges, or if they closed or were out of compliance, and whether they submitted any comments about their data.

The 2024 ED PUDF is available in nine fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Inpatient Grouper Data, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges Data, Outpatient Grouper Data, and Facility Type Data files. The sizes of the files are as follows:

#### First quarter, 848 facilities:

IP Base Data #1	470,906 records	156 variables	Fixed field format	349 MB	Tab-delimited	181 MB
IP Base Data #2	470,906 records	99 variables	Fixed field format	292 MB	Tab-delimited	124 MB
IP Charges Data	11,075,337 records	13 variables	Fixed field format	866 MB	Tab-delimited	528 MB
IP Grouper Data	470,906 records	21 variables	Fixed field format	30 MB	Tab-delimited	39 MB
OP Base Data	3,076,648 records	128 variables	Fixed field format	2,600 MB	Tab-delimited	1,235 MB
OP Classification Data	3,076,648 records	51 variables	Fixed field format	701 MB	Tab-delimited	321 MB
OP Charges Data	27,229,433 records	13 variables	Fixed field format	2,129 MB	Tab-delimited	1,399 MB
OP Grouper Data	27,229,433 records	17 variables	Fixed field format	2,986 MB	Tab-delimited	2,868 MB
Facility Type Data	848 records	33 variables	Fixed field format	80 KB	Tab-delimited	70 KB

The data must be imported into a software application. The ED PUDF does not include software for analyzing the data. The data files have been tested with several software applications including Microsoft Access 2016 (software limits may not allow all data to be loaded), Microsoft Excel 2016 (software limits may not allow all data to be loaded), SAS 9.4, and IBM SPSS Statistics 24. Please note that files containing more than 1,048,576 records will not fit on a single Microsoft Excel 2016 worksheet.

#### DATA PROCESSING AND QUALITY

Each hospital, and FEMCF is responsible for the accuracy and completeness of its data. Even so, DSHS' vendor uses an automated process to audit each record for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit are marked as errors and the hospital, and FEMCF is notified of the errors. The hospital and FEMCF may either correct and upload the data, or accept the data as is submitted.

Following the correction process, DSHS uses valid claims data to build files of "encounters"; one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital and FEMCF has an opportunity to review its data and correct any known or previously unidentified errors, such as mapping errors (codes that had valid code responses but were not correct for the patient record). Hospitals and FEMCFs

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may certify the encounter data with or without comments. The comments may provide information about the hospital, and FEMCF's data submission or correction process. For example, a hospital or FEMCF comment may indicate whether the facility changed vendors during the quarter and there are codes that did not get mapped properly, or whether the facility could not submit corrections before the deadline for corrections ends.

Finally, DSHS builds a final inpatient encounter and separate outpatient event file that includes all data for those datasets, including the corrected data submitted by the hospitals and FEMCFs. DSHS staff checks and adjusts for missing values and invalid codes in this file before the ED 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 ED PUDF was that the data and resulting information be used for the benefit of the public. This is specified in THSC Section 108.013. 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 THSC Section 108.013 and may incur civil or criminal penalties as stated in THSC Sections 108.014 and 108.0141, respectively. In addition, under THSC Sections 108.013(e) and (f), data and information collected by the DSHS under this statute that identifies a patient and/or physician in the ED PUDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to THSC Section 108.013, DSHS excludes all direct personal and demographic identifiers (e.g., names, address, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

Additionally, to protect patient identities, DSHS has suppressed these data elements in this release of the PUDF (suppression procedures were applied separately within inpatient and outpatient data):

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states (i.e., Arkansas, Louisiana, New Mexico, and Oklahoma).
- The entire ZIP code and gender code are suppressed if the ICD-10-CM code indicates alcohol use, drug use, or an HIV-STD diagnosis.

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- The entire ZIP code and provider name are suppressed if a hospital, or FEMCF has fewer than five discharges for a hospital or five visits to a FEMCF of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital or FEMCF has fewer than fifty discharges in a quarter. The provider ID is changed to '999999'.
- The country code is suppressed if the country field has fewer than five discharges for that quarter.
- The county code is suppressed if a county has fewer than five discharges for that quarter.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for patients with one or more diagnosis codes indicating an HIV-STD diagnosis, alcohol use, or drug use.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital, an ASC, or an FEMCF has fewer than ten discharges of a particular race code.

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

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

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

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

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

To protect physician identities in inpatient data provided by hospitals, and FEMCFs, THSC Sections 108.002 (17), 108.009, and 108.011 require creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a Diagnosis-Related Group (DRG) or Enhanced Ambulatory Patient Grouping (EAPG) for a hospital or an FEMCF is less than the minimum cell size of five.

It may be possible in rare instances, or 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 Emergency Department Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. A person who knowingly or negligently releases or accesses this data with criminal intent may incur a penalty. Civil and/or criminal penalties may be assessed under THSC Sections 108.014 and 108.0141.

#### **RESTRICTIONS ON DATA USE**

Users of the ED PUDF are cautioned about using less than a year of data to make any hospital, or FEMCF quality assumptions.

THSC Sections 108.013(c)(1) and (2) and 108.013(g) prohibit 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 patient or physician or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the Chapter 108, THSC protection processes and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital, or FEMCF for the purpose of verifying information supplied in the DSHS ED PUDF. Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions.

In the Texas Emergency Department PUDF 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 ED PUDF:

- 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, or FEMCF stay records of patients in this data set with

personally identifiable records from any other source, including any THCIC research data files;

- The licensee will not release nor permit others to release any information that identifies patients, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

Texas Emergency Department Public Use Data Files, [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 THSC Sections 108.014 and 108.0141 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 licensee (or PUDF user) has been informed that the potential for both civil and criminal penalties exist.

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.)

- THSC Section 108.009(h) requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected from the THCIC 837 format (a modified version of the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, 837, ASC X12N 837 and Professional, ASC X12N, and the addenda).
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients 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.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, or an HIV-STD diagnosis. Suppression of this data element is applied separately within inpatient and outpatient data sets.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code. The entire ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, an HIV-STD diagnosis, or if a hospital, or an FEMCF 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 the ZIP code is changed to '88888' the state abbreviation is changed to 'ZZ'. Suppression of the ZIP code is applied separately within inpatient and outpatient data sets.
- Patient race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities directly from the patient and may be subjectively captured and reported by the facilities.
- Inaccuracies in the data and incompleteness of the data would be addressed in the hospital, or FEMCF's comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, 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.

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- Diagnosis present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric 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. POA codes are not required and therefore not available for outpatient data.
- Admission Source as reported by hospitals and FEMCFs is suppressed, as recommended by the previous THCIC Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Comparability of inpatient 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 inpatient LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital, or FEMCF and not those who died after discharge from the hospital, or FEMCF.
- The data are a snapshot in time. Hospitals, and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, and FEMCFs' collection and billing cycles, not all inpatient discharge encounters from ED visits or outpatient ED visits may have been billed or reported during the particular quarter the patient received the services. Those services may appear in the following quarter's data. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid, Medicare, or other payment sources.
- Updates to PUDF records, if any, are available through the THCIC website, <a href="http://www.dshs.texas.gov/thcic/">http://www.dshs.texas.gov/thcic/</a>, which should be checked periodically as notifications of an update will be posted on it.
- DSHS collects data from all hospitals, and FEMCFs in the state not specifically exempted (and not owned by the United States of America). Some hospitals may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods.
- The healthcare facility patient mix (the types of patients treated at healthcare facilities vary, due to the healthcare facility's interest and specialty services availability) 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 facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping,

and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

#### HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

(Users are advised to consider hospital, and freestanding emergency medical care facilities (FEMCF) comments in any analysis of the data.)

Included with the ED PUDF are two separate files ("Hospital Comments File" and (Outpatient Facility Comments File") containing the unedited comments (except for removal of individual identifying information) submitted by hospitals, and FEMCFs 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 FEMCFs (or physicians or healthcare practitioners within those hospitals) and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in two separate files called the 'Hospital Comments' (for inpatient data) and 'Outpatient Facility Comments' (for outpatient data).

#### **CITATION**

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

Texas Emergency Department Data Set, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].



# Texas Department of State Health Services

### **Texas Emergency Department Data Set**

#### DATA DICTIONARY

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Texas Emergency Department (ED) Data Set. The following information is provided:

**Field** Unique, abbreviated name of the data element.

**Description** Brief explanation of the data element. Descriptions of data elements are

taken from specifications manuals

**Data** Provided by the health care facility on the claim form (Claim)

Source

Provided to THCIC by the healthcare facility (Provider)

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. Alphanumeric or numeric

**Coding** Valid codes for a data field. Values taken from specifications manuals.

scheme

**Type** 

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the "back quote" value ` (Backtick, Back quote, Grave accent mark). Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

#### **INPATIENT BASE DATA #1 FILE**

Field 1:	RECORD_ID			
Description:	Record Identification Nu	mber. Unique nu	mber assigned	to identify the record. The
	Record_ID in the ED Inp	oatient PUDF is no	ot linkable to the	e Record_ID in the ED
	Outpatient PUDF or ED	Research Data Fil	les (RDFs).	
<b>Beginning Position:</b>	1	Data Source:	Assigned	
Length:	12	Type:	Alphanumeric	
Field 2:	DISCHARGE			
Description:	Discharge Quarter. Year ar	d quarter of discha	irge. <i>yyyy</i> Qn.	
<b>Beginning Position:</b>	13	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 3:	THCIC_ID			
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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: Alphanumeric Type: Field 4: TYPE\_OF\_ADMISSION **Description:** Code indicating the type of admission **Coding Scheme:** Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma 9 Information not available Invalid **Beginning Position:** 25 **Data Source:** Claim Length: Type: Alphanumeric Field 5: SOURCE\_OF\_ADMISSION **Description:** Code indicating source of the admission. Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) **Coding Scheme:** Clinic or Physician's Office 2 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Paver Е Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) Born inside this hospital 6 Born outside this hospital **Beginning Position:** 26 **Data Source:** Claim Length: Alphanumeric Type: Field 6: SPEC\_UNIT\_1 **Description:** Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Coronary Care Unit Pediatric Unit Detoxification Unit Psychiatric Unit D Υ Rehabilitation Unit Intensive Care Unit R Ι Н Hospice Unit U Sub-acute Care Unit Skilled Nursing Unit S Ν Nurserv В Obstetric Unit Blank Acute Care Oncology Unit **Beginning Position:** 27 Calculated Data Source: Length: Alphanumeric Type: Field 7: SPEC\_UNIT\_2 **Description:** Specialty Units in which 2<sup>nd</sup> most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC\_UNIT\_1. **Beginning Position:** 28 Data Source: Calculated Length: Type: Alphanumeric Field 8: SPEC UNIT 3 **Description:** Specialty Units in which 3<sup>rd</sup> most days during stay occurred based on number of days by Type of Bill or Revenue Code. Same as SPEC UNIT 1. **Coding Scheme: Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 9: SPEC\_UNIT\_4 **Description:** Specialty Units in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC UNIT 1. Data Source: **Beginning Position:** Calculated DSHS/THCIC DSHS Document #25-15013 Page

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Provider ID. Unique identifier assigned to the provider by DSHS.

**Description:** 

Length: Alphanumeric Type:

Field 10: SPEC\_UNIT\_5

**Description:** Specialty Units in which 5th most days during stay occurred based on number of days

by Type of Bill or Revenue Code.

**Coding Scheme:** Same as SPEC\_UNIT\_1.

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

Field 11: PAT STATE

**Description:** State of the patient's mailing address in Texas and contiguous states. Standard 2-

character Postal Service abbreviation.

Arkansas **Coding Scheme:** 

LA Louisiana New Mexico NM ΩK Oklahoma ΤX Texas

ZZ All other states and American Territories

FC Foreign country

XX Foreign country

**Beginning Position:** 32 **Data Source:** 

Length: Alphanumeric Type:

Field 12: PAT ZIP

**Description:** Patient's five-digit ZIP code.

**Suppression:** Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals

'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV-STD diagnosis the ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules) the ZIP code is reported as "`" (back quote). If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown',

the ZIP Code is blank.

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

Field 13: PAT COUNTRY

**Description:** Country of patient's residential address. List maintained by the International

> Organization for Standardization (ISO). If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules),

> > 073

075

077

Cherokee

Childress

Cochran

Coleman

Colorado

Comanche

Comal

Concho

Cooke

Coryell

Cottle

Crane

Crockett

Crosby

Collingsworth

Clay

Coke

Collin

the country is reported as "`" (back quote).

Suppressed if fewer than 5 patients from one country. Suppression:

Coding scheme: See www.ISO.org for complete list.

**Beginning Position: Data Source:** 39 Claim

Length: Alphanumeric Type:

#### Field 14: PAT\_COUNTY

**Description:** FIPS code of patient's county. Coding scheme:

001	Anderson	037	Bowie	
003	Andrews	039	Brazoria	
005	Angelina	041	Brazos	
007	Aransas	043	Brewster	
009	Archer	045	Briscoe	
011	Armstrong	047	Brooks	
013	Atascosa	049	Brown	
015	Austin	051	Burleson	
017	Bailey	053	Burnet	
019	Bandera	055	Caldwell	
021	Bastrop	057	Calhoun	
023	Baylor	059	Callahan	

007	Aransas	043	Brewster	079
009	Archer	045	Briscoe	081
011	Armstrong	047	Brooks	083
013	Atascosa	049	Brown	085
015	Austin	051	Burleson	087
017	Bailey	053	Burnet	089
019	Bandera	055	Caldwell	091
021	Bastrop	057	Calhoun	093
023	Baylor	059	Callahan	095
025	Bee	061	Cameron	097
027	Bell	063	Camp	099
029	Bexar	065	Carson	101
031	Blanco	067	Cass	103
033	Borden	069	Castro	105
035	Bosque	071	Chambers	107

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Culberson

Dallam

Dallas

Delta

Denton

Dewitt

Dickens

Dimmit Donley

Duval

Ector

Ellis

Eastland

Edwards

El Paso

Erath

Dawson

Deaf Smith

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145	Falls	239	Jackson	333	Mills	427	Starr
147	Fannin	241	Jasper	335	Mitchell	429	Stephens
149	Fayette	243	Jeff Davis	337	Montague	431	Sterling
151	Fisher	245	Jefferson	339	Montgomery	433	Stonewall
153	Floyd	247	Jim Hogg	341	Moore	435	Sutton
155	Foard	249	Jim Wells	343	Morris	437	Swisher
157	Fort Bend	251	Johnson	345	Motley	439	Tarrant
159	Franklin	253	Jones	347	Nacogdoches	441	Taylor
161	Freestone	255	Karnes	349	Navarro	443	Terrell
163	Frio	257	Kaufman	351	Newton	445	Terry
165	Gaines	259	Kendall	353	Nolan	447	Throckmorton
167	Galveston	261	Kenedy	355	Nueces	449	Titus
169	Garza	263	Kent	357	Ochiltree	451	Tom Green
171	Gillespie	265	Kerr	359	Oldham	453	Travis
173	Glasscock	267	Kimble	361	Orange	455	Trinity
175	Goliad	269	King	363	Palo Pinto	457	Tyler
177	Gonzales	271	Kinney	365	Panola	459	Upshur
179	Gray	273	Kleberg	367	Parker	461	Upton
181	Grayson	275	Knox	369	Parmer	463	Uvalde
183	Gregg	283	La Salle	371	Pecos	465	Val Verde
185	Grimes	277	Lamar	373	Polk	467	Van Zandt
187	Guadalupe	279	Lamb	375	Potter	469	Victoria
189	Hale	281	Lampasas	377	Presidio	471	Walker
191	Hall	285	Lavaca	379	Rains	473	Waller
193	Hamilton	287	Lee	381	Randall	475	Ward
195	Hansford	289	Leon	383	Reagan	477	Washington
197	Hardeman	291	Liberty	385	Real	479	Webb
199	Hardin	293	Limestone	387	Red River	481	Wharton
201	Harris	295	Lipscomb	389	Reeves	483	Wheeler
203	Harrison	297	Live Oak	391	Refugio	485	Wichita
205	Hartley	299	Llano	393	Roberts	487	Wilbarger
207	Haskell	301	Loving	395	Robertson	489	Willacy
209 211	Hays Hemphill	303 305	Lubbock	397 399	Rockwall Runnels	491 493	Williamson Wilson
211		305	Lynn McCulloch	399 401	Rusk	493 495	Winkler
215	Henderson	307	McLennan	401	Sabine	493 497	Wilkler
215	Hidalgo Hill	311	McMullen	405	San Augustine	497	Wood
217	Hockley	313	Madison	407	San Jacinto	501	Yoakum
221	Hood	315	Marion	407	San Patricio	503	Young
223	Hopkins	317	Martin	411	San Saba	505	Zapata
225	Houston	319	Mason	413	Schleicher	507	Zavala
227	Howard	321	Matagorda	415	Scurry	307	Zavala
229	Hudspeth	323	Maverick	417	Shackelford	•	Invalid
231	Hunt	325	Medina	419	Shelby		Invalia
233	Hutchinson	327	Menard	421	Sherman		
235	Irion	329	Midland	423	Smith		
237	Jack	331	Milam	425	Somervell		
25,	3431	551		.23	20/110/10/1		

**Beginning Position:** 41 **Data Source:** Assigned; based on patient ZIP code

**Length:** 3 **Type:** Alphanumeric

#### Field 15: Description: Coding Scheme:

#### **PUBLIC\_HEALTH\_REGION**

Public Health Region of patient's address.

- 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
- Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties

  Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard,
  Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford,
  Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties

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- 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
- Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San 5 Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
- Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

**Beginning Position:** 44 Data Source: Assigned Length: Alphanumeric Type:

PAT\_STATUS Field 16:

**Description:** Code indicating patient status as of the ending date of service for the period of care

#### **Coding Scheme:**

reported 01 Discharged to home or self-care (routine Discharged/Transferred to a designated disaster 69 alternate care (effective 10-1-2013) discharge) 02 Discharged to other short term general hospital Discharge/transfer to another type of health care institution not defined elsewhere in the 03 Discharged to skilled nursing facility code list 04 Discharged to intermediate care facility Discharged/transferred to other outpatient 71 Discharged/transferred to a Designated Cancer 05 72 Discharged/transferred to institution outpatient Center or Children's Hospital 06 Discharged to care of home health service Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission 07 Left against medical advice (effective 10-1-2013) 08 Discharged to care of Home IV provider Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute 09 Admitted as inpatient to this hospital Care Hospital Inpatient Readmission (effective 20 Expired 10-1-2013) Discharged/Transferred to a Skilled Nursing Discharged/transferred to Court/Law 21 Facility (SNF) with Medicare Certification with a Enforcement Planned Acute Care Hospital Inpatient 30 Still patient Readmission (effective 10-1-2013) 40 Expired at home Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a 41 Expired in a medical facility Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) 42 Expired, place unknown Discharged/transferred to a Designated Cancer 43 Discharged/transferred to federal health care Center or Children's Hospital with a Planned facility Acute Care Hospital Inpatient Readmission 50 Discharged to hospice-home (effective 10-1-2013) 51 Discharged to hospice-medical facility Discharged/Transferred to Home under Care of Organized Home Health Service Organization 61 Discharged/transferred within this institution to with a Planned Acute Care Hospital Inpatient Medicare-approved swing bed Readmission (effective 10-1-2013) 62 Discharged/transferred to inpatient Discharged/Transferred to Court/Law rehabilitation facility Enforcement with a Planned Acute Care Hospital

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Discharged/transferred to Medicare-certified

Discharged/transferred to Medicaid-certified

psychiatric distinct part of a hospital

Discharged/transferred to Critical Access

Discharged/transferred to psychiatric hospital or

long term care hospital

nursing facility

Hospital (CAH)

Inpatient Readmission (effective 10-1-2013)

Facility with a Planned Acute Care Hospital

Inpatient Readmission (effective 10-1-2013)

Discharged/Transferred to a Hospital-based

(effective 10-1-2013)

Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission

Discharged/Transferred to a Federal Health Care

- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

Inpatie	nt Readmission (effective 10-1-2013)	2013)
		` Invalid
Beginning Position:	46 Data Source:	Claim
Length:	2 Type:	Alphanumeric
Field 17:	SEX_CODE	rupridirerio
Description:	Gender of the patient as recorded at da	ate of admission or start of care
Suppression:		ode indicates drug or alcohol use or an HIV-
		alcohol or drug use or an HIV diagnosis
		and 42 CFR Part 2 rules), the Gender of the
		If a hospital has fewer than 5 patients of a
		Provider ID is '999998' and Hospital Name and
	Patient ZIP Code are blank for those pa	
Coding Scheme:	M Male	dicircs.
couning Schemen	F Female	
	U Unknown	
	` Invalid	
<b>Beginning Position:</b>	48 <b>Data Source:</b>	Claim
Length:	1 Type:	Alphanumeric
Field 18:	RACE	
Description:	Code indicating the patient's race.	
Suppression:	If a hospital has fewer than ten patient	s of one race that race is changed to 'Other'
	(code equals 5).	
Coding Scheme:	1 American Indian/Eskimo/Aleut	
	2 Asian or Pacific Islander	
	3 Black	
	4 White	
	5 Other ` Invalid	
Beginning Position:	49 <b>Data Source:</b>	Claim
Length:	1 Type:	Alphanumeric
Field 19:	ETHNICITY	
Description:	Code indicating the Hispanic origin of t	he patient.
Suppression:		s of one race the ethnicity of patients of that
	race is suppressed (code is blank).	is an area and an indicate or and
Coding Scheme:	1 Hispanic Origin	
,	2 Not of Hispanic Origin	
	` Invalid	
<b>Beginning Position:</b>	50 Data Source:	Claim
Length:	1 Type:	Alphanumeric
Field 20:	ADMIT_WEEKDAY	
Description:	Code indicating day of week patient is	admitted
Coding Scheme:	1 Monday	5 Friday
	2 Tuesday	6 Saturday
	3 Wednesday	7 Sunday

Field 21: LENGTH\_OF\_STAY

**Beginning Position:** 

Length:

4

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Thursday

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**Data Source:** 

Type:

Invalid

**Assigned** 

Alphanumeric

Description:	Length of stay in days e	<i>quals</i> Statement	covers period th	nrough date <i>minus</i>
	Admission/start of care			y is 1 day. The maximum is
Beginning Position:	9999 days. 52	Data Source:	Calculated	
Length:	4	Туре:	Alphanumeric	
Field 22:	PAT_AGE			
Description:	Code indicating age of p		years on date o	
Coding Scheme:	00 1-28 days	10 35-39		20 85-89
	01 29-365 days 02 1-4 years	11 40-44 12 45-49		21 90+ HIV-STD and drug/alcohol use
	02 1 4 years	12 45 45		patients:
	03 5-9	13 50-54		22 0-17
	04 10-14	14 55-59		23 18-44
	05 15-17 06 18-19	15 60-64 16 65-69		24 45-64 25 65-74
	07 20-24	17 70-74		26 75+
	08 25-29	18 75-79		` Invalid
Danimala a Danihia a	09 30-34	19 80-84	A :	
Beginning Position: Length:	56 2	Data Source: Type:	Assigned Alphanumeric	
Field 23:	FIRST_PAYMENT_SRO		Aiphanamenc	
Description:	Code indicating the expe		urce of payment	
Coding Scheme:	09 Self Pay (Removed from			Naintenance Organization
-	beginning 2Q	2012 data)	1 T 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	<ul><li>10 Central Certification</li><li>11 Other Non-federal Prog</li></ul>	rams	LI Liability LM Liability	Medical
	12 Preferred Provider Orga		MA Medicare	
	Point of Service (POS)	(EDO)	MB Medicare	
	<ul><li>14 Exclusive Provider Orga</li><li>15 Indemnity Insurance</li></ul>	inization (EPO)	MC Medicaio TV Title V	
	16 Health Maintenance Org	ganization (HMO)		ederal Program
	Medicare Risk		\/A \/atauau	Administration Disc
	AM Automobile Medical BL Blue Cross/Blue Shield			Administration Plan Compensation Health Claim
	CH CHAMPUS			Indigent or Unknown
	CI Commercial Insurance			9 and ZZ, combined for 2004 & 2005
Daniumina Danitian.	DS Disability Insurance	Data Causas	Ilivaliu	
Beginning Position: Length:	58 2	Data Source: Type:	Claim Alphanumeric	
Field 24:	SECONDARY_PAYMEN		/ upriariarierie	_
Description:	Code indicating the expe	<del>_</del>	source of payme	ent.
Coding Scheme:	Same as field FIRST_PAYM		. ,	
Beginning Position:	60	Data Source:	Claim	
Length: Field 25:	TYPE OF BILL	Туре:	Alphanumeric	
Description:	TYPE_OF_BILL Indicates the specific type	of hill		
Coding Scheme:	1 <sup>st</sup> digit-Type of Facility		e of Care	3 <sup>rd</sup> digit-Sequence of claim
	1 Hospital		, including Medicare	0 Non-payment/Zero claim
	2 Chilled asserte	Part A	Madiana David D	4 Admit the country distribution
	2 Skilled nursing	2 Inpatient only	, Medicare Part B	<ol> <li>Admit through discharge claim</li> </ol>
	3 Home health	3 Outpatie	nt	2 Interim-first claim
	4 Religious non-medical		nt Other, Medicare	3 Interim–continuing claim
	health care-Hospital  5 Religious non-medical	Part B on 5 Intermed	liy liate Care–Level I	4 Interim-last claim
	health care–Extended car		nate care lever i	4 Intermi last claim
	6 Intermediate care		liate Care-Level II	5 Late charge(s) only claim
	7 Clinic	7 Sub-acut III	e inpatient – Level	6 Adjustment of prior claim (Not used by Medicare)
	8 Special facility	8 Swing be	d	7 Replacement of prior claim
				8 Void/cancel of prior claim
Beginning Position:	62 3	Data Source:	Claim	
Length: Field 26:	TOTAL_CHARGES	Туре:	Alphanumeric	
Description:	Sum of accommodation	charges non-co	vered accommo	dation charges, ancillary
	charges, non-covered a			action on an goof anteniary
<b>Beginning Position:</b>	65	Data Source:	Claim	
Length:	12	Туре:	Numeric	
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Field 27: TOTAL\_NON\_COV\_CHARGES Description: Sum of non-covered accommodation charges, non-covered ancillary charges. **Beginning Position: Data Source:** Claim 12 Numeric Length: Type: Field 28: **TOTAL CHARGES ACCOMM Description:** Sum of covered and non-covered accommodation charges. **Beginning Position:** 89 **Data Source:** Claim Numeric Length: 12 Type: Field 29: TOTAL\_NON\_COV\_CHARGES\_ACCOMM **Description:** Sum of non-covered accommodations charges. **Beginning Position:** 101 **Data Source:** Claim Length: Type: Numeric 12 Field 30: TOTAL\_CHARGES\_ANCIL **Description:** Sum of covered and non-covered ancillary charges. **Beginning Position: Data Source:** 113 Claim Type: Numeric Length: 12 Field 31: TOTAL\_NON\_COV\_CHARGES\_ANCIL **Description:** Sum of non-covered ancillary charges. **Beginning Position:** 125 **Data Source:** Claim Length: 12 Type: Numeric Field 32: ADMITTING\_DIAGNOSIS Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 137 Claim Length: 7 Type: **Alphanumeric** Field 33: PRINC\_DIAG\_CODE **Description:** ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 144 **Data Source:** Claim Length: Type: Alphanumeric Field 34: POA\_PRINC\_DIAG\_CODE **Description:** Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital **Coding Scheme:** Yes Υ Ν No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr. 2012 only) 1 Invalid 151 **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 35: OTH\_DIAG\_CODE\_1 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 152 **Data Source:** Claim Length: **Alphanumeric** Type: Field 36: POA\_OTH\_DIAG\_CODE\_1 Description: Code identifying whether Oth\_Diag\_Code\_1 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position:** 159 Data Source: Claim Length: Type: Alphanumeric Field 37: OTH\_DIAG\_CODE\_2 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 160 Claim Length: Type: Alphanumeric Field 38: POA OTH DIAG CODE 2 **Description:** Code identifying whether Oth Diag Code 2 code was present at the time the patient was admitted to the hospital DSHS/THCIC DSHS Document #25-15013 Page

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**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 167 **Data Source:** Claim Length: Type: Alphanumeric

Field 39: OTH\_DIAG\_CODE\_3

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

Decimal is implied following the third character.

**Beginning Position: Data Source:** Claim

Length: Alphanumeric Type:

Field 40: POA\_OTH\_DIAG\_CODE\_3

**Description:** Code identifying whether Oth\_Diag\_Code\_3 code was present at the time the patient

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 175 **Data Source:** Claim Length: Alphanumeric Type:

Field 41: OTH\_DIAG\_CODE\_4

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

Decimal is implied following the third character.

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

Type: Length: Alphanumeric

Field 42: POA\_OTH\_DIAG\_CODE\_4

**Description:** Code identifying whether Oth\_Diag\_Code\_4 code was present at the time the patient

was admitted to the hospital

Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme:** 

**Beginning Position:** 183 **Data Source:** Claim Length: Alphanumeric Type:

Field 43: OTH\_DIAG\_CODE\_5

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

Decimal is implied following the third character.

**Beginning Position: Data Source:** Claim

Length: Alphanumeric Type:

Field 44: POA\_OTH\_DIAG\_CODE\_5

**Description:** Code identifying whether Oth\_Diag\_Code\_5 code was present at the time the patient

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Data Source: Beginning Position:** 191 Claim Length: Alphanumeric Type:

Field 45: OTH\_DIAG\_CODE\_6

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

Decimal is implied following the third character.

**Beginning Position:** 192 **Data Source:** Length:

Alphanumeric Type:

Field 46: POA\_OTH\_DIAG\_CODE\_6

**Description:** Code identifying whether Oth\_Diag\_Code\_6 code was present at the time the patient

Claim

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Data Source: Beginning Position:** 199 Claim Length: Type: Alphanumeric

Field 47: OTH\_DIAG\_CODE\_7

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

Decimal is implied following the third character.

Data Source: **Beginning Position:** 200 Claim

Length: Type: Alphanumeric

Field 48: POA\_OTH\_DIAG\_CODE\_7

**Description:** Code identifying whether Oth\_Diag\_Code\_7 code was present at the time the patient

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

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

Length: Alphanumeric Type:

Field 49: OTH DIAG CODE 8

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

Decimal is implied following the third character.

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**Beginning Position:** 208 **Data Source:** Claim Length: Alphanumeric Type:

Field 50: POA\_OTH\_DIAG\_CODE\_8

**Description:** Code identifying whether Oth Diag Code 8 code was present at the time the patient

was admitted to the hospital

Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme:** 

**Beginning Position:** 215 **Data Source:** Claim

Length: Alphanumeric Type:

Field 51: OTH\_DIAG\_CODE\_9

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

Field 52: POA OTH DIAG CODE 9

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

was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

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

Length: Alphanumeric Type:

Field 53: OTH DIAG CODE 10

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

Decimal is implied following the third character.

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

Alphanumeric

Field 54: POA\_OTH\_DIAG\_CODE\_10

**Description:** Code identifying whether Oth Diag Code 10 code was present at the time the

> patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE

**Data Source: Beginning Position:** Claim 231

Length: Type: Alphanumeric

Field 55: OTH\_DIAG\_CODE\_11

**Coding Scheme:** 

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

Field 56: POA\_OTH\_DIAG\_CODE\_11

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

> patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE

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

Length: Type: Alphanumeric

Field 57: OTH DIAG CODE 12

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

Decimal is implied following the third character.

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

Alphanumeric Length: Type:

Field 58: POA\_OTH\_DIAG\_CODE\_12

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

patient was admitted to the hospital

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

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

Alphanumeric Length: Type:

Field 59: OTH\_DIAG\_CODE\_13

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

Decimal is implied following the third character.

**Beginning Position:** 248 Data Source: Claim

Length: Type: Alphanumeric

Field 60: POA\_OTH\_DIAG\_CODE\_13

**Description:** Code identifying whether Oth\_Diag\_Code\_13 code was present at the time the

patient was admitted to the hospital

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**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

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

Length: Type: Alphanumeric

Field 61: OTH\_DIAG\_CODE\_14

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

Decimal is implied following the third character.

**Beginning Position:** Data Source: Claim

Length: Alphanumeric Type:

Field 62: POA\_OTH\_DIAG\_CODE\_14

**Description:** Code identifying whether Oth\_Diag\_Code\_14 code was present at the time the

patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

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

Length: Alphanumeric Type:

Field 63: OTH\_DIAG\_CODE\_15

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

Field 64: POA\_OTH\_DIAG\_CODE\_15

**Description:** Code identifying whether Oth\_Diag\_Code\_15 code was present at the time the

> patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE

**Coding Scheme: Beginning Position:** 271 **Data Source:** Claim

Length: Alphanumeric Type:

Field 65: OTH\_DIAG\_CODE\_16

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

Decimal is implied following the third character.

**Beginning Position: Data Source:** Claim

Length: Type: Alphanumeric

Field 66: POA\_OTH\_DIAG\_CODE\_16

**Description:** Code identifying whether Oth\_Diag\_Code\_16 code was present at the time the

patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

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

Length: Alphanumeric Type:

Field 67: OTH\_DIAG\_CODE\_17

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**Beginning Position:** 

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

Data Source:

Claim

Decimal is implied following the third character.

Length: Type:

Alphanumeric

Field 68: POA\_OTH\_DIAG\_CODE\_17

**Description:** Code identifying whether Oth\_Diag\_Code\_17 code was present at the time the

patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Data Source: **Beginning Position:** 287 Claim

Length: Type: Alphanumeric

Field 69: OTH\_DIAG\_CODE\_18

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

Field 70: POA\_OTH\_DIAG\_CODE\_18

**Description:** Code identifying whether Oth\_Diag\_Code\_18 code was present at the time the

patient was admitted to the hospital

Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme:** 

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

Length: Alphanumeric Type:

Field 71: OTH DIAG CODE 19

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

Decimal is implied following the third character.

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**Beginning Position:** 296 **Data Source:** Claim Length: Type: Alphanumeric Field 72: POA OTH DIAG CODE 19 **Description:** Code identifying whether Oth\_Diag\_Code\_19 code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 303 Data Source: Claim Length: Alphanumeric Type: Field 73: OTH\_DIAG\_CODE\_20 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 304 **Data Source:** Claim Length: Alphanumeric Type: Field 74: POA\_OTH\_DIAG\_CODE\_20 **Description:** Code identifying whether Oth Diag Code 20 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position: Data Source:** Claim 311 Length: Alphanumeric Type: Field 75: OTH\_DIAG\_CODE\_21 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 312 Claim Lenath: Type: Alphanumeric Field 76: POA\_OTH\_DIAG\_CODE\_21 **Description:** Code identifying whether Oth\_Diag\_Code\_21 code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Beginning Position:** 319 **Data Source:** Claim Length: Alphanumeric Type: Field 77: OTH\_DIAG\_CODE\_22 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 320 Claim Length: Type: Alphanumeric Field 78: **POA OTH DIAG CODE 22 Description:** Code identifying whether Oth\_Diag\_Code\_22 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 327 Data Source: Claim Length: Alphanumeric Type: Field 79: OTH\_DIAG\_CODE\_23 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Length: Type: Alphanumeric Field 80: POA\_OTH\_DIAG\_CODE\_23 **Description:** Code identifying whether Oth Diag Code 23 code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Data Source: Beginning Position:** 335 Claim Length: Type: Alphanumeric Field 81: OTH\_DIAG\_CODE\_24 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 336 Data Source: Claim Lenath: Alphanumeric Type: Field 82: POA\_OTH\_DIAG\_CODE\_24 **Description:** Code identifying whether Oth\_Diag\_Code\_24 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

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**Beginning Position:** 343 **Data Source:** Claim Length: Alphanumeric Type: Field 83: E CODE 1 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character. **Beginning Position:** 344 **Data Source:** Claim Alphanumeric Length: Type: Field 84: POA E CODE 1 **Description:** Code identifying whether E\_Code\_1 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position: Data Source:** 351 Length: Type: Alphanumeric Field 85: E\_CODE\_2 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 352 **Data Source:** Claim Length: Type: Alphanumeric Field 86: POA E CODE 2 **Description:** Code identifying whether external cause of injury E Code 2 code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Beginning Position:** 359 Data Source: Claim Length: Type: Alphanumeric Field 87: E\_CODE\_3 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 360 **Data Source:** Claim Alphanumeric Length: Type: Field 88: POA\_E\_CODE\_3 **Description:** Code identifying whether E\_Code\_3 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position:** 367 **Data Source:** Claim Length: Alphanumeric Type: Field 89: E\_CODE\_4 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 368 **Data Source:** Claim Length: Alphanumeric Type: Field 90: POA\_E\_CODE\_4 **Description:** Code identifying whether E Code 4 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Beginning Position:** 375 **Data Source:** Claim Length: Type: Alphanumeric Field 91: E CODE 5 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Data Source: Beginning Position:** 376 Claim

time the patient was admitted to the hospital
Same as Field POA\_PRINC\_DIAG\_CODE
Beginning Position:

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Type:

POA\_E\_CODE\_5

Alphanumeric

Code identifying whether E\_Code\_5 external cause of injury code was present at the

Length:

Field 92:

**Description:** 

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Length: Alphanumeric Type: Field 93: E\_CODE\_6 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 384 **Data Source:** Claim Length: Alphanumeric Type: Field 94: POA\_E\_CODE\_6 **Description:** Code identifying whether E Code 6 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 391 **Data Source:** Claim Alphanumeric Length: Type: Field 95: E\_CODE\_7 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 392 **Data Source:** Claim Lenath: Alphanumeric Type: Field 96: POA\_E\_CODE\_7 **Description:** Code identifying whether E\_Code\_7 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Beginning Position:** 399 **Data Source:** Claim Length: Type: Alphanumeric Field 97: E\_CODE\_8 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Data Source: Beginning Position:** 400 Claim Length: Alphanumeric Type: Field 98: POA E CODE 8 **Description:** Code identifying whether E\_Code\_8 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 407 **Data Source:** Claim Alphanumeric Length: Type: Field 99: E CODE 9 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 408 **Data Source:** Claim Length: Type: Alphanumeric Field 100: POA E CODE 9 **Description:** Code identifying whether E Code 9 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 415 **Data Source:** Claim Length: Alphanumeric Type: Field 101: E\_CODE\_10 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position: Data Source:** 416 Claim Alphanumeric Length: Type: Field 102: POA E CODE 10 **Description:** Code identifying whether E Code 10 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Data Source: Beginning Position:** 423 Claim Length: Type: **Alphanumeric** DSHS/THCIC DSHS Document #25-15013 Page

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Field 103: PRINC\_SURG\_PROC\_CODE **Description:** Code for the principal surgical or other B performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 424 Claim Length: 7 Alphanumeric Type: Field 104: PRINC\_SURG\_PROC\_DAY **Description:** Day of principal surgical or other procedure equals Principal Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 431 **Data Source:** Calculated Length: Alphanumeric 4 Type: Field 105: OTH SURG PROC CODE 1 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 435 Claim Alphanumeric Length: Type: Field 106: OTH\_SURG\_PROC\_DAY\_1 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 442 Calculated Length: 4 Type: Alphanumeric Field 107: OTH\_SURG\_PROC\_CODE\_2 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 446 **Data Source:** Claim Length: Alphanumeric Type: Field 108: OTH\_SURG\_PROC\_DAY\_ 2 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 453 **Data Source:** Calculated Length: 4 Alphanumeric Type: Field 109: OTH\_SURG\_PROC\_CODE\_3 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 457 **Data Source:** Claim Length: Alphanumeric Type: Field 110: OTH SURG PROC DAY 3 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 464 Calculated Length: Alphanumeric 4 Type: Field 111: OTH\_SURG\_PROC\_CODE\_4 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 468 **Data Source:** Claim Lenath: Type: Alphanumeric Field 112: OTH\_SURG\_PROC\_DAY\_4 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 475 Calculated Length: 4 Type: Alphanumeric Field 113: OTH\_SURG\_PROC\_CODE\_5 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. 479 **Data Source: Beginning Position:** Claim Length: Type: Alphanumeric Field 114: OTH\_SURG\_PROC\_DAY\_5 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 486 Data Source: Calculated Lenath: Type: Alphanumeric Field 115: OTH\_SURG\_PROC\_CODE\_6 DSHS/THCIC DSHS Document #25-15013 Page

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

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

**Data Source: Beginning Position:** 490 Claim

Length: 7 Alphanumeric Type:

Field 116: OTH\_SURG\_PROC\_DAY\_6

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

Admission/Start of Care Date

**Data Source: Beginning Position:** 497 Calculated Alphanumeric Length: Type:

Field 117: OTH SURG PROC CODE 7

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

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

**Data Source: Beginning Position:** Claim 501

Length: Type: Alphanumeric

Field 118: OTH SURG PROC DAY 7

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

Admission/Start of Care Date

**Beginning Position:** 508 **Data Source:** Calculated Lenath: Alphanumeric Type:

Field 119: OTH\_SURG\_PROC\_CODE\_8

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

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

**Data Source: Beginning Position:** 512 Claim

Length: Type: Alphanumeric

Field 120: OTH SURG PROC DAY 8

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

Admission/Start of Care Date

**Data Source: Beginning Position:** 519 Calculated Length: Type: Alphanumeric

Field 121: OTH\_SURG\_PROC\_CODE\_9

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

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

**Beginning Position:** 523 **Data Source:** Claim

Length: Type: Alphanumeric

Field 122: OTH SURG PROC DAY 9

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

Admission/Start of Care Date.

**Beginning Position:** 530 **Data Source:** Calculated Length: Alphanumeric Type:

Field 123: OTH\_SURG\_PROC\_CODE\_10

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

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

**Beginning Position:** 534 **Data Source:** Claim

Alphanumeric Length: Type:

Field 124: OTH SURG PROC DAY 10

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

Admission/Start of Care Date.

**Beginning Position:** 541 **Data Source:** Calculated Alphanumeric Length: Type:

Field 125: OTH\_SURG\_PROC\_CODE\_11

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

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

**Data Source: Beginning Position:** 545 Claim

Length: Type: Alphanumeric

Field 126: OTH SURG PROC DAY 11

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

Admission/Start of Care Date.

**Beginning Position:** 552 **Data Source:** Calculated Length: Type: Alphanumeric

Field 127: OTH\_SURG\_PROC\_CODE\_12

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**Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.

**Data Source: Beginning Position:** 556 Claim

Length: Alphanumeric 7 Type:

Field 128: OTH\_SURG\_PROC\_DAY\_12

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

Admission/Start of Care Date.

**Data Source: Beginning Position:** 563 Calculated Alphanumeric Length: Type:

Field 129: OTH SURG PROC CODE 13

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

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

**Data Source: Beginning Position:** Claim 567

Length: Type: Alphanumeric

Field 130: OTH SURG PROC DAY 13

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

Admission/Start of Care Date.

**Beginning Position:** 574 **Data Source:** Calculated Lenath: Alphanumeric Type:

Field 131: OTH\_SURG\_PROC\_CODE\_14

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

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

**Data Source: Beginning Position:** 578 Claim

Length: Type: Alphanumeric

Field 132: OTH\_SURG\_PROC\_DAY\_14

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

Admission/Start of Care Date.

**Data Source: Beginning Position:** Calculated 585 Length: Type: Alphanumeric

Field 133: OTH\_SURG\_PROC\_CODE\_15

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

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

**Beginning Position:** 589 **Data Source:** Claim

Lenath: Type: Alphanumeric

Field 134: OTH SURG PROC DAY 15

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

Admission/Start of Care Date.

**Beginning Position:** 596 **Data Source:** Calculated Length: Alphanumeric Type:

Field 135: OTH\_SURG\_PROC\_CODE\_16

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

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

**Beginning Position:** 600 **Data Source:** Claim

Alphanumeric Length: Type:

Field 136: OTH SURG PROC DAY 16

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

Admission/Start of Care Date.

**Beginning Position:** 607 **Data Source:** Calculated Alphanumeric Length: Type:

Field 137: OTH\_SURG\_PROC\_CODE\_17

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

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

**Beginning Position: Data Source:** 611 Claim

Length: Type: Alphanumeric

Field 138: OTH SURG PROC DAY 17

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

Admission/Start of Care Date.

**Beginning Position:** 618 **Data Source:** Calculated Length: Type: Alphanumeric

Field 139: OTH\_SURG\_PROC\_CODE\_18

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

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

**Data Source: Beginning Position:** 622 Claim

Length: Alphanumeric 7 Type:

Field 140: OTH\_SURG\_PROC\_DAY\_18

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

Admission/Start of Care Date.

**Data Source: Beginning Position:** 629 Calculated Alphanumeric Length: Type:

Field 141: OTH SURG PROC CODE 19

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

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

**Data Source: Beginning Position:** Claim 633

Length: Type: Alphanumeric

Field 142: OTH SURG PROC DAY 19

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

Admission/Start of Care Date.

**Beginning Position:** 640 **Data Source:** Calculated Lenath: Alphanumeric Type:

Field 143: OTH\_SURG\_PROC\_CODE\_20

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

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

**Data Source: Beginning Position:** 644 Claim

Length: Type: Alphanumeric

Field 144: OTH SURG PROC DAY 20

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

Admission/Start of Care Date.

**Data Source: Beginning Position:** Calculated 651 Length: Type: Alphanumeric

Field 145: OTH\_SURG\_PROC\_CODE\_21

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

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

**Beginning Position:** 655 **Data Source:** Claim

Lenath: Type: Alphanumeric

Field 146: OTH SURG PROC DAY 21

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

Admission/Start of Care Date.

**Beginning Position:** 662 **Data Source:** Calculated Length: Alphanumeric Type:

Field 147: OTH\_SURG\_PROC\_CODE\_22

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

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

**Beginning Position:** 666 **Data Source:** Claim

Alphanumeric Length: Type:

Field 148: OTH SURG PROC DAY 22

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

Admission/Start of Care Date.

**Beginning Position:** 673 **Data Source:** Calculated Alphanumeric Length: Type:

Field 149: OTH\_SURG\_PROC\_CODE\_23

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

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

**Data Source: Beginning Position:** 677 Claim

Length: Type: Alphanumeric

Field 150: OTH SURG PROC DAY 23

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

Admission/Start of Care Date.

**Beginning Position:** 684 **Data Source:** Calculated Length: Type: Alphanumeric

Field 151: OTH SURG PROC CODE 24

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

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

**Beginning Position:** 688 **Data Source:** Claim

**Length:** 7 **Type:** Alphanumeric

Field 152: OTH\_SURG\_PROC\_DAY\_24

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

Admission/Start of Care Date.

Beginning Position:695Data Source:CalculatedLength:4Type:Alphanumeric

Field 153: ATTENDING\_PHYSICIAN\_UNIF\_ID

**Description:** Attending Physician Uniform Identifier. Unique identifier assigned to the licensed

physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an

individual other than a physician who admits patients to hospitals or who provides

diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists

authorized by the hospital to admit or treat patients.

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

minimum cell size of five.

**Coding Scheme:** 9999999998 Cell size less than 5

999999999 Temporary license or license number could not be matched

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

Field 154: OPERATING\_PHYSICIAN\_UNIF\_ID

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

assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients,

including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives,

and podiatrists authorized by the hospital to admit or treat patients.

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

less than the minimum cell size of five.

**Coding Scheme:** 9999999998 Cell size less than 5

999999999 Temporary license or license number could not be matched

Beginning Position:709Data Source:AssignedLength:10Type:Alphanumeric

Field 155: ENCOUNTER INDICATOR

**Description:** Indicates the number of claims used to create the encounter

Beginning Position:719Data Source:CalculatedLength:2Type:Alphanumeric

Field 166: 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:721Data Source:ProviderLength:55Type:Alphanumeric

#### INPATIENT BASE DATA #2 FILE

Field 1: RECORD\_ID

**Description:** Record Identification Number. Unique number assigned to identify the record. The

Record\_ID in the ED Inpatient PUDF is not linkable to the Record\_ID in the ED

Outpatient PUDF or ED Research Data Files (RDFs).

Beginning Position:1Data Source:AssignedLength:12Type:Alphanumeric

Field 2: PRIVATE\_AMOUNT

**Description:** Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR

algorithm. Sum of charges associated with revenue codes 0100-0219, revenue

center 011X, 014X

Beginning Position:13Data Source:CalculatedLength:12Type:Numeric

Field 3: SEMI PRIVATE AMOUNT

**Description:** Accommodation Charge, Semi-private Room Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 010X, 012X-014X, 016X-019X

Beginning Position:25Data Source:CalculatedLength:12Type:Numeric

Field 4: WARD\_AMOUNT

**Description:** Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm.

Sum of charges associated with revenue codes 0100-0219, revenue center 015X.

Beginning Position:37Data Source:CalculatedLength:12Type:Numeric

Field 5: ICU AMOUNT

**Description:** Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 020X.

Beginning Position:49Data Source:CalculatedLength:12Type:Numeric

Field 6: CCU AMOUNT

**Description:** Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 021X.

Beginning Position:61Data Source:CalculatedLength:12Type:Numeric

Field 7: OTHER AMOUNT

**Description:** Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm.

Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X,

090X-095X, 099X.

Beginning Position:73Data Source:CalculatedLength:12Type:Numeric

Field 8: PHARM\_AMOUNT

**Description:** Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR

algorithm. Sum of charges associated with revenue codes other than 0100-0219,

revenue center 025X, 026X, and 063X.

Beginning Position:85Data Source:CalculatedLength:12Type:Numeric

Field 9: MEDSURG\_AMOUNT

**Description:** Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-

0219, revenue center 027X, 062X.

Beginning Position:97Data Source:CalculatedLength:12Type:Numeric

Field 10: DME\_AMOUNT **Description:** Ancillary Service Charge, Durable Medical Equipment Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299. **Beginning Position:** Data Source: Calculated Length: Numeric 12 Type: Field 11: **USED DME AMOUNT Description:** Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293. **Beginning Position: Data Source:** Calculated 121 Length: Numeric 12 Type: Field 12: PT AMOUNT **Description:** Ancillary Service Charge, Physical Therapy Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. **Beginning Position:** 133 **Data Source:** Calculated Length: Numeric 12 Type: Field 13: **OT AMOUNT Description:** Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X. **Beginning Position:** 145 **Data Source:** Calculated Length: Numeric 12 Type: SPEECH AMOUNT Field 14: **Description:** Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X. **Beginning Position:** 157 Data Source: Calculated Length: 12 Type: Numeric IT\_AMOUNT Field 15: **Description:** Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X. **Beginning Position:** 169 **Data Source:** Calculated Length: 12 Type: Numeric Field 16: **BLOOD\_AMOUNT Description:** Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X. **Beginning Position:** 181 **Data Source:** Calculated Length: Numeric Type: 12 Field 17: **BLOOD ADMIN AMOUNT Description:** Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X. **Beginning Position:** 193 **Data Source:** Calculated Length: Numeric 12 Type: OR\_AMOUNT Field 18: **Description:** Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X. **Beginning Position:** 205 **Data Source:** Calculated Numeric Length: 12 Type: Field 19: LITH AMOUNT **Description:** Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X. **Beginning Position: Data Source:** Calculated 217 Length: 12 Type: Numeric

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Field 20: CARD\_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR **Description:** algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X. **Beginning Position:** 229 **Data Source:** Calculated Length: Type: Numeric Field 21: **ANES AMOUNT** Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR **Description:** algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X. **Beginning Position:** 241 **Data Source:** Calculated Length: Numeric Type: Field 22: LAB AMOUNT **Description:** Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X. **Beginning Position:** 253 Data Source: Calculated Lenath: 12 Type: Numeric Field 23: RAD AMOUNT **Description:** Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X. Data Source: Calculated **Beginning Position:** 265 Length: Numeric 12 Type: Field 24: MRI\_AMOUNT Description: Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X. **Beginning Position:** Data Source: 277 Calculated Numeric Length: 12 Type: Field 25: OP\_AMOUNT Description: Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. **Beginning Position:** 289 **Data Source:** Calculated Length: 12 Type: Numeric Field 26: **ER\_AMOUNT Description:** Ancillary Service Charge, Emergency Room Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X. **Beginning Position: Data Source:** Calculated Length: Numeric 12 Type: Field 27: AMBULANCE AMOUNT **Description:** Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X. **Beginning Position: Data Source:** Calculated 313 Length: Type: Numeric Field 28: PRO FEE AMOUNT **Description:** Ancillary Service Charge, Professional Fee Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. **Beginning Position:** 325 **Data Source:** Calculated Length: Numeric 12 Type: Field 29: **ORGAN AMOUNT Description:** Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X. **Beginning Position:** Data Source: Calculated

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Length:		12		Туре:	Numeric			
Field 30:		ESRD_AMOUN	Т	.,,,,				
Descript	ion:	Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-						
Beginnir	ng Position:	0219, revenue center 080X, 082X-085X, 088X.  349						
Length:	ig i osition.	12		Type:	Numeric			
Field 31		CLINIC_AMOU						
Descript	ion:	Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,						
		revenue center					,	
Beginning Position:		361 12		Data Source:	Calculated Numeric			
Length: Field 32	•	OCCUR_CODE	1	Туре:	Numeric			
Descript				nificant event rela	ting to the c	laim.		
Coding S	Scheme:	_			J			
01	Auto accident		27	Date Home Health Pl		47	Date cost outlier status begins	
02		rance Involved -	20	Established or Last R		A1	Birthdate - Insured A	
03	Including Auto Accident/ Tort	o Accident/Other : Liability	28	Date Comprehensive Rehabilitation Plan Es or Last Reviewed		A2	Effective Date - Insured A Policy	
04	Accident/ Emp	oloyment Related	29	Date Outpatient PT P	lan	А3	Payer A benefits exhausted	
05	Other acciden	t		established or last re		A4	Split Bill Date	
06	Crime Victim		30	Date Outpatient ST F established or last re		В1	Birthdate - Insured B	
09	Start of Infert	ility Treatment	31	Date beneficiary noti		B2	Effective date - Insured B Policy	
	Cycle			intent to bill (accomm	•	В3	Payer B benefits exhausted	
10	Last Menstrua		32	Date beneficiary noti intent to bill (procedu		C1	Birthdate - Insured C	
11	Onset of Sym	ptoms/ Illness		treatments)		C2	Effective date - Insured C Policy	
12	Date of Onset Dependent In	for a Chronically dividual	37	Date of inpatient hos discharge for non-co		C3	Payer C benefits exhausted	
16	Date of Last T			transplant patients		DR	Katrina disaster related	
17	Date Outpatie	nt OT Plan Last Reviewed	38	Date treatment start home IV therapy	ed for	E1	Birthdate - Insured D	
18	Date of Retire Patient/Benefi	ment -	39	Date discharged on a continuous course if		E2	Effective date - Insured D Policy	
19	•	ment - Spouse	40	Scheduled date of ad	Imission	E3	Payer D benefits exhausted	
20	Date Guarante Began	ee of Payment	41	Date of first test of p admission testing	re-	F1 F2	Birthdate - Insured E  Effective date - Insured E Policy	
21	Date UR Notic	e Received	42	Date of discharge (ho	ospice	F3	Payer E benefits exhausted	
22	Date Active Ca		43	only) Scheduled date of ca	nceled		Birthdate - Insured F	
24	Date Insurance		73	surgery	inceleu	G1		
25		Terminated by	44	Date treatment start	ed - OT	G2 G3	Effective date - Insured F Policy  Payer F benefits exhausted	
	Primary Payer		45	Date treatment start	ed - ST	دی	rayer i benefits extidusted	
26	Date SNF Bed	Became Available	46	Date treatment start Cardiac rehabilitation				
Beginning Position: Length:		373 2		Data Source: Type:	Claim Alphanume	eric		
Field 33:		OCCUR_DAY_:	1	.,,,,	,priariarii			
Description:		Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.						
Beginning Position: Length:		375 4		Data Source: Type:	Calculated Alphanume	ric		
Field 34:		OCCUR_CODE	2	rype.	Alphanume	ii iC		
Description:		Code describing	a sigi	nificant event rela	ting to the c	laim.		
Coding Scheme:		Same as Field OC	CUR_C		CI :			
Beginning Position: Length:		379 2		Data Source: Type:	Claim Alphanume	eric		
Field 35: OCCUR_DAY_2								
<b>Description:</b> Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> Admission/Start of Care Date.								
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**Beginning Position:** 381 **Data Source:** Calculated Length: Alphanumeric Type: Field 36: OCCUR CODE 3 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 385 **Data Source:** Claim Length: Alphanumeric Type: Field 37: OCCUR\_DAY\_3 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 387 Length: **Alphanumeric** Type: Field 38: OCCUR\_CODE\_4 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 391 **Data Source:** Claim Length: Alphanumeric Type: Field 39: OCCUR\_DAY\_4 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 40: OCCUR\_CODE\_5 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR\_CODE\_1. **Coding Scheme: Beginning Position: Data Source:** 397 Claim Length: Type: Alphanumeric Field 41: OCCUR\_DAY\_5 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Description: Beginning Position:** 399 Data Source: Calculated Length: Type: Alphanumeric Field 42: OCCUR CODE 6 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR CODE 1. Coding Scheme: **Beginning Position:** 403 **Data Source:** Claim Length: Type: Alphanumeric Field 43: OCCUR\_DAY\_6 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 405 **Data Source:** Calculated Length: Type: Alphanumeric Field 44: OCCUR\_CODE\_7 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR\_CODE\_1. **Beginning Position:** 409 Data Source: Claim Length: Alphanumeric Type: Field 45: OCCUR DAY 7 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 411 Length: 4 Type: Alphanumeric OCCUR\_CODE\_8 Field 46: **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 415 **Data Source:** Claim Alphanumeric Length: Type: Field 47: OCCUR\_DAY\_8 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 417 **Data Source:** Calculated Length: Type: Alphanumeric Field 48: OCCUR CODE 9 Description: Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 421 **Data Source:** Alphanumeric Length: Type: Field 49: OCCUR\_DAY\_9 DSHS/THCIC DSHS Document #25-15013 Page

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**Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 423 **Data Source:** Calculated Length: Alphanumeric Type: Field 50: OCCUR CODE 10 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 427 Data Source: Claim Length: Alphanumeric Type: Field 51: OCCUR\_DAY\_10 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated Length: Alphanumeric Type: Field 52: OCCUR\_CODE\_11 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR\_CODE 1. **Coding Scheme: Beginning Position:** 433 **Data Source:** Claim Length: Type: Alphanumeric Field 53: OCCUR\_DAY\_11 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Data Source: Beginning Position:** 435 Calculated Length: Type: Alphanumeric Field 54: OCCUR CODE 12 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position: Data Source:** 439 Claim Length: Alphanumeric Type: Field 55: OCCUR\_DAY\_12 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 441 Length: **Alphanumeric** Type: Field 56: OCCUR SPAN CODE 1 Description: Code describing a significant event relating to the claim that may affect payer processing. Oualifying stay dates (for SNF use only) 78 **Coding Scheme:** 70 SNF prior stay dates 80 Prior Same SNF prior stay dates for Payment 71 Prior stay dates Ban Purposes 72 First/Last Visit 81 Antepartum Days at Reduced Level of Care 73 Benefit eligibility period M0 QIO/UR approved stay dates 74 Noncovered level of care/Leave of absence М1 Provider liability - no utilization 75 SNF level of care M2 Inpatient respite dates 76 Patient Liability Period М3 ICF level of care 77 Provider Liability - Utilization Charged Μ4 Residential level of care **Beginning Position:** 445 **Data Source:** Claim Length: Alphanumeric Type: Field 57: OCCUR SPAN FROM 1 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. Data Source: **Beginning Position:** 447 Calculated Length: Alphanumeric Type: Field 58: OCCUR\_SPAN\_THRU\_1 Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 453 **Data Source:** Calculated Lenath: Alphanumeric 6 Type: Field 59: OCCUR\_SPAN\_CODE\_2 **Description:** Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 459 **Data Source:** Claim Length: Type: Alphanumeric Field 60: OCCUR\_SPAN\_FROM\_2 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC DSHS Document #25-15013 Page

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**Beginning Position:** 461 **Data Source:** Calculated Length: Alphanumeric Type: Field 61: **OCCUR SPAN THRU 2 Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 467 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 62: OCCUR SPAN CODE 3 **Description:** Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 473 **Data Source:** Claim Length: Alphanumeric Type: Field 63: OCCUR\_SPAN\_FROM\_3 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 475 Data Source: Calculated Alphanumeric Length: Type: Field 64: OCCUR SPAN THRU 3 **Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care **Beginning Position:** 481 Data Source: Calculated Length: Alphanumeric 6 Type: Field 65: OCCUR\_SPAN\_CODE\_4 **Description:** Code describing a significant event relating to the claim that may affect payer processina. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 487 **Data Source:** Claim Length: Type: Alphanumeric Field 66: **OCCUR SPAN FROM 4 Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 489 **Data Source:** Calculated Length: Type: Alphanumeric Field 67: **OCCUR SPAN THRU 4 Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 495 **Data Source:** Calculated Lenath: **Alphanumeric** Type: Field 68: CONDITION\_CODE\_1 **Description:** Code describing a condition relating to the claim. **Coding Scheme:** 01 Military service related 11 Disabled beneficiary but no 27 Patient referred to a sole community hospital for a LGHP coverage exists Condition is employment 02 diagnostic laboratory test 17 Patient is homeless related 28 Patient and/or spouse's EGHP is 03 Patient covered by insurance 18 Maiden name retained secondary to Medicare not reflected here 19 Child retains mother's name 29 Disabled beneficiary and/or 04 Information only bill. family member's LGHP is 20 Beneficiary requested billing secondary to Medicare 05 Lien has been filed 21 Billing for denial notice 30 Non-research services provided 06 ESRD patient in first 18 months to patients enrolled in a 22 Patient on multiple drug of entitlement covered by EGHP qualified clinical trial regimen 07 Treatment of non-terminal 31 Patient is student (full time -23 Home care giver available condition for hospice patient day) 80 Beneficiary would not provide Home IV patient also receiving 24 Patient is student 32 information concerning other **HHA** services (cooperative/work study insurance coverage 25 Patient is non-US resident program) Neither patient or spouse is 09 33 Patient is student (full time -VA eligible patient chooses to 26 employed night) receive services in a Medicare 10 Patient and/or spouse is certified facility 34 Patient is student (part-time) employed but no EGHP exists DSHS/THCIC DSHS Document #25-15013 Page

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36	General care patient in a special unit	74	Home	AM	Non-emergency medically necessary stretcher transport
37	Ward accommodation at patient	75 76	Home - 100% reimbursement		required
38	request Semi-private room not	76 77	Back-up in facility dialysis  Provider accepts or is	AN	Pre-admission screening not required
39	available Private room medically		obligated/required due to a contractual arrangement or law	В0	Medicare coordinated care demonstration claim
	necessary		to accept payment by a primary payer as payment	B1	Beneficiary is ineligible for demonstration program
40	Same day transfer	78	New coverage not implemented	В4	Admission unrelated to
41	Partial hospitalization	70	by HMO		discharge on same day
42	Continuing care not related to inpatient admission	79	CORF services provided offsite	BP	Gulf Oil Spill of 2010
43	Continuing care not provided	80	Home dialysis - nursing facility	C1	Approved as billed
	within prescribed postdischarge window	81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review
44	Inpatient admission changed to outpatient	82	C-section/Inductions <39 weeks-Elective	C3	Partial approval
45	Ambiguous Gender Category	83	C-section/Inductions 39 weeks	C4	Admission/services denied
46	Non-availability statement on	0.4	or greater	C5	Postpayment review applicable
	file	84	Dialysis for Acute Kidney Injury (AKI)	C6	Admission Preauthorization
47	Transfer from another Home Health Agency	85	Delayed Recertification of	C7	Extended Authorization
48	Psychiatric residential	0.0	Hospice Terminal Illness	D0	Changes to Service Dates
	treatment centers for children and adolescents (RTCs)	86	Additional Hemodialysis Treatment with Medical	D1	Changes to Charges
49	Product replacement within	Α0	Justification TRICARE external partnership	D3	Second or Subsequent Interim PPS Bill
50	product lifecycle Product Replacement for Known		program	D4	Change in clinical codes (ICD)
30	Recall of a Product	A1	EPSDT/CHAP		for diagnosis and/or procedure codes.
51	Attestation of Unrelated Outpatient Nondiagnostic	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID
	Services	А3	Special Federal Funding	D6	or Provider ID Cancel Only to Repay a
52	Out of Hospice Service Area	A4	Family planning	20	Duplicate or OIG Overpayment
53	Initial placement of a medical device provided as part of a	A5	Disability	D7	Change to Make Medicare the Secondary Payer
54	clinical trial or a free sample No Skilled Home Health Visits in	A6	Vaccines/Medicare 100% payment	D8	Change to Make Medicare the Primary Payer
	Billing Period. Policy Exception  Documented at the Home	A9	Second opinion surgery	D9	Any Other Change
	Health Agency	AA	Abortion performed due to rape	DR	Disaster related
55	SNF bed not available	AB	Abortion performed due to incest	E0	Changes in Patient Status
56	Medical appropriateness	AC	Abortion performed due to	G0	Distinct Medical Visit
57	SNF readmission		serious fatal genetic defect,	H0	Delayed Filing, Statement of
58	Terminated Medicare+Choice	AD	deformity, or abnormality  Abortion performed due to life	H2	Intent Submitted Discharge by a Hospice
59	organization enrollee Non-primary ESRD facility	, ,,,	endangering physical condition	ПZ	Provider for Cause
60	Day outlier	AE	Abortion performed due to physical health of mother that	Н3	Reoccurrence of GI Bleed Comorbid Category
61	Cost outlier		is not life endangering	H4	Reoccurrence of Pneumonia
66	Provider does not wish cost	AF	Abortion performed due to emotional/psychological health	Н5	Comorbid Category Recurrence of Pericarditis
67	outlier payment  Beneficiary elects not to use life		of mother	113	Comorbid Category
07	time reserve (LTR) days	AG	Abortion performed due to social or economic reasons	P1	Do not Resuscitate Order (DNR)
68	Beneficiary elects to use life time reserve (LTR) days	АН	Elective abortion	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only	ΑI	Sterilization	R1	Request for reopening Reason
70	Self-administered anemia management drug	AJ	Payer responsible for co- payment		Code - Mathematical or Computational Mistake
71	Full care in unit	AK	Air ambulance required	R2	Request for reopening Reason Code -Inaccurate Data Entry
72	Self-care in unit	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason
73	Self-care training				Code - Misapplication of a Fee Schedule
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R4	Request for re	eopening Reason uter Errors	R7	Request for reopenin Code - Corrections ot		WO	United Mine Workers of America (UMWA) Demonstration
R5	Request for re	eopening Reason ectly Identified	R8	clerical errors Request for reopenin		W2	Indicator  Duplicate of Original Bill
	Duplicate Clai		NO	Code - New and Mate		W2	
R6		eopening Reason		Evidence			Level I Appeal
		Clerical Errors or and Omissions not	R9	Request for reopenin Code - Faulty Eviden		W4	Level II Appeal
	Specified in R			Code - Faulty Evident	ce	W5	Level III Appeal
Beginnir	ng Position:	501		Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 69	-	CONDITION_					
Descript		Same as Field CO		idition relating to t	the claim.		
Coding S	ng Position:	503	אוונטאול	Data Source:	Claim		
Length:	ig i osition.	2		Type:	Alphanum	eric	
Field 70		CONDITION_	CODE				
Descript	ion:			 idition relating to t	he claim.		
Coding S	Scheme:	Same as Field 68		J			
	ng Position:	505		Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 71		CONDITION_					
Descript				dition relating to t	the claim.		
Coding S	Scheme: ng Position:	Same as Field CC 507	אוומאיל	ON_CODE_1.  Data Source:	Claim		
Length:	ig Position:	2		Type:	Alphanum	eric	
Field 72	):	CONDITION_	CODE		ларпапап	CITC	
Descrip				dition relating to t	he claim.		
Coding S		Same as Field CC	_				
	ng Position:	509		Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 73		CONDITION_					
Descript				idition relating to t	the claim.		
Coding S		Same as Field CC	ONDITIO		Clains		
Beginnir Length:	ng Position:	511 2		Data Source: Type:	Claim Alphanum	oric	
Field 74	<u> </u>	CONDITION_	CODE		Alphanam	CITC	
Descript	ion:			 idition relating to t	he claim.		
Coding S	Scheme:	Same as Field CC					
	ng Position:	513		Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 75		CONDITION_					
Descript				dition relating to t	the claim.		
Coding S	scneme: ng Position:	Same as Field CC 515	אוונטאנ	DN_CODE_1.  Data Source:	Claim		
Length:	ig Position.	2		Type:	Alphanum	eric	
Field 76	1	VALUE_CODE	1	- 7 F			
Descript	ion:			mation that may a	ffect payer	proces	ssing.
Coding S	Scheme:	•		•	. ,	•	
01	Most commor	semi-private rate	09	Coinsurance amount calendar year	in the first	15	Worker's compensation
02	Hospital has r	no semi-private	10	Lifetime reserve amo second calendar year		16	Public health service (PHS) or other federal agency
04	Inpatient prof		11	Coinsurance amount		21	Catastrophic
	component ch combined bill	narges which are ed		second calendar year		22	Surplus
05	Professional o		12	Working aged beneficiary/spouse w		22 23	Recurring monthly income
		ely to carrier	13	employer group healt ESRD beneficiary in a	-	24	Medicaid Rate Code
	-		10			24	rieulcalu Rate Code
06	Blood deducti	ble		coordination period w			
06 08	Blood deducti	ble rve amount in the		employer group healt	th plan	25	Offset to the patient - payment
	Blood deducti	rve amount in the	14		th plan	25	Offset to the patient - payment amount - prescription drugs
	Blood deducti Life time rese first calendar	rve amount in the	14	employer group healt	th plan	25	

ginnin ngth:	g Position: 517 2		<b>Data Source:</b> Claim <b>Type:</b> Alphanum	eric	
52	Speech Therapy visits	AJ	r dilent neight	Y5	Part B Deductible
51	Occupational Therapy visits	A8 A9	Patient weight  Patient height	Y4	Conventional Provider Payment
50	Physical Therapy visits	A7	Co-payment payer A	Y3	Part B Coinsurance
49	Hematocrit reading		drugs - diagnostic study and other	Y2	Part B Demonstration Payment
48	Hemoglobin reading	A6	patient Covered self-administrable	Y1	Part A Demonstration Payment
47	Any liability insurance		drugs - administrable in form and situation furnished to	G8	Facility where Inpatient Hospice Service is Delivered
46	Number of grace days	A5	drugs - emergency Covered self-administrable	FD	Manufacturer for a Medical Device
45	Accident hour	A4	Covered self-administrable	FD	Credit Received from the
	charges but higher than payment received	А3	Estimated responsibility payer A	D5 FC	Last Kt/V Reading Patient Paid Amount
44	Amount provider agreed to accept from primary payer when this amount is less than	A2	Coinsurance payer A		Clinical Trial Number Assigned by NLM/NIH
43	Disabled beneficiary under age 65 with LGHP	A1	Deductible payer A	D3 D4	Patient estimated responsibility  Clinical Trial Number Assigned
42	VA	Α0	Special zip code reporting		allowances (e.g., medical education) - payer C
41	Black lung	84	Shorter Duration Hemodialysis	СВ	Other assessments or
40	New coverage not implemented by HMO	83	Lifetime Reserve Days		assessments, allowances or health care related taxes - payer C
39	Units of blood replaced	82	Co-insurance Days	CA	Regulatory surcharges,
38	Blood deductible units	80 81	Covered Days  Non-covered Days	C7	C Co-payment payer C
37	Units of blood furnished	69	State charity care percentage	C3	Estimated responsibility payer
	amount - health insurance premiums	68	EPO-drug	C2	Coinsurance payer C
35	services Offset to the patient - payment	67	Peritoneal dialysis	C1	education) - payer B Deductible payer C
34	Offset to the patient - payment amount - other medical	66	Medicaid spend down amount	ВВ	Other assessments or allowances (e.g., medical
33	Offset to the patient - payment amount - podiatric services	61	Place of Residence where service is furnished (HHA and hospice)		assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance transport	60	HHA branch MSA	BA	Regulatory surcharges,
31	Patient Liability Amount	59	Oxygen saturation	В7	B Co-payment payer B
30	Preadmission testing	58	Arterial blood gas	В3	Estimated responsibility payer
29	Offset to the patient - payment amount - chiropractic services	57	Home health aide - home visit hours	B2	Coinsurance payer B
28	Offset to the patient - payment amount - dental services	56	Skilled nurse - home visit hours	B1	education) - payer A  Deductible payer B
27	Offset to the patient - payment amount - vision and eye services	55	Eligibility threshold for charity care	АВ	payer A Other assessments or allowances (e.g., medical
20	amount - hearing and ear services	54	Newborn birth weight in grams	701	assessments, allowances or health care related taxes -
26	Offset to the patient - payment	53	Cardiac rehab visits	AA	Regulatory surcharges,

Length: Field 77:

VALUE\_AMOUNT\_1

**Description:** Dollar amount that may be affected.

**Beginning Position:** Data Source: 519 Claim

Length: Type: Alphanumeric

VALUE\_CODE\_2 Field 78:

**Description:** Code describing information that may affect payer processing.

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**Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position:** 528 **Data Source:** Claim Length: Type: Alphanumeric Field 79: **VALUE AMOUNT 2 Description:** Dollar amount that may be affected. **Beginning Position:** 530 **Data Source:** Claim Length: Alphanumeric Type: Field 80: VALUE\_CODE\_3 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric **VALUE AMOUNT 3** Field 81: **Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 82: VALUE\_CODE\_4 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position: Data Source:** 550 Claim Length: Alphanumeric Type: Field 83: **VALUE AMOUNT 4 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** 552 Claim Length: Type: Alphanumeric Field 84: VALUE\_CODE\_5 **Description:** Code describing information that may affect payer processing. Same as Field VALUE\_CODE\_1. Coding Scheme: **Beginning Position:** 561 **Data Source:** Alphanumeric Length: Type: Field 85: VALUE\_AMOUNT\_5 **Description:** Dollar amount that may be affected. **Beginning Position:** 563 **Data Source:** Claim Length: Type: Alphanumeric Field 86: VALUE\_CODE\_6 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position:** 572 **Data Source:** Claim Length: Alphanumeric Type: Field 87: **VALUE AMOUNT 6 Description:** Dollar amount that may be affected. **Beginning Position:** 574 **Data Source:** Claim Length: Alphanumeric Type: VALUE CODE 7 Field 88: **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position:** 583 **Data Source:** Claim Lenath: Alphanumeric Type: Field 89: VALUE\_AMOUNT\_7 **Description:** Dollar amount that may be affected. **Beginning Position:** 585 **Data Source:** Claim Length: Alphanumeric Type: Field 90: VALUE\_CODE\_8 Description: Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position:** 594 **Data Source:** Length: Type: Alphanumeric Field 91: **VALUE AMOUNT 8 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Alphanumeric Length: Type:

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Field 92:

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VALUE\_CODE\_9

**Description:** Code describing information that may affect payer processing.

**Coding Scheme:** Same as Field VALUE\_CODE\_1.

**Beginning Position:** 605 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

Field 93: VALUE\_AMOUNT\_9

**Description:** Dollar amount that may be affected.

**Beginning Position:** 607 **Data Source:** Claim

**Length:** 9 **Type:** Alphanumeric

Field 94: VALUE\_CODE\_10

**Description:** Code describing information that may affect payer processing.

**Coding Scheme:** Same as Field VALUE\_CODE\_1.

**Beginning Position:** 616 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

Field 95: VALUE AMOUNT 10

**Description:** Dollar amount that may be affected.

**Beginning Position:** 618 **Data Source:** Claim

**Length:** 9 **Type:** Alphanumeric

Field 96: VALUE\_CODE\_11

**Description:** Code describing information that may affect payer processing.

**Coding Scheme:** Same as Field VALUE\_CODE\_1.

**Beginning Position:** 627 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

Field 97: VALUE\_AMOUNT\_11

**Description:** Dollar amount that may be affected.

**Beginning Position:** 629 **Data Source:** Claim

**Length:** 9 **Type:** Alphanumeric

Field 98: VALUE\_CODE\_12

**Description:** Code describing information that may affect payer processing.

**Coding Scheme:** Same as Field VALUE\_CODE\_1.

**Beginning Position:** 638 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

Field 99: VALUE\_AMOUNT\_12

**Description:** Dollar amount that may be affected.

**Beginning Position:** 640 **Data Source:** Claim

Length: 9 Type: Alphanumeric

## **INPATIENT CHARGES DATA FILE**

Field 1: RECORD\_ID

**Description:** Record Identification Number. Unique number assigned to identify the record. First

available 1st quarter 2002. Does NOT match the RECORD\_ID in THCIC Research

Data Files (RDF's).

Beginning Position:1Data Source:AssignedLength:12Type: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:**

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0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms -	0192	Room charges for subacute care - Level II (comprehensive
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	(deluxe) rooms - pediatric  Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0120	Room charges for semi-private rooms - general	0143	Room charges for private	0173	Room charges for nursery - newborn level III
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0115	Room charges for private rooms - hospice	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0114	Room charges for private rooms - psychiatric	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0164	general  Room charges for other rooms  - Sterile Environment
0113	Room charges for private rooms - pediatric	0127	- 3/4 beds - rooms - detoxification	0160	other  Room charges for other rooms -
0112	Room charges for private rooms - obstetrics	0136	- 3/4 beds - rooms - hospice Room charges for semi-private	0159	rehabilitation  Room charges for ward rooms -
0111	Room charges for private rooms - medical/surgical/GYN	0135	- 3/4 beds - rooms - psychiatric  Room charges for semi-private	0158	Room charges for ward rooms
0110	Room charges for private rooms - general	0134	Room charges for semi-private	0157	Room charges for ward rooms - oncology
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice

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0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general  Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
0202	care - surgical Room charges for intensive	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
	care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy - nongeneric drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU)  Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory - nonroutine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological - cytology
0214	<ul> <li>heart transplant</li> <li>Room charges for coronary care</li> </ul>	0262	IV Therapy - pharmacy services	0312	Laboratory pathological -
	<ul> <li>intermediate coronary care unit (CCU)</li> </ul>	0263	IV Therapy - drug/supply delivery	0314	histology Laboratory pathological -
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0319	biopsy Laboratory pathological - other
0220	Special charges - general	0269	IV Therapy - other	0320	Radiology - diagnostic - general
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0321	Radiology - diagnostic -
0222	charge Special charges - technical	0271	Medical surgical supplies and devices - nonsterile	0322	angiocardiography Radiology - diagnostic -
0223	support charge Special charges - UR service	0272	Medical surgical supplies and		arthrography
	charge	0273	devices - sterile Medical surgical supplies and	0323	Radiology - diagnostic - arteriography
0224	Special charges - late discharge, medically necessary	0274	devices - take-home  Medical surgical supplies and	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other		devices - prosthetic/orthotic	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general  Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home		chemotherapy administration - chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy

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0389	THCIC		Page		by Member to RHC/FQHC  DSHS Document #25-1501
0389				0321	
0200	Blood - other	0442	Speech-language pathology - hourly charge	0520 0521	Freestanding Clinic - general  Freestanding Clinic - Clinic Visi
387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0519	Clinic - other
386	Blood - other components	0440	Speech-language pathology - general	0517	Clinic - family practice
385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
384	Blood - platelets	0434	Occupational therapy - evaluation or reevaluation	0515	Clinic - pediatric
383	Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0381	Blood - packed red cells  Blood - whole blood	0432	Occupational therapy - hourly charge	0513	Clinic - psychiatric
0380	Blood - general	0431	Occupational therapy - visit charge	0511	Clinic - dental
379	Anesthesia - other	0430	Occupational therapy - general	0510 0511	Clinic - general  Clinic - chronic pain
374	Anesthesia - acupuncture	0429	Physical therapy - other	0509	Outpatient services - other
372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0500	Outpatient services - general
371	Anesthesia - incident to radiology	0423	charge Physical therapy - group rate	0499	Ambulatory surgical care - other
370	Anesthesia - general	0422	Physical therapy - hourly	0490	Ambulatory surgical care - general
369	Operating room services - other	0421	Physical therapy - visit charge	0489	Cardiology - other
367	Operating room services - kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
302	organ transplant other than kidney	0419	hyperbaric oxygen therapy Respiratory services - other	0482	Cardiology - stress test
362	minor surgery  Operating room services -	0413	inhalation Respiratory services -	0480	Cardiology - general  Cardiology - cardiac cath lab
361	Operating room services - general Operating room services -	0412	Respiratory services -	0479 0480	Audiology - other
)359 )360	CT scan - other	0409 0410	Other imaging services - other  Respiratory services - general	0472	Audiology - treatment
352	CT scan - body			0471	Audiology - diagnostic
351	CT scan - head	0404	screening mammography Other imaging services - PET	0470	Audiology - general
350	CT scan - general	0403	ultrasound Other imaging services -	0469	Pulmonary function - other
349	Nuclear medicine - other	0402	diagnostic mammography Other imaging services -	0460	Pulmonary function - general
344	Nuclear medicine - therapeutic radiopharmaceuticals	0401	Other imaging services -	0459	Emergency room - other
343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	0456	EMTALA screening Emergency room - urgent car
342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	services Emergency room - beyond
341	Nuclear medicine - diagnostic procedures	0200	processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
1339	chemotherapy administration - other	0331	administration, storage and processing - administration	0449	Speech-language pathology other
0339	chemotherapy - IV  Radiology - therapeutic and/or	0391	processing - general  Blood and blood component	0444	Speech-language pathology evaluation or reevaluation
0335	Radiology - therapeutic and/or chemotherapy administration -	0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic
0523	Freestanding Clinic - family practice	0569	Medical social services - other	0623	services Medical/surgical supplies -
0524	Freestanding Clinic - Visit by	0570	Home health aide - general		surgical dressings
	RHC/FQHC Practitioner to a Member in a Covered Part A	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FDA investigational devices
0525	Stay at SNF Freestanding Clinic - Visit by	0572	Home health aide - hourly charge	0631	Drugs requiring specific identification - single source
	RHC/FQHC Practitioner to a Member in a SNF (not Covered	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
	Part A Stay) or NF or ICF MR or Other Residential Facility	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0526	Freestanding Clinic - urgent care	0581	Other visits (home health) -	0624	prescription
		0582	visit charge Other visits (home health) - hourly charge	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting Nurse Services(s) to a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0520	Member's Home when in a Home Health Shortage Area	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other	0590	Units of service (home health) - general	0637	detailed coding  Drugs requiring specific
0529	non RHC/FQHC Site (e.g. Scene of Accident) Freestanding Clinic - other	0600	Oxygen (home health) - general	0037	identification - self- administrable
0323	Treestanding Chine Street	0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter	0641	Home IV therapy services - nonroutine nursing, central line
0531	Osteopathic service - therapy	0603	per minute Oxygen (home health) -	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other		stat/equip/supply over 4 liters per minute	0643	Home IV therapy services - IV start/change, peripheral line
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	Home IV therapy services - nonroutine nursing, peripheral
0541	Ambulance service - supplies	0609	Oxygen (home health) - other	0645	line Home IV therapy services -
0542	Ambulance service - medical transport	0610	Magnetic Resonance	0013	training patient/caregiver, central line
0543	Ambulance service - heart mobile		Technology (MRT) - MRI - general	0646	Home IV therapy services - training, disabled patient,
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain	0647	central line Home IV therapy services -
0545	Ambulance service - air ambulance	0612	(including brain stem)  Magnetic Resonance	00.7	training, patient/caregiver, peripheral
0546	Ambulance service - neonatal		Technology (MRT) - MRI - spinal cord (including spine)	0648	Home IV therapy services - training, disabled patient,
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other	0649	peripheral  Home IV therapy services -
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance		other
0549	Ambulance service - other	0015	Technology (MRT) - MRA - head and neck	0650	Hospice services - general
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA –	0651	Hospice services - routine home care
0551	Skilled nursing - visit charge	0610	lower extremities	0652	Hospice services - continuous home care
0552	Skilled nursing - hourly charge	0618	Magnetic Resonance Technology (MRT) - MRA – other	0655	Hospice services - inpatient respite care
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general inpatient care (nonrespite)
0560	Medical social services - general	0621	Medical/surgical supplies -	0657	Hospice services - physician services
0561	Medical social services - visit charge		incident to radiology	0658	Hospice services - room and board - nursing facility
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0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or
0660	Respite care - general	0731	EKG/ECG services - holter	0822	home - composite or other rate Hemodialysis - outpatient or
0661		0732	monitor  EKG/ECG services - telemetry		home – home supplies
	Respite care - hourly charge/skilled nursing		•	0823	Hemodialysis - outpatient or home – home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739 0740	EKG/ECG services - other  EEG services - general	0824	Hemodialysis - outpatient or home - maintenance 100%
0663	nion Respite care - daily charge		-	0825	Hemodialysis - outpatient or
0660		0750	Gastrointestinal services - general	0826	home - support services Hemodialysis - outpatient or
0669	Respite care - other	0760	Treatment or observation room services - general		home – shorter duration (effective 7/1/17)
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/ Observation Room - Treatment	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based	0762	Room Specialty Room - Treatment/	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0702	Observation Room - Observation Room	0831	or home - general  Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I		Services - other	0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	or home – maintenance 100% Peritoneal dialysis - outpatient
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	or home - support services  Peritoneal dialysis - outpatient
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services	0840	or home - other CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	<ul> <li>general</li> <li>Inpatient renal dialysis services</li> </ul>		general
0692	Pre-hospice/Palliative Care	0802	<ul> <li>hemodialysis</li> <li>Inpatient renal dialysis services</li> </ul>	0841	CAPD - outpatient or home - composite or other rate
0693	Services – hourly charge Pre-hospice/Palliative Care		- peritoneal (non-CAPD)	0842	CAPD - outpatient or home - home supplies
0694	Services - evaluation Pre-hospice/Palliative Care	0803	Inpatient renal dialysis services - continuous ambulatory	0843	CAPD - outpatient or home – home equipment
0094	Services – consultation and education	0804	peritoneal dialysis (CAPD)  Inpatient renal dialysis services	0844	CAPD - outpatient or home - maintenance 100%
0695	Pre-hospice/Palliative Care Services – inpatient care		- continuous cycling peritoneal dialysis (CAPD)	0845	CAPD - outpatient or home -
0696	Pre-hospice/Palliative Care	0809	Inpatient renal dialysis services - other	0849	support services  CAPD - outpatient or home -
0699	Services – physician services Pre-hospice/Palliative Care	0010	Acquisition of body		other
	Services - other	0810	components- general	0850	CCPD - outpatient or home - general
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home - home equipment
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components - unsuccessful organ search-	0854	CCPD - outpatient or home - maintenance 100%
0722	Labor/Delivery Room services - delivery	0015	donor bank charges	0855	CCPD - outpatient or home -
0723	Labor/Delivery Room services -	0815	Acquisition of body components – stem cells- allogeneic	0859	support services  CCPD - outpatient or home -
0724	circumcision Labor/Delivery Room services -	0819	Acquisition of body components	0000	other
	birthing center	0820	<ul> <li>other donor</li> <li>Hemodialysis - outpatient or</li> </ul>	0860	Magnetoencephalography (MEG) - General
0729	Labor/Delivery Room services - other	5020	home - general	0861	Magnetoencephalography (MEG) - MEG

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0923	Other diagnostic services - pap smear	3370	therapy		general
0922	Other diagnostic services - electromyogram	0975 0976	Professional fees - operating room  Professional fees - respiratory	2100	accommodations - group hom Alternative therapy services -
0921	Other diagnostic services - peripheral vascular lab	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0919	treatment/services - testing  Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0918	biofeedback Behavior health	0971	Professional fees - laboratory		treatment - chemical dependency
0917	Behavior health treatment/services -	0969	Professional fees - other	1002	Behavior health accommodations - residential
010	treatment/services - family therapy	0964	anesthesiologist (MD)  Professional fees - anesthetist (CRNA)	1001	Behavior health accommodations - residential treatment - psychiatric
0916	treatment/services - group therapy Behavior health	0963	ophthalmology Professional fees -	1000	Behavior health accommodations - general
0915	therapy Behavior health	0962	Professional fees -	0999	Patient convenience items - other
0914	Behavior health treatment/services - individual	0961	Professional fees - psychiatric	0998	Patient convenience items - beauty shop/barber
)913	Behavior health treatment/services - partial hospitalization - intensive	0960	chemical dependency (drug and alcohol) Professional fees - general	0997	Patient convenience items - admission kits
.04.5	treatment/services - partial hospitalization - less intensive	0953	kinesiotherapy Other therapeutic services –	0996	Patient convenience items - l discharge charge
912	rehabilitation Behavior health	0952	athletic training Other therapeutic services -	0995	Patient convenience items - nonpatient room rentals
911	Behavior health treatment/services -	0951	other Other therapeutic services –	0994	Patient convenience items - TV/radio
	treatments/services - community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
907	dependency Behavior health	0948	ancillary  Other therapeutic services –	0992	cafeteria/guest tray Patient convenience items - private linen service
906	Behavior health treatments/services - intensive outpatient services - chemical	0947	routine Other therapeutic services - complex medical equipment -	0991	general Patient convenience items -
	treatments/services - intensive outpatient services - psychiatric	0946	Other therapeutic services - complex medical equipment -	0989	Professional fees - private du nurse Patient convenience items -
905	treatments/services - activity therapy Behavior health	0945	Other therapeutic services - alcohol rehabilitation	0988 0989	Professional fees - consultati
904	therapy Behavior health	0944	cardiac rehabilitation Other therapeutic services - drug rehabilitation	0987	Professional fees - hospital v
903	Behavioral health treatments/services - play	0943	education/training Other therapeutic services -	0986	Professional fees - EEG
902	Behavior health treatments/services - milieu therapy	0942	recreational therapy Other therapeutic services -	0985	social services Professional fees - EKG
501	treatments/services - electroshock	0941	general Other therapeutic services -	0984	Professional fees - medical
900	Behavior health treatments/services - general Behavior health	0932	Medical rehabilitation day program - full day Other therapeutic services -	0982 0983	Professional fees - outpatien services  Professional fees - clinic
1889	Miscellaneous dialysis - other	0931 0932	Medical rehabilitation day program - half day	0981	Professional fees - emergend room
882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupatio therapy
0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy

2101	Alternative thera acupuncture	py services -	2105	Alternative therapy servious biofeedback	ces -	3102	Adult day care, social - hourly
2102	Alternative thera acupressure	py services -	2106	Alternative therapy service hypnosis	ces -	3103	Adult day care, medical and social - daily
2103	Alternative thera massage	py services -	2109	Alternative therapy servion other	ces -	3104	Adult day care, social - daily
2104	Alternative thera reflexology	py services -	3101	Adult day care, medical a social - hourly	and	3105	Adult foster care - daily
	renexology			Social Hourty		3109	Adult foster care - other
Begir Lengt	nning Position:	13 4		Data Source: Type:	Claim Alphanu	ımaric	
Field		HCPCS_QUA	LIFI		Aipilalia	iiiiciic	
Desci	ription:			e type/source of the d	escriptiv	e nur	mber used in
		HCPCS_PROC	CEDUF	RE_CODE			
	nning Position:	17		Data Source:	Claim		
Lengt Field		2 HCPCS_PRO	CEDI	Type:	Alphanu	imeric	
	ription:				(HCPC	S) coc	de applicable to ancillary
		services or a			(1101 00	, сос	te applicable to affelially
Codir	ng Scheme:				odeSets/	4NHCI	PCS/list.asp for complete list.
Begir	nning Position:	19		Data Source:	Claim		
Leng		5		Туре:	Alphanu	ımeric	
Field	_	MODIFIER_				<b>.</b>	and a Called a second as
	ription: ng Scheme:	identifies spe	eciai c	ircumstances related to	o tne pe	rrorm	ance of the service
22	Increased procedur	al convices	59	Distinct Procedural Service		91	Repeat Clinical Diagnostic
	•					91	Laboratory Test
23	Unusual Anesthesia		62	Two Surgeons		92	Alternative Laboratory Platform
24	Unrelated Evaluation Management Service		63	Procedure Performed on Info less than 4kg	ants	0.5	Testing
	Physician or Other	Qualified Health	66	Surgical Team		95	Synchronous Telemedicine Service Rendered Via a Real-Time
	Care Professional d Postoperative Perio		73	Discontinued Outpatient			Interactive Audio and Video
25	Significant, Separat			Hospital/Ambulatory Surger		00	Telecommunications System
	Evaluation and Man			Center (ASC) Procedure price the Administration of Anesth		99	Multiple Modifiers
	Service by the Sam Other Qualified Hea		74	Discontinued Outpatient		1P	Performance Measure Exclusion Modifier due to Medical Reasons
	Professional on the			Hospital/Ambulatory Surger		2P	Performance Measure Exclusion
26	the Procedure or Of Professional Compo			Center (ASC) Procedure after Administration of Anesthesia			Modifier due to Patient Reasons
27			76	Repeat Procedure by Same		3P	Performance Measure Exclusion Modifier due to System Reasons
21	Multiple Outpatient Encounters on the S			Physician or Other Qualified Care Professional	Health	8P	Performance Measure Reporting
32	Mandated Services		77	Repeat Procedure by Anothe	er		Modifier- Action not performed,
33	Preventive Service			Physician or Other Qualified		P1	reason not otherwise specified A normal healthy patient
47	Anesthesia by Surg	eon	78	Care Professional			• •
50	Bilateral Procedure		70	Unplanned Return to the Operating/Procedure Room	by the	P2	A patient with mild systemic disease
51	Multiple Procedures	i		Same Physician or Other Qu Health Care Professional Fol		Р3	A patient with severe systemic
52	Reduced Services			Initial Procedure for a Relate		5.4	disease
53	Discontinued Proce	dure		Procedure During the Postoperative Period		P4	A patient with severe systemic disease that is a constant threat to
54	Surgical Care Only	uu. 0	79	Unrelated Procedure or Serv	ice by		life
55	Postoperative Mana	gement Only		the Same Physician or Othe Oualified Health Care Profes	r	P5	A moribund patient who is not expected to survive without the
	•	•		During the Postoperative Pe			operation
56 57	Preoperative Manag	,	80	Assistant Surgeon		P6	A declared brain-dead patient
57	Decision for Surger	•	81	Minimum Assistant Surgeon			whose organs are being removed for donor purposes
58	Staged or Related F Service by the Sam		82	Repeat procedure by same		E1	Upper left eyelid
	Other Qualified Hea	ılth Care		physician		E2	Lower left eyelid
	Professional During Postoperative Perio		90	Reference (Outside) Laborat	tory	E3	Upper right eyelid
		-				-	., 5,

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E4	Lower right eyelid		GH		ic mammogram		T1	Left foot, second digit
F1	Left hand, second di	git			d from screening gram on same day		T2	Left foot, third digit
F2	Left hand, third digit		LC	Left circu	ımflex coronary arte	ry	T3	Left foot, fourth digit
F3	Left hand, fourth dig	it	LD		rior descending coro	nary	T4	Left foot, fifth digit
F4	Left hand, fifth digit			artery			T5	Right foot, great toe
F5	Right hand, thumb		LM		coronary artery		T6	Right foot, second digit
F6	Right hand, second o	ligit	LT		of the body procedu		T7	Right foot, third digit
F7	Right hand, third dig	it	Q M		ce service provided in nent by a provider of		T8	Right foot, fourth digit
F8	Right hand, fourth di	git	•	services	ione by a provider o		T9	Right foot, fifth digit
F9	Right hand, fifth digi	t	QN		ce service furnished by a provider of serv		TA	Left foot, great toe
FA	Left hand, thumb		RC	•	onary artery	ices	XE	Separate Encounter
GG	Performance and pay	ment of a	RI	_	ntermedius coronary		XS	Separate Structure
	screening mammogr	aphy and		artery	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		XP	Separate Practitioner
	diagnostic mammogi same patient, same		RT	Right side	e of the body proced	dure	XU	Unusual Non-Overlapping Service
	, , , , , , , , , , , , , , , , , , , ,	,					ΛΟ	Onusual Non Overlapping Service
_	nning Position:	24			Data Source:	Claim		
Leng		2	_		Туре:	Alphai	nume	ric
Field		MODIFIER_					_	6.11
	ription:				tances related t	o tne p	ertor	mance of the service.
	ng Scheme: nning Position:	Same as Field 26	MOD	IFIEK_I	Data Source:	Claim		
Leng	_	2			Type:	Alphai	numei	ric
Field		MODIFIER	3		.,,,,,	,pa.		
Desc	ription:			circumst	tances related to	o the p	erfor	mance of the service.
Codi	ng Scheme:	Same as Field				p		
Begii	nning Position:	28			Data Source:	Claim		
Leng		2			Туре:	Alphai	nume	ric
Field		MODIFIER_					_	
	ription:				tances related t	o the p	erfor	mance of the service.
	ng Scheme: nning Position:	Same as Field	שטויו			•		
Leng		30		ILIEK_I	Data Source:	_		
Field	th:	30 2		TRICK_I	Data Source: Type:	Claim		
_		2	SURI		Туре:	_		
Desc		UNIT_MEAS		EMENT_	Туре:	Claim Alphai	nume	ric
	9:	2 UNIT_MEAS Code specify DA Days	ing t	EMENT_ he units	Type: CODE	Claim Alphai	nume	ric
	9: ription:	UNIT_MEAS Code specify DA Days F2 Inter	ing t	EMENT_	Type: CODE	Claim Alphai	nume	ric
Codi	9: ription: ng Scheme:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit	ing t	EMENT_ he units	Type: CODE	Claim Alphai	nume	ric
Codii Begii Leng	9: ription: ng Scheme: nning Position: th:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2	ring t	EMENT_ he units	Type: CODE in which a value	Claim Alphai e is bei	nume ing e	ric xpressed.
Begii Leng Field	9: ription: ng Scheme: nning Position: th: 10:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF	ring to	EMENT_he units	Type: CODE in which a valu  Data Source: Type:	Claim Alphai e is bei Claim	nume ing e	ric xpressed.
Begii Leng Field Desc	9: ription: ng Scheme: nning Position: th: 10: ription:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric value	ring to	EMENT_he units	Type: CODE in which a value Data Source: Type:	Claim Alphai e is bei Claim Alphai	nume ing e	ric xpressed.
Begii Leng Field Desc Begii	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34	ring to	EMENT_he units	Type: CODE in which a value Data Source: Type:  Data Source:	Claim Alphai e is bei Claim Alphai	nume ing e: nume	ric xpressed.
Begii Leng Field Desc Begii Leng	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7	nation  SER  ue of	EMENT_he units	Type: CODE in which a value Data Source: Type:	Claim Alphai e is bei Claim Alphai	nume ing e: nume	ric xpressed.
Begii Leng Field Desc Begii Leng	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE	ring to nation  SER  ue of	EMENT_he units	Type: CODE in which a value Data Source: Type:  Data Source:	Claim Alphai e is bei Claim Alphai	nume ing e: nume	ric xpressed.
Begii Leng Field Desc Begii Leng Field	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th: 11: ription:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7	ring to nation  SER  ue of	EMENT_he units	Type: CODE in which a value Data Source: Type:  Data Source:	Claim Alphai e is bei Claim Alphai	nume ing e: nume	ric xpressed.
Begii Leng Field Desc Begii Leng Field	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th: 11: ription: nning Position:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per uni	ring to nation  SER  ue of	EMENT_he units	Type: CODE in which a value  Data Source: Type:  Data Source: Type:	Claim Alphai e is bei Claim Alphai Claim Nume	nume ing e: nume ric	ric xpressed.
Begin Leng Field Desc Begin Leng Field Desc Begin	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th: 11: ription: nning Position:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per uni 41	SER ue of	EMENT_he units hal unit VICE quantity	Type: CODE in which a valu  Data Source: Type:  Data Source: Type:  Data Source:	Claim Alphai e is bei Claim Alphai Claim Nume	nume ing e: nume ric	ric xpressed.
Begii Leng Field Desc Begii Leng Field Desc Begii Leng	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th: 11: ription: nning Position:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per uni 41 12 CHRGS_LIN Total amoun	SER ue of	EMENT_he units nal unit  VICE quantity	Type: CODE in which a valu  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphai e is bei Claim Alphai Claim Nume	nume ing e: nume ric	ric xpressed.
Begin Leng Field Desc Begin Leng Field Desc Begin Desc Begin	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th: 11: ription: nning Position: th: 12: ription: nning Position:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per uni 41 12 CHRGS_LIN Total amoun 53	SER ue of	EMENT_he units nal unit  VICE quantity	Type: CODE in which a valu  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphai e is bei Claim Alphai Claim Nume Claim Nume Assigr	nume ing e: nume ric ric	ric xpressed.
Begin Leng Field Desc Begin Leng Field Desc Begin Leng Begin Leng	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th: 11: ription: nning Position: th: 12: ription: nning Position: th:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per uni 41 12 CHRGS_LIN Total amoun 53 14	SER ue of t NE_I t of t	EMENT_he units nal unit  VICE quantity  TEM the charg	Type: CODE in which a valu  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphai e is bei Claim Alphai Claim Nume	nume ing e: nume ric ric	ric xpressed.
Begin Leng Field Desc Begin Leng Field Desc Begin Leng Field	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th: 11: ription: nning Position: th: 12: ription: nning Position: th: 13:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per uni 41 12 CHRGS_LIN Total amoun 53 14 CHRGS_NO	SERue of	EMENT_he units nal unit  VICE quantity  TEM the charge	Type: CODE in which a valu  Data Source: Type:  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphai e is bei Claim Alphai Claim Nume Claim Nume Assigr	nume ing e: nume ric ric	ric xpressed.
Begin Leng Field Desc Begin Leng Field Desc Begin Leng Field Desc Begin Leng	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th: 11: ription: nning Position: th: 12: ription: nning Position: th: 13: ription:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per uni 41 12 CHRGS_LIN Total amoun 53 14 CHRGS_NO Total non-co	SERue of	EMENT_he units nal unit  VICE quantity  TEM the charge	Type: CODE in which a valu  Data Source: Type:  Data Source: Type:  Data Source: Type:  de Data Source: Type:  ge Data Source: Type:	Claim Alphai e is bei Claim Alphai Claim Nume Claim Nume Assigr Nume	numer ing e: numer ric	ric xpressed.
Begin Leng Field Desc Begin Leng Field Desc Begin Leng Field Desc Begin Leng	9: ription: ng Scheme: nning Position: th: 10: ription: nning Position: th: 11: ription: nning Position: th: 12: ription: nning Position: th: 13: ription: nning Position:	UNIT_MEAS Code specify DA Days F2 Inter UN Unit 32 2 UNITS_OF_ Numeric valu 34 7 UNIT_RATE Rate per uni 41 12 CHRGS_LIN Total amoun 53 14 CHRGS_NO	SERue of	EMENT_he units nal unit  VICE quantity  TEM the charge	Type: CODE in which a valu  Data Source: Type:  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphai e is bei Claim Alphai Claim Nume Claim Nume Assigr	numer ing e: numer ric ric ned ric	ric xpressed.

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## **INPATIENT GROUPER DATA FILE**

E' 114	DECOND ID
Field 1:	RECORD_ID
<b>Description:</b>	Record Identification Number. Unique number assigned to identify the record. First available
5 1 1 5 W	1 <sup>st</sup> quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).
<b>Beginning Position:</b>	1 Data Source: Assigned
Length:	12 Type: Alphanumeric
Field 2:	FROZEN_MS_DRG
<b>Description:</b>	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as
5 1 1 5 W	assigned for hospital payment for Medicare beneficiaries.
<b>Beginning Position:</b>	Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 3:	FROZEN_MS_MDC
<b>Description:</b>	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services
	(CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for
D 1 1 D 11	Medicare beneficiaries. First available 2004.
<b>Beginning Position:</b>	Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 4:	FROZEN_MS_GRP_VER
Description:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and
	previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG
	and, MS MDC codes
<b>Beginning Position:</b>	18 <b>Data Source:</b> Assigned
Length:	5 <b>Type:</b> Alphanumeric
Field 5:	FROZEN_MS_GRP_ERROR_CODE
Description:	Error codes identify potential variations with MS DRG code assignment
Coding Scheme:	No errors. DRG successfully assigned.  19 DisableHac = 0 and at least one HAC POA is invalid or
	exempt  10 Diagnosis code cannot be used as principal  20 DisableHac is invalid and at least one HAC POA is N or
	diagnosis  U  Diagnosis  U  Disableriac is invalid and at least one flac POA is N of U
	02 Record does not meet criteria for any DRG 21 DisableHac is invalid and at least one HAC POA is
	invalid or exempt
	03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt 04 DisableHac is invalid and at least one HAC POA is
	Invalid Sex  Invalid Sex  Invalid Sex  Invalid Sex
	O5 Invalid Discharge Status 24 DisableHac = 0 and there are multiple HACs that have
	different HAC POA values that are not Y, W, N, U
	10 Illogical Principal Diagnosis (CMS only) 25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11 Invalid Principal Diagnosis
<b>Beginning Position:</b>	Data Source: Assigned
Length:	2 <b>Type:</b> Alphanumeric
Field 6:	FROZEN_APR_DRG
Description:	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG
•	Grouper
<b>Beginning Position:</b>	Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 7:	FROZEN_RISK_MORTALITY
Description:	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related
•	Group (DRG) from the 3M <sup>™</sup> APR-DRG Grouper. Indicates the likelihood of dying.
<b>Coding Scheme:</b>	1 Minor
O	2 Moderate
	3 Major
Doginaina Dogitions	4 Extreme  Doto Source: Assigned
Beginning Position:	Data Source: Assigned
Length:	1 Type: Alphanumeric
Field 8:	FROZEN_ILLNESS_SEVERITY
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Description:	Group (DRG) from the 3M <sup>T</sup>		n the All Patient Refined (APR) Diagnosis Related ouper. Indicates the extent of physiologic
	decompensation.		
Coding Scheme:	1 Minor		
	<ul><li>2 Moderate</li><li>3 Major</li></ul>		
	4 Extreme		
	0 No class specified		
<b>Beginning Position:</b>	29	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 9:	FROZEN_APR_MDC		
<b>Description:</b>	Major Diagnostic Category	(MDC) as assign	ed by 3M™ APR-DRG Grouper.
<b>Beginning Position:</b>	30	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APR_GRP_VE		
<b>Description:</b>			Grouper version used to assign APR DRG codes,
			and, Severity of Illness rankings
<b>Beginning Position:</b>	32	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 11:	FROZEN_APR_GRP_ER		
<b>Description:</b>	Error codes identify potenti	al variations with	APR DRG code assignment
Coding Scheme:	00 No errors. DRG successfully		Gestational age/birth weight conflict (APR only)
	01 Diagnosis code cannot be us	sed as 19	DisableHac = 0 and at least one HAC POA is invalid or
	principal diagnosis 02 Record does not meet criteri	a for any 20	exempt DisableHac is invalid and at least one HAC POA is N or U
	DRG	a for any 20	Disable rate is invalid and at least one Tiffe 1 071 is 1v of C
	03 Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
	04 Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
	05 Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
	06 Invalid birthweight (AP & A	APR only) 24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	09 Invalid discharge age in day	s (AP & 25	DisableHac is invalid and there are multiple HACs that
	APR only) 11 Invalid Principal Diagnosis		have different HAC POA values that are not Y or W
<b>Beginning Position:</b>	37	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 12:	MS_DRG		
<b>Description:</b>			(CMS) Diagnosis Related Group (DRG), as
	assigned for hospital payme		
<b>Beginning Position:</b>	39	Data Source:	Assigned
Length:	3	Type:	
Field 13:		- J pc.	Alphanumeric
	MS_MDC		·
Description:	Major Diagnostic Category	(MDC) as assign	ed by Centers for Medicare and Medicaid Services
	Major Diagnostic Category (CMS) (formerly Health Cat	(MDC) as assign re Financing Adn	·
<b>Description:</b>	Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. Firs	(MDC) as assign re Financing Adn t available 2004.	ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for
Description: Beginning Position:	Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. Firs 42	(MDC) as assign re Financing Adn t available 2004. <b>Data Source:</b>	ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned
Description:  Beginning Position: Length:	Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. Firs 42 2	(MDC) as assign re Financing Adn t available 2004.	ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for
Description:  Beginning Position: Length: Field 14:	Major Diagnostic Category (CMS) (formerly Health Ca Medicare beneficiaries. Firs 42 2 MS_GRP_VER	(MDC) as assign re Financing Adn t available 2004. <b>Data Source:</b> <b>Type:</b>	ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for  Assigned Alphanumeric
Description:  Beginning Position: Length:	Major Diagnostic Category (CMS) (formerly Health Category) (MS) (formerly Health Category) (MS) (First 42) (MS_GRP_VER) (MS_GRP_VER) (MS) (Medicare Severity Diagram)	(MDC) as assign re Financing Adn t available 2004. <b>Data Source:</b> <b>Type:</b> agnosis Related C	ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for  Assigned Alphanumeric  Grouper (formerly CMS DRG Grouper and
Description:  Beginning Position: Length: Field 14:	Major Diagnostic Category (CMS) (formerly Health Category Medicare beneficiaries. Firs 42 2 2 MS_GRP_VER CMS Medicare Severity Diagreviously reported as HCF.	(MDC) as assign re Financing Adn t available 2004. <b>Data Source:</b> <b>Type:</b> agnosis Related C	ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for  Assigned Alphanumeric
Description:  Beginning Position: Length: Field 14: Description:	Major Diagnostic Category (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (Fig. 42) (Fig. 42	(MDC) as assign re Financing Adn t available 2004.  Data Source: Type:  agnosis Related CA_GROUPER_V	ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for  Assigned Alphanumeric  Grouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG
Description:  Beginning Position: Length: Field 14: Description:  Beginning Position:	Major Diagnostic Category (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (Fig. 42) (Fig. 42	(MDC) as assign re Financing Adn t available 2004. <b>Data Source:</b> <b>Type:</b> agnosis Related C A_GROUPER_V	ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for  Assigned Alphanumeric  Grouper (formerly CMS DRG Grouper and CERSION_NBR) version used to assign MS DRG  Assigned
Description:  Beginning Position: Length: Field 14: Description:  Beginning Position: Length:	Major Diagnostic Category (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (Fig. 42) 2  MS_GRP_VER CMS Medicare Severity Diagreviously reported as HCF and, MS MDC codes 44 5	(MDC) as assign re Financing Adn t available 2004.     Data Source:     Type: agnosis Related C A_GROUPER_V      Data Source:     Type:	ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for  Assigned Alphanumeric  Grouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG
Description:  Beginning Position: Length: Field 14: Description:  Beginning Position: Length: Field 15:	Major Diagnostic Category (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (Fig. 42) 2  MS_GRP_VER  CMS Medicare Severity Diagreviously reported as HCF, and, MS MDC codes 44  5  MS_GRP_ERROR_COD	(MDC) as assign re Financing Adn t available 2004.  Data Source: Type:  agnosis Related CA_GROUPER_V  Data Source: Type:	ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for  Assigned Alphanumeric  Grouper (formerly CMS DRG Grouper and TERSION_NBR) version used to assign MS DRG  Assigned Alphanumeric
Description:  Beginning Position: Length: Field 14: Description:  Beginning Position: Length: Field 15: Description:	Major Diagnostic Category (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (Fig. 42) 2  MS_GRP_VER  CMS Medicare Severity Diagreviously reported as HCF, and, MS MDC codes 44  5  MS_GRP_ERROR_COD Error codes identify potential (CO)	(MDC) as assign re Financing Adn t available 2004.  Data Source: Type:  agnosis Related CA_GROUPER_V  Data Source: Type: E al variations with	ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for  Assigned Alphanumeric  Grouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG  Assigned Alphanumeric  MS DRG code assignment
Description:  Beginning Position: Length: Field 14: Description:  Beginning Position: Length: Field 15:	Major Diagnostic Category (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (Fig. 42) 2  MS_GRP_VER  CMS Medicare Severity Diagreviously reported as HCF, and, MS MDC codes 44  5  MS_GRP_ERROR_COD	(MDC) as assign re Financing Adn t available 2004.  Data Source: Type:  agnosis Related CA_GROUPER_V  Data Source: Type: E al variations with	ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for  Assigned Alphanumeric  Grouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG  Assigned Alphanumeric  MS DRG code assignment
Description:  Beginning Position: Length: Field 14: Description:  Beginning Position: Length: Field 15: Description: Coding Scheme:	Major Diagnostic Category (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (CMS) (formerly Health Category) (Fig. 42) 2  MS_GRP_VER  CMS Medicare Severity Diagreviously reported as HCF, and, MS MDC codes 44  5  MS_GRP_ERROR_COD Error codes identify potential (CO)	(MDC) as assign re Financing Adn t available 2004.  Data Source: Type:  agnosis Related CA_GROUPER_V  Data Source: Type: E al variations with y assigned.	ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for  Assigned Alphanumeric  Grouper (formerly CMS DRG Grouper and CERSION_NBR) version used to assign MS DRG  Assigned Alphanumeric  MS DRG code assignment DisableHac = 0 and at least one HAC POA is invalid or exempt
Description:  Beginning Position: Length: Field 14: Description:  Beginning Position: Length: Field 15: Description:	Major Diagnostic Category (CMS) (formerly Health Category) (CMS) (First MS_GRP_VER) (CMS) (MS) (First MS_GRP_ERROR_COD) (First Codes identify potential COD) (No errors. DRG successfully MS) (CMS)	(MDC) as assign re Financing Adn t available 2004.  Data Source: Type:  agnosis Related CA_GROUPER_V  Data Source: Type: E al variations with	ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for  Assigned Alphanumeric  Grouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG  Assigned Alphanumeric  MS DRG code assignment DisableHac = 0 and at least one HAC POA is invalid or

	•	cannot be used as principal	20 DisableHac is invalid and at least one HAC POA is N or
	diagnosis		U 21 DisableHac is invalid and at least one HAC POA is
	Record does not	meet criteria for any DRG	invalid or exempt
	03 Invalid Age 04 Invalid Age		<ul> <li>DisableHac = 0 and at least one HAC POA is exempt</li> <li>DisableHac is invalid and at least one HAC POA is</li> </ul>
	Invalid Sex		23 DisableHac is invalid and at least one HAC POA is exempt
	05 Invalid Discharg	e Status	24 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	10 Illogical Principa	al Diagnosis (CMS only)	25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11 Invalid Principal		
<b>Beginning Position:</b>	49	Data Source	•
Length:	2	Type:	Alphanumeric
Field 16:	APR_DRG	1 (ADD) D' D . 1.	(DDC)
<b>Description:</b>		i (APR) Diagnosis Rela	ted Group (DRG) as assigned by 3M APR-DRG
Beginning Position:	Grouper 51	Data Source	: Assigned
Length:	3	Type:	Alphanumeric
Field 17:	RISK_MORTAL		Aiphailumene
Description:			om the All Patient Refined (APR) Diagnosis Related
Description.			Grouper. Indicates the likelihood of dying.
Coding Scheme:	1 Minor		oroup or more more more or or mg.
	2 Moderate		
	3 Major 4 Extreme		
Beginning Position:	4 Extreme 54	Data Source	: Assigned
Length:	1	Type:	Alphanumeric
Field 18:	ILLNESS_SEVE		1 II primitation in the second
Description:			rom the All Patient Refined (APR) Diagnosis Related
<b>F</b>			Grouper. Indicates the extent of physiologic
	decompensation.		
Coding Scheme:	1 Minor		
	2 Moderate 3 Major		
	Major Extreme		
	<ul><li>3 Major</li><li>4 Extreme</li><li>0 No class spe</li></ul>		
Beginning Position:	3 Major 4 Extreme 0 No class spe 55	Data Source	E
Length:	3 Major 4 Extreme 0 No class spe 55		e: Assigned Alphanumeric
Length: Field 19:	3 Major 4 Extreme 0 No class spe 55 1  APR_MDC	Data Source Type:	Alphanumeric
Length: Field 19: Description:	3 Major 4 Extreme 0 No class spe 55 1  APR_MDC  Major Diagnostic C	Data Source Type: Category (MDC) as assis	Alphanumeric igned by 3M™ APR-DRG Grouper.
Length: Field 19: Description: Beginning Position:	3 Major 4 Extreme 0 No class spe 55 1  APR_MDC  Major Diagnostic C	Data Source Type:  Category (MDC) as assi Data Source	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned
Length: Field 19: Description: Beginning Position: Length:	3 Major 4 Extreme 0 No class spe 55 1  APR_MDC  Major Diagnostic 0 56 2	Data Source Type: Category (MDC) as assis	Alphanumeric igned by 3M™ APR-DRG Grouper.
Length: Field 19: Description: Beginning Position: Length: Field 20:	3 Major 4 Extreme 0 No class spe 55 1  APR_MDC  Major Diagnostic C 56 2  APR_GRP_VER	Data Source Type:  Category (MDC) as assi Data Source Type:	Alphanumeric  igned by 3M <sup>™</sup> APR-DRG Grouper.  : Assigned     Alphanumeric
Length: Field 19: Description: Beginning Position: Length:	3 Major 4 Extreme 0 No class spe 55 1  APR_MDC  Major Diagnostic C 56 2  APR_GRP_VER 3MTM All Patient	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela	Alphanumeric  igned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ited Grouper version used to assign APR DRG codes,
Length: Field 19: Description: Beginning Position: Length: Field 20: Description:	3 Major 4 Extreme 0 No class specification 55 1  APR_MDC  Major Diagnostic Company 56 2  APR_GRP_VER 3MTM All Patient 1 APR MDC codes,	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality ranki	Alphanumeric  igned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ited Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position:	3 Major 4 Extreme 0 No class specifies 55 1  APR_MDC  Major Diagnostic Codes 2  APR_GRP_VER 3MTM All Patient 1 APR MDC codes, 58	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankii Data Source	Alphanumeric  Igned by 3M™ APR-DRG Grouper.  Se: Assigned Alphanumeric  Ited Grouper version used to assign APR DRG codes, and Severity of Illness rankings  Se: Assigned
Length: Field 19: Description: Beginning Position: Length: Field 20: Description:	3 Major 4 Extreme 0 No class specification 55 1  APR_MDC  Major Diagnostic Company 56 2  APR_GRP_VER 3MTM All Patient 1 APR MDC codes,	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality ranki Data Source Type:	Alphanumeric  igned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ited Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	3 Major 4 Extreme 0 No class specifies 55 1  APR_MDC  Major Diagnostic Codes 2  APR_GRP_VER 3MTM All Patient 1 APR MDC codes, 58 5  APR_GRP_ERRO	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality ranki Data Source Type:  OR_CODE	Alphanumeric  Igned by 3M™ APR-DRG Grouper.  Sea Assigned Alphanumeric  Ited Grouper version used to assign APR DRG codes, and Severity of Illness rankings  Sea Assigned Alphanumeric
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specification 55 1  APR_MDC Major Diagnostic Codes 56 2  APR_GRP_VER 3MTM All Patient I APR MDC codes, 58 5  APR_GRP_ERRO Error codes identification	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality ranki: Data Source Type:  OR_CODE fy potential variations v	Alphanumeric  Igned by 3M™ APR-DRG Grouper.  Se: Assigned Alphanumeric  Ited Grouper version used to assign APR DRG codes, and Severity of Illness rankings  Se: Assigned
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	3 Major 4 Extreme 0 No class specification 55 1  APR_MDC Major Diagnostic Codes 2  APR_GRP_VER 3MTM All Patient I APR MDC codes, 58 5  APR_GRP_ERRO Error codes identification 00 No errors. DRG 01 Diagnosis code of	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankir Data Source Type:  OR_CODE fy potential variations v successfully assigned.	Alphanumeric  gened by 3M™ APR-DRG Grouper.  Se: Assigned     Alphanumeric  sted Grouper version used to assign APR DRG codes, angs, and Severity of Illness rankings  Se: Assigned     Alphanumeric  with APR DRG code assignment  12 Gestational age/birth weight conflict (APR only) 19 DisableHac = 0 and at least one HAC POA is invalid or
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specifies 55 1  APR_MDC  Major Diagnostic Codes 2  APR_GRP_VER 3MTM All Patient I APR MDC codes, 58 5  APR_GRP_ERRO Error codes identifies 00 No errors. DRG 01 Diagnosis code coprincipal diagnosis	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE fy potential variations varia	Alphanumeric  Igned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Ited Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  Assigned Alphanumeric  Vith APR DRG code assignment  Gestational age/birth weight conflict (APR only)  DisableHac = 0 and at least one HAC POA is invalid or exempt
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specifies 55 1  APR_MDC  Major Diagnostic Codes 2  APR_GRP_VER 3MTM All Patient I APR MDC codes, 58 5  APR_GRP_ERRO Error codes identifies 00 No errors. DRG 01 Diagnosis code coprincipal diagnosis	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankit Data Source Type:  OR_CODE fy potential variations varia	Alphanumeric  gened by 3M™ APR-DRG Grouper.  Se: Assigned     Alphanumeric  sted Grouper version used to assign APR DRG codes, angs, and Severity of Illness rankings  Se: Assigned     Alphanumeric  with APR DRG code assignment  12 Gestational age/birth weight conflict (APR only) 19 DisableHac = 0 and at least one HAC POA is invalid or
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specifies 55 1  APR_MDC  Major Diagnostic Control 56 2  APR_GRP_VER 3MTM All Patient It APR MDC codes, 58 5  APR_GRP_ERRO Error codes identifies 00 No errors. DRG 01 Diagnosis code coprincipal diagnos 02 Record does not	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankii Data Source Type:  OR_CODE fy potential variations v successfully assigned. cannot be used as sis meet criteria for any	Alphanumeric  Igned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Ited Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  Assigned Alphanumeric  Itel APR DRG code assignment  Gestational age/birth weight conflict (APR only)  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specification 55 1  APR_MDC  Major Diagnostic Codes 2  APR_GRP_VER 3MTM All Patient APR MDC codes, 58 5  APR_GRP_ERRO Error codes identification 00 No errors. DRG 01 Diagnosis code coprincipal diagnose 02 Record does not DRG 03 Invalid Age	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality ranki Data Source Type:  OR_CODE fy potential variations v successfully assigned. cannot be used as sis meet criteria for any	Alphanumeric  gened by 3M™ APR-DRG Grouper.  E: Assigned     Alphanumeric  geted Grouper version used to assign APR DRG codes, and Severity of Illness rankings  E: Assigned     Alphanumeric  with APR DRG code assignment  Gestational age/birth weight conflict (APR only)  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid or exempt
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specification 55 1  APR_MDC  Major Diagnostic Codes 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58 5  APR_GRP_ERRO Error codes identification 00 No errors. DRG 01 Diagnosis code of principal diagnos 02 Record does not DRG 03 Invalid Age 04 Invalid Sex	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE fy potential variations v successfully assigned. cannot be used as sis meet criteria for any	Alphanumeric  gened by 3M™ APR-DRG Grouper.  ated Grouper version used to assign APR DRG codes, and Severity of Illness rankings  ates Assigned Alphanumeric  with APR DRG code assignment  Gestational age/birth weight conflict (APR only)  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is exempt
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specification 55 1  APR_MDC Major Diagnostic Codes 2  APR_GRP_VER 3MTM All Patient I APR MDC codes, 58 5  APR_GRP_ERRO Error codes identification 00 No errors. DRG 01 Diagnosis code of principal diagnos 02 Record does not DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharg	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankii Data Source Type:  OR_CODE fy potential variations v successfully assigned. cannot be used as sis meet criteria for any	Alphanumeric  gened by 3M™ APR-DRG Grouper.  assigned Alphanumeric  geted Grouper version used to assign APR DRG codes, and severity of Illness rankings  assigned Alphanumeric  with APR DRG code assignment  Gestational age/birth weight conflict (APR only)  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac = 0 and there are multiple HACs that have
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specification 55 1  APR_MDC Major Diagnostic Codes 2  APR_GRP_VER 3MTM All Patient I APR MDC codes, 58 5  APR_GRP_ERRO Error codes identification 00 No errors. DRG 01 Diagnosis code of principal diagnos 02 Record does not DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharg	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality ranki: Data Source Type:  OR_CODE fy potential variations v successfully assigned. cannot be used as sis meet criteria for any	Alphanumeric  gened by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  geted Grouper version used to assign APR DRG codes, and severity of Illness rankings  Assigned Alphanumeric  with APR DRG code assignment  Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: Coding Scheme:	3 Major 4 Extreme 0 No class specification 55 1  APR_MDC Major Diagnostic Codes 2  APR_GRP_VER 3MTM All Patient I APR MDC codes, 58 5  APR_GRP_ERRO Error codes identification 00 No errors. DRG 01 Diagnosis code of principal diagnos 02 Record does not DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharg	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankit Data Source Type:  OR_CODE fy potential variations v successfully assigned. cannot be used as sis meet criteria for any  2 2 2 2 2 2 3 2 3 3 4 4 5 3 3 4 5 4 6 5 6 5 7 7 7 7 7 7 8 7 8 7 8 8 8 9 9 9 9 9 9 9	Alphanumeric  gened by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  ted Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  Assigned Alphanumeric  with APR DRG code assignment  Gestational age/birth weight conflict (APR only)  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is nor U  DisableHac is invalid and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 Major 4 Extreme 0 No class specification 55 1  APR_MDC Major Diagnostic Company 56 2  APR_GRP_VER 3MTM All Patient In APR MDC codes, 58 5  APR_GRP_ERRO Error codes identification 00 No errors. DRG 01 Diagnosis code of principal diagnosis code of princi	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality ranki: Data Source Type:  OR_CODE fy potential variations v successfully assigned. cannot be used as sis meet criteria for any	Alphanumeric  gened by 3M™ APR-DRG Grouper.  assigned Alphanumeric  geted Grouper version used to assign APR DRG codes, and severity of Illness rankings  assigned Alphanumeric  with APR DRG code assignment  Gestational age/birth weight conflict (APR only)  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac = 0 and there are multiple HACs that have

	09 11	Invalid discharge age in days (AP & 2 APR only) Invalid Principal Diagnosis	.5	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
<b>Beginning Position:</b>	63	Data Source	:	Assigned
Length:	2	Type:		Alphanumeric

## **OUTPATIENT BASE DATA FILE**

Field 1:	SERVICE_QUARTE	R		
Description:			ear and quarter of se	ervice. vvvvOn.
Beginning Position:	1	Data Source:	Assigned	2. v.ee.
Length:	6	Type:	Alphanumeric	
Field 2:	RECORD_ID		•	
Description:	<del>-</del>	Number. Unique nu	mber assigned to ide	ntify the record. The
•			not linkable to the Re	
		D Research Data Files		
<b>Beginning Position:</b>	7	Data Source:	Assigned	
Length:	12	Туре:	Alphanumeric	
Field 3:	THCIC_ID			
Description:	Provider ID. Unique	identifier assigned to	the provider by DSH	IS.
Suppression:	Facilities reporting for	ewer than 50 events	have been aggregate	d into the Provider ID
	'999999'. If a facility	reported fewer than	5 events for a partic	ular gender, including
	'unknown', Provider	ID is '999998'.	•	
<b>Beginning Position:</b>	19	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 4:	SPEC_UNIT_1			
Description:				d on number of days by
	Type of Bill or Rever		number of days in t	
Coding Scheme:	С	Coronary Care Unit Detoxification Unit	P	Pediatric Unit
	D I	Intensive Care Unit	Y R	Psychiatric Unit Rehabilitation Unit
	H	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
	0	Oncology Unit		
Beginning Position:	25 1	Data Source:	Calculated Alphanumeric	
Length: Field 5:	SPEC_UNIT_2	Туре:	Aiphanumenc	
Description:		ch 2nd most days dur	ring stay occurred had	sed on number of days
Description	by Type of Bill or Re		ing stay occurred bas	sed on number of days
Coding Scheme:	Same as SPEC_UNIT_1			
Beginning Position:	26	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 6:	SPEC_UNIT_3			
	Chacialty Unit in whi	Lard LL L	ing stay occurred had	
Description:	Specially official will	ch 3 <sup>rd</sup> most days dur	ing stay occurred bas	sed on number of days
Description:	by Type of Bill or Re		ing stay occurred bas	sed on number of days
Description: Coding Scheme:		venue Code.	ing stay occurred bas	sed on number of days
Coding Scheme: Beginning Position:	by Type of Bill or Re Same as SPEC_UNIT_1 27	venue Code.  <b>Data Source:</b>	Calculated	sea on number or days
Coding Scheme: Beginning Position: Length:	by Type of Bill or Re Same as SPEC_UNIT_1 27 1	venue Code.		sea on number or days
Coding Scheme: Beginning Position: Length: Field 7:	by Type of Bill or Re Same as SPEC_UNIT_1 27 1 SPEC_UNIT_4	venue Code.  Data Source: Type:	Calculated Alphanumeric	•
Coding Scheme: Beginning Position: Length:	by Type of Bill or Re Same as SPEC_UNIT_1 27 1 SPEC_UNIT_4 Specialty Unit in whi	venue Code.  Data Source: Type:  Tch 4 <sup>th</sup> most days dur	Calculated Alphanumeric	sed on number of days
Coding Scheme: Beginning Position: Length: Field 7: Description:	by Type of Bill or Re Same as SPEC_UNIT_1 27 1 SPEC_UNIT_4 Specialty Unit in whi by Type of Bill or Re	venue Code.  Data Source: Type:  Tch 4 <sup>th</sup> most days durvenue Code.	Calculated Alphanumeric	•
Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme:	by Type of Bill or Re Same as SPEC_UNIT_1 27 1 SPEC_UNIT_4 Specialty Unit in whi by Type of Bill or Re Same as SPEC_UNIT_1	Data Source: Type:  ch 4 <sup>th</sup> most days durvenue Code.	Calculated Alphanumeric ring stay occurred bas	
Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position:	by Type of Bill or Re Same as SPEC_UNIT_1 27 1 SPEC_UNIT_4 Specialty Unit in whi by Type of Bill or Re Same as SPEC_UNIT_1 28	Data Source: Type:  ch 4th most days durvenue Code.  Data Source:	Calculated Alphanumeric  ring stay occurred base  Calculated	•
Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length:	by Type of Bill or Re Same as SPEC_UNIT_1 27 1  SPEC_UNIT_4 Specialty Unit in whi by Type of Bill or Re Same as SPEC_UNIT_1 28 1	Data Source: Type:  ch 4 <sup>th</sup> most days durvenue Code.	Calculated Alphanumeric ring stay occurred bas	•
Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8:	by Type of Bill or Re Same as SPEC_UNIT_1 27 1 SPEC_UNIT_4 Specialty Unit in whi by Type of Bill or Re Same as SPEC_UNIT_1 28 1 SPEC_UNIT_5	venue Code.  Data Source: Type:  ch 4 <sup>th</sup> most days dur venue Code.  Data Source: Type:	Calculated Alphanumeric  ing stay occurred bas  Calculated Alphanumeric	sed on number of days
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Coding Scheme: Beginning Position: Length: Field 7: Description:  Coding Scheme: Beginning Position: Length: Field 8: Description:  Coding Scheme: Beginning Position: Length: Field 9: Description:	by Type of Bill or Re Same as SPEC_UNIT_1 27 1  SPEC_UNIT_4 Specialty Unit in whi by Type of Bill or Re Same as SPEC_UNIT_1 28 1  SPEC_UNIT_5 Specialty Unit in whi by Type of Bill or Re Same as SPEC_UNIT_1 29 1  SEX_CODE Gender of the patier Code is suppressed if a	Data Source: Type:  Ich 4 <sup>th</sup> most days durvenue Code.  Data Source: Type:  Ich 5 <sup>th</sup> most days durvenue Code.  Data Source: Type:  It as recorded at date in ICD-10-CM code indiction of drug use or an	Calculated Alphanumeric  ing stay occurred base  Calculated Alphanumeric  ing stay occurred base  Calculated Alphanumeric  e of start of care. cates drug or alcohol us HIV diagnosis (patients	sed on number of days sed on number of days sed on number of days
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§290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as "U" (Unknown). If a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients.

**Coding Scheme:** 

www.dshs.texas.gov/THCIC

Μ Male Female U Unknown Invalid

**Beginning Position:** 30 **Data Source:** Claim

Length:		1	т	уре:		Alphanumeri	С	
Field 10:	<u> </u>	PAT_COUNTY						
Description	:	FIPS code of pat	ient's coun	ity.				
Coding sche	eme:	•		•				
001	Anderson	097	Cooke		193	Hamilton	289	Leon
003	Andrews	099	Coryell		195	Hansford	291	Liberty
005	Angelina	101	Cottle		197	Hardeman	293	Limestone
007	Aransas	103	Crane		199	Hardin	295	Lipscomb
009	Archer	105	Crockett		201	Harris	297	Live Oak
011	Armstrong	107	Crosby		203	Harrison	299	Llano
013	Atascosa	109	Culberson		205	Hartley	301	Loving
015	Austin	111	Dallam		207	Haskell	303	Lubbock
017	Bailey	113	Dallas		209	Hays	305	Lynn
019	Bandera	115	Dawson		211	Hemphill	307	McCulloch
021	Bastrop	117	Deaf Smith		213	Henderson	309	McLennan
023	Baylor	119	Delta		215	Hidalgo	311	McMullen
025	Bee	121	Denton		217	Hill	313	Madison
027	Bell	123	Dewitt		219	Hockley	315	Marion
029	Bexar	125	Dickens		221	Hood	317	Martin
031	Blanco	127	Dimmit		223	Hopkins	319	Mason
033	Borden	129	Donley		225	Houston	321	Matagorda
035	Bosque	131	Duval		227	Howard	323	Maverick
037	Bowie	133	Eastland		229	Hudspeth	325	Medina
039	Brazoria	135	Ector		231	Hunt	327	Menard
041	Brazos	137	Edwards		233	Hutchinson	329	Midland
043	Brewster	139	Ellis		235	Irion	331	Milam
045	Briscoe	141	El Paso		237	Jack	333	Mills
047	Brooks	143	Erath		239	Jackson	335	Mitchell
049	Brown	145	Falls		241	Jasper	337	Montague
051	Burleson	147	Fannin		243	Jeff Davis	339	Montgomery
053	Burnet	149	Fayette		245	Jefferson	341	Moore
055	Caldwell	151	Fisher		247	Jim Hogg	343	Morris
057	Calhoun	153	Floyd		249	Jim Wells	345	Motley
059	Callahan	155	Foard		251	Johnson	347	Nacogdoches
061	Cameron	157	Fort Bend		253	Jones	349	Navarro
063	Camp	159	Franklin		255	Karnes	351	Newton
065	Carson	161	Freestone		257	Kaufman	353	Nolan
067	Cass	163	Frio		259	Kendall	355	Nueces
069	Castro	165	Gaines		261	Kenedy	357	Ochiltree
071	Chambers	167	Galveston		263	Kent	359	Oldham
073	Cherokee	169	Garza		265	Kerr	361	Orange
075	Childress	171	Gillespie		267	Kimble	363	Palo Pinto
077	Clay	173	Glasscock		269	King	365	Panola
079	Cochran	175	Goliad		271	Kinney	367	Parker
081	Coke	177	Gonzales		273	Kleberg	369	Parmer
083	Coleman	179	Gray		275	Knox	371	Pecos
085	Collin	181	Grayson		283	La Salle	373	Polk
087	Collingswor		Gregg		277	Lamar	375	Potter
089	Colorado	185	Grimes		279	Lamb	377	Presidio
091	Comal	187	Guadalupe		281	Lampasas	379	Rains
093	Comanche	189	Hale		285	Lavaca	381	Randall
095	Concho	191	Hall		287	Lee	383	Reagan
DSHS/TH	CIC	THCIC		Page				December 2024

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385	Real		419	Shelby	453	Travis	487	Wilbarger	
387	Red River		421	Sherman	455	Trinity	489	Willacy	
389	Reeves		423	Smith	457	Tyler	491	Williamson	
391	Refugio		425	Somervell	459	Upshur	493	Wilson	
393	Roberts		427	Starr	461	Upton	495	Winkler	
395	Robertson		429	Stephens	463	Uvalde	497	Wise	
397	Rockwall		431	Sterling	465	Val Verde	499	Wood	
399	Runnels		433	Stonewall	467	Van Zandt	501	Yoakum	
401	Rusk		435	Sutton	469	Victoria	503	Young	
403	Sabine		437	Swisher	471	Walker	505	Zapata	
405	San August	tine	439	Tarrant	473	Waller	507	Zavala	
	San Jacinto		441	Taylor	475	Ward			
	San Patrici		443	Terrell	477	Washington	•	Invalid	
	San Saba		445	Terry	479	Webb			
	Schleicher		447	Throckmorton	481	Wharton			
	Scurry		449	Titus	483	Wheeler			
	Shackelford	d	451	Tom Green	485	Wichita			
								TD I	
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		_	STATE	:	T			Charadanal 2	
Description:			•	_		exas and contigu	ious states	. Standard 2-	
Coding Schei			cter Postai Irkansas	Service abbr	eviation.				
County Schel	me:		ouisiana						
			lew Mexico						
			klahoma						
		TX T	exas						
		ZZ A	II other stat	es and Americ	an Territories				
			oreign coun	itry					
			oreign coun	,	_				
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Length: Field 12: Description:		34 2 PAT_ Patien	<b>ZIP</b> at's five-dig	Dat Tyr git ZIP code.	oe:	Alphanumeric	Tf akaka agu	.plo \777/ 7ID codo	
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Length: Field 12: Description:		PAT_ Patien Last tweequals alcoholoutpati	ZIP  nt's five-dig  vo digits are `88888'. If I or drug us ient service	Dat Typ git ZIP code. e blank if a ZIP state equals 'F e or an HIV dia s reported for t	code has fewe C' (foreign cou agnosis the ZIP the quarter the	r than 30 patients ntry) ZIP code is b code is blank. If a ZIP code is blank	plank. If ICD a facility has . If a facility	-10-CM indicates fewer than fifty has fewer than 5	
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Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

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	10 11	Kimble, Loving, McCullo Sterling, Sutton, Terrell, Brewster, Culberson, El Aransas, Bee, Brooks, C	Tom Green Paso, Hudsp	, Upton, eth, Jeff	Ward, Wii Davis, Pr	nkler counties esidio counties	s	
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	02	1-4 years	12	45-49				-STD and drug/alcohol use
								patients:
	03	5-9	13	50-54			22	0-17
	04 05	10-14 15-17	14 15	55-59 60-64			23 24	18-44 45-64
	06	18-19	16	65-69			25	65-74
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	08	25-29	18	75-79			•	Invalid
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DSHS/THCIC

www.dshs.texas.gov/THCIC

DSHS Document #25-15013 Last Updated: December, 2024

		16	Health Maint Medicare Ris		ganization (HMO)	OF	Other Fed	deral Program
		AM	Automobile N	1edical				Administration Plan
		BL CH	Blue Cross/B CHAMPUS	lue Shield				Compensation Health Claim Indigent or Unknown
		CI	Commercial :	Insurance			Invalid	indigent of officiown
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oding S	cheme:		git-Type of F	acility	2 <sup>nd</sup> digit-Ty <sub>l</sub>		dicara	3 <sup>rd</sup> digit–Sequence of claim
		1	Hospital		1 Inpatien Part A	it, including Me	dicare	0 Non-payment/Zero claim
		2	Skilled nursing			it, Medicare Pai	rt B	1 Admit through discharge
		3	Home health		only 3 Outpatie	ent		claim  2 Interim-first claim
			Religious non-r		4 Outpatie	ent Other, Medi	icare	3 Interim-continuing claim
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			Intermediate ca Clinic	are		diate Care-Lev Ite inpatient – I		<ul><li>5 Late charge(s) only claim</li><li>6 Adjustment of prior claim</li></ul>
			G		III	·		(Not used by Medicare)
		8	Special facility		8 Swing b	ed		<ul><li>7 Replacement of prior claim</li><li>8 Void/cancel of prior claim</li></ul>
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50	Product Replacement for Known Recall of a Product	A0	TRICARE external partnership program	D4	Change in clinical codes (ICD) for diagnosis and/or procedure
51	Attestation of Unrelated Outpatient Nondiagnostic	A1 A2	EPSDT/CHAP	D5	codes. Cancel to correct Insured's ID
52	Services Out of Hospice Service Area		Physically handicapped children's program	D6	or Provider ID Cancel Only to Repay a
53	Initial placement of a medical	А3	Special Federal Funding	50	Duplicate or OIG Overpayment
33	device provided as part of a clinical trial or a free sample	A4	Family planning	D7	Change to Make Medicare the Secondary Payer
54	No Skilled Home Health Visits in	A5	Disability	D8	Change to Make Medicare the
	Billing Period. Policy Exception	A6	Vaccines/Medicare 100% payment		Primary Payer
	Documented at the Home Health Agency	Α9	Second opinion surgery	D9	Any Other Change
55	SNF bed not available	AA	Abortion performed due to rape	DR	Disaster related
56	Medical appropriateness	AB	Abortion performed due to	E0	Changes in Patient Status
57	SNF readmission		incest	G0	Distinct Medical Visit
58	Terminated Medicare+Choice organization enrollee	AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality	H0	Delayed Filing, Statement of Intent Submitted
59	Non-primary ESRD facility	AD	Abortion performed due to life	H2	Discharge by a Hospice Provider for Cause
60	Day outlier		endangering physical condition	Н3	Reoccurrence of GI Bleed
61	Cost outlier	AE	Abortion performed due to physical health of mother that		Comorbid Category
66	Provider does not wish cost	4.5	is not life endangering	H4	Reoccurrence of Pneumonia Comorbid Category
67	Beneficiary elects not to use life	AF	Abortion performed due to emotional/psychological health of mother	H5	Reoccurrence of Pericarditis Comorbid Category
68	time reserve (LTR) days Beneficiary elects to use life	AG	Abortion performed due to	P1	Do not Resuscitate Order (DNR)
	time reserve (LTR) days	АН	social or economic reasons Elective abortion	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only			R1	Request for reopening Reason
70	Self-administered anemia management drug	AI AJ	Sterilization  Payer responsible for co-		Code - Mathematical or Computational Mistake
71	Full care in unit		payment	R2	Request for reopening Reason
72	Self-care in unit	AK	Air ambulance required	D.O.	Code -Inaccurate Data Entry
73	Self-care training	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
74	Home	AM	Non-emergency medically	R4	Request for reopening Reason
75	Home - 100% reimbursement		necessary stretcher transport required		Code - Computer Errors
76	Back-up in facility dialysis	AN	Pre-admission screening not	R5	Request for reopening Reason
77	Provider accepts or is obligated/required due to a	В0	required  Medicare coordinated care		Code - Incorrectly Identified Duplicate Claim
	contractual arrangement or law to accept payment by a primary	20	demonstration claim	R6	Request for reopening Reason Code - Other Clerical Errors or
	payer as payment	B1	Beneficiary is ineligible for		Minor Errors and Omissions not
78	New coverage not implemented	B4	demonstration program  Admission unrelated to	R7	Specified in R1-R5 above Request for reopening Reason
79	by HMO CORF services provided offsite	2.	discharge on same day	K/	Code - Corrections other than
80	Home dialysis - nursing facility	BP	Gulf Oil Spill of 2010		clerical errors
	, ,	C1	Approved as billed	R8	Request for reopening Reason Code - New and Material
81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review	R9	Evidence
82	C-section/Inductions <39 weeks-Elective	C3	Partial approval		Request for reopening Reason Code - Faulty Evidence
83	C-section/Inductions 39 weeks or greater	C4 C5	Admission/services denied  Post-payment review applicable	WO	United Mine Workers of America (UMWA) Demonstration
84	Dialysis for Acute Kidney Injury		. ,	W2	Indicator  Duplicate of Original Bill
O.E.	(AKI)	C6	Admission Preauthorization		Level I Appeal
85	Delayed Recertification of Hospice Terminal Illness	C7	Extended Authorization	W3	
86	Additional Hemodialysis	D0	Changes to Service Dates	W4	Level II Appeal
	Treatment with Medical Justification	D1	Changes to Charges	W5	Level III Appeal
		D3	Second or Subsequent Interim PPS Bill		

**Beginning Position:** 58 **Data Source:** Claim Length: Alphanumeric Type: Field 23: **CONDITION CODE 2** Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION CODE 1. **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 24: CONDITION\_CODE\_3 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION\_CODE\_1. **Beginning Position:** 62 **Data Source:** Claim Length: Type: Alphanumeric Field 25: CONDITION\_CODE\_4 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field 22. **Beginning Position:** 64 **Data Source:** Claim Length: Type: Alphanumeric Field 26: **CONDITION CODE 5** Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 27: CONDITION\_CODE\_6 Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position: Data Source:** 68 Claim Length: Alphanumeric 2 Type: Field 28: **CONDITION CODE 7** Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position:** 70 **Data Source:** Claim Alphanumeric Length: Type: Field 29: CONDITION\_CODE\_8 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION\_CODE\_1. **Beginning Position:** 72 **Data Source:** Claim Length: Type: Alphanumeric Field 30: PAT\_REASON\_FOR\_VISIT ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 74 **Data Source:** Claim Alphanumeric Length: Type: Field 31: PRINC DIAG CODE ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** Claim Lenath: Type: **Alphanumeric** Field 32: OTH DIAG CODE 1 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 88 Claim Alphanumeric Length: Type: Field 33: OTH\_DIAG\_CODE\_2 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 95 **Data Source:** Claim Length: Alphanumeric Type: Field 34: OTH DIAG CODE 3 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 102 **Data Source:** Claim Length: Type: Alphanumeric DSHS/THCIC **Page** DSHS Document #25-15013 www.dshs.texas.gov/THCIC

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Field 2F:	OTH DIAC CODE 4	
Field 35:	OTH_DIAG_CODE_4  ICD_10_CM diagnosis code, including the 4th, 5th, 6th, and 7th digits if applicable.	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.	
Beginning Position:	109 <b>Data Source:</b> Claim	
Length:	7 <b>Type:</b> Alphanumeric	
Field 36:	OTH_DIAG_CODE_5	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied following the third character.	
Beginning Position:	116 Data Source: Claim 7 Type: Alphanumeric	
Length: Field 37:	7 Type: Alphanumeric OTH_DIAG_CODE_6	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied following the third character.	
<b>Beginning Position:</b>	123 Data Source: Claim	
Length:	7 Type: Alphanumeric	
Field 38:	OTH_DIAG_CODE_7	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.	
Beginning Position:	130 <b>Data Source:</b> Claim	
Length:	7 <b>Type:</b> Alphanumeric	
Field 39:	OTH_DIAG_CODE_8	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied following the third character.	
Beginning Position:	137 Data Source: Claim	
Length: Field 40:	7 Type: Alphanumeric	
ı iciu 40.	<b>OTH_DIAG_CODE_9</b> ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied following the third character.	
Beginning Position:	144 <b>Data Source:</b> Claim	
Length:	7 <b>Type:</b> Alphanumeric	
Field 41:	OTH_DIAG_CODE_10	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied following the third character.	
Beginning Position:	151 <b>Data Source:</b> Claim 7 <b>Type:</b> Alphanumeric	
Length: Field 42:	7 Type: Alphanumeric OTH_DIAG_CODE_11	
<del></del>	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied following the third character.	
<b>Beginning Position:</b>	158 Data Source: Claim	
Length:	7 Type: Alphanumeric	
Field 43:	OTH_DIAG_CODE_12	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.	
Beginning Position:	Decimal is implied following the third character.  165 Data Source: Claim	
Length:	7 <b>Type:</b> Alphanumeric	
Field 44:	OTH_DIAG_CODE_13	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied following the third character.	
Beginning Position:	172 Data Source: Claim	
Length: Field 45:	7 Type: Alphanumeric OTH_DIAG_CODE_14	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied following the third character.	
<b>Beginning Position:</b>	179 <b>Data Source:</b> Claim	
Length:	7 <b>Type:</b> Alphanumeric	
Field 46:	OTH_DIAG_CODE_15	
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.	
Beginning Position:	Decimal is implied following the third character.  186 Data Source: Claim	
Length:	7 <b>Type:</b> Alphanumeric	
Field 47:	OTH_DIAG_CODE_16	
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	ICD-10-CM diagnosis co	de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	193 7	Data Source:	Claim
Length: Field 48:	OTH_DIAG_CODE_17	Туре:	Alphanumeric
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	200	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 49:	OTH_DIAG_CODE_18		
	ICD-10-CM diagnosis co	de, including the	e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied follow 207	nng the third cha	aracter. Claim
Length:	7	Type:	Alphanumeric
Field 50:	OTH_DIAG_CODE_19	.,,,,	- Inprimitive in the second se
		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	214	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 51:	OTH_DIAG_CODE_20	do including the	Ath Eth 6th and 7th digits if applicable
	Decimal is implied follow		e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	221	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 52:	OTH_DIAG_CODE_21		•
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	228 7	Data Source:	Claim
Length: Field 53:	OTH_DIAG_CODE_22	Туре:	Alphanumeric
riela 55.		de including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	235	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 54:	OTH_DIAG_CODE_23		
			4th, 5th, 6th and 7th digits if applicable.
Danimuina Danitian	Decimal is implied follow 242	ing the third cha <b>Data Source:</b>	aracter. Claim
Beginning Position: Length:	7	Type:	Alphanumeric
Field 55:	OTH_DIAG_CODE_24	1,700.	Aphanamene
		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	249	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 56:	RELATED_CAUSE_COL	_	Con Marco Patrono and and deat
Coding Scheme:	AA Auto accident	impanying cause	e of an illness, injury or an accident.
county Scheme.	AB Abuse		
	AP Another party responsible	e	
	EM Employment		
Danimuina Danitian	OA Other accident	Data Carres	Claire
Beginning Position: Length:	256 2	Data Source: Type:	Claim Alphanumeric
Field 57:	RELATED_CAUSE_COL	• • • • • • • • • • • • • • • • • • • •	- пр.
			e of an illness, injury or an accident.
Coding Scheme:	Same as Field RELATED_CA	AUSE_CODE_1.	
Beginning Position:	258	Data Source:	Claim
Length:	DELATED CAUSE COL	Type:	Alphanumeric
Field 58:	RELATED_CAUSE_COL		e of an illness, injury or an accident.
		nnpanying Cause	or arr miness, milury or an accident.
Coding Schame			, , ,
Coding Scheme:	Same as Field RELATED_CA		, , ,
Coding Scheme:  DSHS/THCIC  www.dshs.texas.gov	Same as Field RELATED_CA		DSHS Document #25-15013 Last Updated: December, 2024

Beginning Position: Length:	260 2	Data Source: Type:	Claim Alphanumeric
Field 59:	E_CODE_1	71-	<u> </u>
			e, including the 4th, 5th, 6th and 7th digits if the of injury. A decimal is implied following the
Beginning Position: Length:	262 7	Data Source: Type:	Claim Alphanumeric
Field 60:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	269 7	Data Source: Type:	Claim Alphanumeric
Field 61:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	276 7	Data Source: Type:	Claim Alphanumeric
Field 62:	E_CODE_4		
			e, including the 4th, 5th, 6th and 7th digits if see of injury. Decimal is implied following the
Beginning Position: Length:	283 7	Data Source: Type:	Claim Alphanumeric
Field 63:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	290 7	Data Source: Type:	Claim Alphanumeric
Field 64:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	297 7	Data Source: Type:	Claim Alphanumeric
Field 65:			e, including the 4th, 5th, 6th and 7th digits if see of injury. Decimal is implied following the
Beginning Position: Length:	304 7	Data Source: Type:	Claim Alphanumeric
Field 66:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	311 7	Data Source: Type:	Claim Alphanumeric
Field 67:	<b>E_CODE_9</b> ICD-10-CM external caus	se of injury code	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	318 7	Data Source: Type:	Claim Alphanumeric
Field 68:		se of injury code	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
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Field 69:  Beginning Position: Length: Field 70:  Beginning Position: Length: Field 70:  Beginning Position: Length: Field 71:  Field 71:  Field 71:  Field 72:  Field 72:  Field 73:  Beginning Position: Length: Field 75:  Field 76:  Beginning Position: Length: Field 77:  Field 76:  Beginning Position: Length: Field 76:  Field 76:  Field 76:  Field 76:  Field 77:  Field 78:  Field 78:  FROC_CODE_9  Code for surgical or other prothe period covered by the bill and perio	er procedure will. HCPCS or Cata Source:  rocedure with a source:  roce	Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 70:  PROC_CODE_2 Code for surgical or other protection period covered by the bill and period covered by the bill beginning Position: Length: Field 71:  PROC_CODE_3 Code for surgical or other protection period covered by the bill beginning Position: Length: Field 72:  PROC_CODE_4 Code for surgical or other protection period covered by the bill beginning Position: Length: Field 73:  PROC_CODE_5 Code for surgical or other protection period covered by the bill beginning Position: Length: Field 74: Field 74: Field 75:  PROC_CODE_6 Code for surgical or other protection period covered by the bill beginning Position: Length: Field 75: Field 76:  PROC_CODE_7 Code for surgical or other protection period covered by the bill beginning Position: Length: Field 76:  PROC_CODE_5 Code for surgical or other protection period covered by the bill beginning Position: Length: Field 76:  PROC_CODE_5 Code for surgical or other protection period covered by the bill beginning Position: Length: Field 77: Field 77: Field 77: Field 77: Field 78: Field 78: Field 78: Field 78: Field 79: Field 78: Field 79:	ill. HCPCS or Cata Source:  /pe:  rocedure with fill. HCPCS or Cata Source:  /pe:  rocedure with fill. HCPCS or Cata Source: /pe:  rocedure with fill. HCPCS or Cata Source: /pe:  rocedure with fill. HCPCS or Cata Source: /pe:  rocedure with fill. HCPCS or Cata Source: /pe:  rocedure with fill. HCPCS or Cata Source: /pe:  rocedure with fill. HCPCS or Cata Source: /pe:	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric
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Field 79: PROC_CODE_11		
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the period covered by the bil	III LACDOC ~ C	
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5 5	ata Source: /pe: rocedure with	the next highest charge performed during CPT code.
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www.dshs.texas.gov/THCIC	ata Source: /pe: rocedure with	the next highest charge performed during CPT code.

Length:	5	Туре:	Alphanumeric
Field 81:	PROC_CODE_13		
	Code for surgical or other	procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	392	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 82:	PROC_CODE_14		
		procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	397	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 83:	PROC_CODE_15	, r - ·	
		r nrocedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	402	Data Source:	Claim
Length:	5		Alphanumeric
Lengtn: Field 84:	PROC_CODE_16	Туре:	лірнаниністіс
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	Code for surgical or other	procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	407	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 85:	PROC_CODE_17		
			n the next highest charge performed during
	the period covered by the		
Beginning Position:	412	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 86:	PROC_CODE_18		
		procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	417	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 87:	PROC_CODE_19	. ypc.	ларпананска
c.u 07 .		nrocodura!Ll	the port highest shares performed division
			the next highest charge performed during
	the period covered by the		
Beginning Position:	422	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 88:	PROC_CODE_20		
			n the next highest charge performed during
	the period covered by the		
Beginning Position:	427	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 89:	PROC_CODE_21		
		procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	432	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 90:	PROC_CODE_22	. , pc.	ларпанинене
		r procedure with	the next highest shares performed division
			the next highest charge performed during
	the period covered by the		
	407	INDED COLLEGE	Claim
	437	Data Source:	A lasta a sassas a sai a
Length:	5	Type:	Alphanumeric
Length:	5 PROC_CODE_23	Туре:	·
Length:	5 PROC_CODE_23	Туре:	·
Length:	5 PROC_CODE_23	Type: procedure with	the next highest charge performed during
Length: Field 91:	PROC_CODE_23 Code for surgical or other	Type: procedure with	the next highest charge performed during
Length: Field 91: Beginning Position:	PROC_CODE_23 Code for surgical or other the period covered by the	Type:  procedure with bill. HCPCS or	n the next highest charge performed during CPT code. Claim
Length: Field 91: Beginning Position: Length:	PROC_CODE_23 Code for surgical or other the period covered by the 442 5	rype:  procedure with bill. HCPCS or Data Source:	the next highest charge performed during CPT code.
Length: Field 91: Beginning Position: Length:	PROC_CODE_23 Code for surgical or other the period covered by the 442 5 PROC_CODE_24	rype: r procedure with bill. HCPCS or Data Source: Type:	the next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 91: Beginning Position: Length:	PROC_CODE_23 Code for surgical or other the period covered by the 442 5 PROC_CODE_24 Code for surgical or other	Type:  procedure with bill. HCPCS or Data Source: Type:	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during
Length: Field 91: Beginning Position: Length: Field 92:	PROC_CODE_23 Code for surgical or other the period covered by the 442 FROC_CODE_24 Code for surgical or other the period covered by the	rype:  procedure with bill. HCPCS or Data Source: Type:  procedure with bill. HCPCS or	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
Length: Field 91:  Beginning Position: Length: Field 92:  Beginning Position:	PROC_CODE_23 Code for surgical or other the period covered by the 442  PROC_CODE_24 Code for surgical or other the period covered by the 447	rype:  procedure with bill. HCPCS or Data Source: Type:  procedure with bill. HCPCS or Data Source:	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Claim
Beginning Position: Length: Field 91:  Beginning Position: Length: Field 92:  Beginning Position: Length:	PROC_CODE_23 Code for surgical or other the period covered by the 442 FROC_CODE_24 Code for surgical or other the period covered by the	rype:  procedure with bill. HCPCS or Data Source: Type:  procedure with bill. HCPCS or	the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. CPT code. Claim Alphanumeric
Length: Field 91:  Beginning Position: Length: Field 92:  Beginning Position:	PROC_CODE_23 Code for surgical or other the period covered by the 442  PROC_CODE_24 Code for surgical or other the period covered by the 447	rype:  procedure with bill. HCPCS or Data Source: Type:  procedure with bill. HCPCS or Data Source:	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Claim

Field 93:	PROC_CODE_25		-
		er procedure with	n the next highest charge performed during
	the period covered by th		
<b>Beginning Position:</b>	452	Data Source:	Claim
Length: Field 94:	5 OTHER_AMOUNT	Туре:	Alphanumeric
riela 94:	<del></del>	Other Charge	Amount. Calculated using MEDPAR algorithm.
			codes other than 0100-0219, revenue
			3X, 055X-060X, 064X-070X, 076X-078X,
	090X-095X, 099X.	02 171, 00271 00	
<b>Beginning Position:</b>	457	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 95:	PHARM_AMOUNT	Dharmasy Cha	rae Amount Calculated using MEDDAD
			rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
	revenue center 026X, 06		threvenue codes other than 0100 0215,
<b>Beginning Position:</b>	469	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 96:	MEDSURG_AMOUNT	M !: 1/0 :	
			al Supply Charge Amount. Calculated using
	0219, revenue center 02		ociated with revenue codes other than 0100-
Beginning Position:	481	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 97:	DME_AMOUNT		
			al Equipment Charge Amount. Calculated
			es associated with revenue codes other than
Beginning Position:	0100-0219, revenue cen 493	ters 0290-0292  Data Source:	, 0294-0299. Calculated
Length:	12	Type:	Numeric
Field 98:	USED_DME_AMOUNT	- / /	
		, Used Durable I	Medical Equipment Charge Amount.
	Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes		
	other than 0100-0219, r		
Beginning Position: Length:	505 12	Data Source: Type:	Calculated Numeric
Field 99:	PT_AMOUNT	турс.	Numeric
	<del>_</del>	, Physical Thera	py Charge Amount. Calculated using MEDPAR
	algorithm. Sum of charg	es associated wi	th revenue codes other than 0100-0219,
	revenue center 042X.		
Beginning Position:	517 12	Data Source:	Calculated
Length: Field 100:	OT_AMOUNT	Туре:	Numeric
		, Occupational T	herapy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		
Beginning Position:	529	Data Source:	Calculated
Length: Field 101:	12 SPEECH_AMOUNT	Туре:	Numeric
ricia 1011		Speech Patholo	ogy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		
Beginning Position:	541	Data Source:	Calculated
Length: Field 102:	12	Туре:	Numeric
rielu 102;	IT_AMOUNT Ancillary Service Charge	Inhalation Tho	rapy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		
<b>Beginning Position:</b>	553	Data Source:	Calculated
Length:	12	Туре:	Numeric
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www.dshs.texas.gov	/THCIC	1 age 69	Last Updated: December, 2024
		U)	Last Opanica. December, 2024

Field 100:	DI COD AMOUNT		
Field 103:	BLOOD_AMOUNT  Ancillary Service Charge	for blood provide	ded during the nationals stay. Calculated
			led during the patient's stay. Calculated as associated with revenue codes other than
	0100-0219, revenue cen		is associated with revenue codes other than
Beginning Position:	565	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 104:	BLOOD_ADMIN_AMOU		
			ge and processing related to the patient's
			n. Sum of charges associated with revenue
	codes other than 0100-0		
Beginning Position:	577 12	Data Source:	Calculated
Length: Field 105:	OR AMOUNT	Туре:	Numeric
1 ICIU 105.	<b>—</b>	Operating Room	m Charge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 036X, 07		in revenue codes other than olds ozls,
<b>Beginning Position:</b>	589	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 106:	LITH_AMOUNT		
			arge Amount. Calculated using MEDPAR
	5	es associated wi	th revenue codes other than 0100-0219,
Danimala a Danihiaa	revenue center 079X.	D-4- C	Calandatad
Beginning Position: Length:	601 12	Data Source: Type:	Calculated Numeric
Field 107:	CARD_AMOUNT	туре.	Numeric
	<u>—</u>	. Cardiology Cha	arge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 048X, 07		,
<b>Beginning Position:</b>	613	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 108:	ANES_AMOUNT		
			arge Amount. Calculated using MEDPAR
	revenue center 037X.	es associated wi	th revenue codes other than 0100-0219,
Reginning Position:		Data Source	Calculated
Beginning Position: Length:	625 12	Data Source: Type:	Calculated Numeric
	625		
Length:	625 12 <b>LAB_AMOUNT</b> Ancillary Service Charge	Type: , Laboratory Cha	Numeric arge Amount. Calculated using MEDPAR
Length:	625 12  LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge	Type: , Laboratory Chaes associated wi	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109:	625 12  LAB_AMOUNT  Ancillary Service Charge algorithm. Sum of charg revenue center 030X-03	Type:  , Laboratory Chaes associated will 1X, 074X-075X.	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109:  Beginning Position:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637	Type:  , Laboratory Chaes associated wi 1X, 074X-075X.  Data Source:	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated
Length: Field 109:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 030X-03637	Type:  , Laboratory Chaes associated will 1X, 074X-075X.	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109:  Beginning Position:	625 12  LAB_AMOUNT  Ancillary Service Charge algorithm. Sum of charg revenue center 030X-03 637 12  RAD_AMOUNT	Type:  , Laboratory Chaes associated wind 1X, 074X-075X.  Data Source: Type:	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric
Length: Field 109:  Beginning Position: Length:	625 12  LAB_AMOUNT  Ancillary Service Charge algorithm. Sum of charg revenue center 030X-03 637 12  RAD_AMOUNT  Ancillary Service Charge	Type:  , Laboratory Chares associated wind 1X, 074X-075X. Data Source: Type:  , Radiology Char	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR
Length: Field 109:  Beginning Position: Length:	625 12  LAB_AMOUNT  Ancillary Service Charge algorithm. Sum of charg revenue center 030X-03 637 12  RAD_AMOUNT  Ancillary Service Charge	Type:  , Laboratory Chaes associated wind 1X, 074X-075X.  Data Source: Type:  , Radiology Chales associated wind 1X	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649	Type:  , Laboratory Chaes associated wind 1X, 074X-075X.  Data Source: Type:  , Radiology Chales associated wind 1X	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated  Calculated
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 0364912	Type:  , Laboratory Chaes associated wind 1X, 074X-075X. Data Source: Type:  , Radiology Chanes associated wind 2X-035X, 040X	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 028X, 0364912  MRI_AMOUNT	Type:  , Laboratory Chaes associated wind 1X, 074X-075X. Data Source: Type:  , Radiology Chanes associated wind 2X-035X, 040X Data Source: Type:	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 028X, 0364912  MRI_AMOUNT Ancillary Service Charge	Type:  , Laboratory Chaes associated wind 1X, 074X-075X. Data Source: Type:  , Radiology Chares associated wind 12X-035X, 040X Data Source: Type:  , MRI Charge And 12X-035X and 14X-035X.	Numeric  Arge Amount. Calculated using MEDPAR of the revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR of the revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  nount. Calculated using MEDPAR algorithm.
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 028X, 0364912  MRI_AMOUNT Ancillary Service Charge Sum of charges associated	Type:  , Laboratory Chaes associated wind 1X, 074X-075X. Data Source: Type:  , Radiology Chares associated wind 12X-035X, 040X Data Source: Type:  , MRI Charge And 12X-035X and 14X-035X.	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 0364912  MRI_AMOUNT Ancillary Service Charge Sum of charges association center 061X.	Type:  , Laboratory Chaes associated with X, 074X-075X. Data Source: Type:  , Radiology Chares associated with 2X-035X, 040X Data Source: Type:  , MRI Charge Arred with revenue	Numeric  Arge Amount. Calculated using MEDPAR (th revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR (th revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  nount. Calculated using MEDPAR algorithm. (codes other than 0100-0219, revenue)
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 028X, 0364912  MRI_AMOUNT Ancillary Service Charge Sum of charges associated	Type:  , Laboratory Chaes associated wind 1X, 074X-075X. Data Source: Type:  , Radiology Chares associated wind 12X-035X, 040X Data Source: Type:  , MRI Charge And 12X-035X and 14X-035X.	Numeric  Arge Amount. Calculated using MEDPAR of the revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR of the revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  nount. Calculated using MEDPAR algorithm.
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 028X, 0364912  MRI_AMOUNT Ancillary Service Charge Sum of charges association center 061X.661	Type:  , Laboratory Chaes associated will associated will be associate	Numeric  Arge Amount. Calculated using MEDPAR (th revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR (th revenue codes other than 0100-0219,  Calculated Numeric  nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue  Calculated  Calculated
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 0364912  MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X.66112  OP_AMOUNT	Type:  , Laboratory Chaes associated with X, 074X-075X. Data Source: Type:  , Radiology Chares associated with 2X-035X, 040X Data Source: Type:  , MRI Charge Arred with revenue  Data Source: Type:	Numeric  Arge Amount. Calculated using MEDPAR (th revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR (th revenue codes other than 0100-0219,  Calculated Numeric  nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue  Calculated  Calculated
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 0364912  MRI_AMOUNT Ancillary Service Charge Sum of charges association center 061X.66112  OP_AMOUNT Ancillary Service Charge	Type:  , Laboratory Chaes associated with X, 074X-075X. Data Source: Type:  , Radiology Chares associated with 2X-035X, 040X Data Source: Type:  , MRI Charge Arred with revenue  Data Source: Type:  , Outpatient Ser	Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue  Calculated Numeric
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 111:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X.661 12 OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 044	Type:  , Laboratory Chaes associated with 1X, 074X-075X. Data Source: Type:  , Radiology Chanes associated with 22X-035X, 040X Data Source: Type:  , MRI Charge And with revenue Data Source: Type:  , Outpatient Service of charges associated with revenue and source: Type:	Numeric  Arge Amount. Calculated using MEDPAR of the revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR of the revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated using MEDPAR algorithm. of codes other than 0100-0219, revenue  Calculated Numeric  Vices Charge Amount. Calculated using ociated with revenue codes other than 0100-
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 112:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X.661 12 OP_AMOUNT Ancillary Service Charge Sum of charges associate center 061X.661 12 OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04673	Type:  , Laboratory Chaes associated with 1X, 074X-075X. Data Source: Type:  , Radiology Chanes associated with 22X-035X, 040X Data Source: Type:  , MRI Charge And with revenue Data Source: Type:  , Outpatient Service of charges associated with revenue and source: Type:	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue  Calculated Numeric  Vices Charge Amount. Calculated using ociated with revenue codes other than 0100-Calculated
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 111:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X.661 12 OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 044	Type:  , Laboratory Chaes associated with 1X, 074X-075X. Data Source: Type:  , Radiology Chanes associated with 22X-035X, 040X Data Source: Type:  , MRI Charge And with revenue Data Source: Type:  , Outpatient Service of charges associated with revenue and source: Type:	Numeric  Arge Amount. Calculated using MEDPAR of the revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR of the revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated using MEDPAR algorithm. of codes other than 0100-0219, revenue  Calculated Numeric  Vices Charge Amount. Calculated using ociated with revenue codes other than 0100-
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 112:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-03637 12 RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 03649 12 MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X.661 12 OP_AMOUNT Ancillary Service Charge Sum of charges associate center 061X.661 12 OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04673	Type:  , Laboratory Chaes associated will associate will associated will associate will associated will assoc	Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue  Calculated Numeric  Vices Charge Amount. Calculated using ociated with revenue codes other than 0100-Calculated
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 112:  Beginning Position: Length: Field 112:	LAB_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 030X-0363712  RAD_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 028X, 0364912  MRI_AMOUNT Ancillary Service Charge Sum of charges associate center 061X.66112  OP_AMOUNT Ancillary Service Charge Sum of charges associate center 061X.66112  OP_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 0467312	Type:  , Laboratory Chaes associated with 1X, 074X-075X. Data Source: Type:  , Radiology Chanes associated with 22X-035X, 040X Data Source: Type:  , MRI Charge And with revenue Data Source: Type:  , Outpatient Service of charges associated with revenue and source: Type:	Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue  Calculated Numeric  Vices Charge Amount. Calculated using ociated with revenue codes other than 0100-Calculated Numeric

Field 112.	ED AMOUNT				
Field 113:	ER_AMOUNT	F	Chausa Assault Calculated using		
			om Charge Amount. Calculated using		
			ociated with revenue codes other than 0100-		
	0219, revenue center 04				
Beginning Position: Length:	685 12	Data Source: Type:	Calculated Numeric		
Field 114:	AMBULANCE_AMOUN	<i>,</i> ,	Numeric		
riciu 114.	<del>_</del>	argo Amount Calculated using MEDDAD			
		Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,			
	revenue center 054X.	jes associated w	ich revenue codes other than 0100-0219,		
Beginning Position:	697	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 115:	PRO_FEE_AMOUNT	.,,,.	Hamone		
		Professional Fe	ee Charge Amount. Calculated using MEDPAR		
			ith revenue codes other than 0100-0219,		
	revenue center 096X-09		ich revenue codes other than 0100 0215,		
Beginning Position:	709	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 116:	ORGAN_AMOUNT	, , , , , , , , , , , , , , , , , , ,			
	<del>_</del>	, Organ Acquisit	ion Charge Amount. Calculated using		
			ociated with revenue codes other than 0100-		
	0219, revenue center 08				
<b>Beginning Position:</b>	721	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 117:	ESRD_AMOUNT				
	Ancillary Service Charge	al Dialysis Charge Amount. Calculated using			
	MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.				
Beginning Position:	733	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 118:	CLINIC_AMOUNT				
	Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR				
	algorithm. Sum of charg	es associated w	ith revenue codes other than 0100-0219,		
	algorithm. Sum of charg revenue center 051X.		ith revenue codes other than 0100-0219,		
Beginning Position:	algorithm. Sum of charg revenue center 051X. 745	Data Source:	ith revenue codes other than 0100-0219,  Calculated		
Length:	algorithm. Sum of charg revenue center 051X. 745 12		ith revenue codes other than 0100-0219,		
	algorithm. Sum of charg revenue center 051X. 745 12 TOTAL_CHARGES	Data Source: Type:	ith revenue codes other than 0100-0219,  Calculated  Numeric		
Length:	algorithm. Sum of chargerevenue center 051X. 745 12 TOTAL_CHARGES Sum of accommodation	Data Source: Type: charges, non-co	ith revenue codes other than 0100-0219,  Calculated		
Length: Field 119:	algorithm. Sum of charge revenue center 051X. 745 12 TOTAL_CHARGES Sum of accommodation charges, non-covered ar	Data Source: Type: charges, non-concillary charges.	Calculated Numeric  vered accommodation charges, ancillary		
Length: Field 119: Beginning Position:	algorithm. Sum of chargerevenue center 051X. 745 12 TOTAL_CHARGES Sum of accommodation	Data Source: Type: charges, non-concillary charges. Data Source:	ith revenue codes other than 0100-0219,  Calculated  Numeric		
Length: Field 119:	algorithm. Sum of charge revenue center 051X. 745 12  TOTAL_CHARGES Sum of accommodation charges, non-covered ar 757	Data Source: Type:  charges, non-concillary charges. Data Source: Type:	Calculated Numeric  vered accommodation charges, ancillary  Claim		
Length: Field 119:  Beginning Position: Length:	algorithm. Sum of charge revenue center 051X. 745 12 TOTAL_CHARGES Sum of accommodation charges, non-covered ar 757 12 TOTAL_NON_COV_CH	Data Source: Type:  charges, non-concillary charges. Data Source: Type: ARGES	Calculated Numeric  Vered accommodation charges, ancillary  Claim Numeric		
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**Description:** Unique identifier assigned to the licensed physician reported as the Operating

Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to

the outpatient's surgical or radiological procedure, including a technician,

psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist,

authorized by the facility to treat patients.

**Suppression:** Suppressed when the number of physicians reported for a facility or the number of physicians

reported for CCS\_PROC\_CODE\_1 for the facility is less than five.

**Coding Scheme:** 9999999998 Cell size less than 5

9999999999 Temporary license or license number could not be matched

Beginning Position:805Data Source:AssignedLength:10Type:Alphanumeric

Field 124: PHYSICIAN2\_INDEX\_NUMBER

**Description:** Unique identifier assigned to the licensed physician reported as the other provider, if

reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to

the outpatient's surgical or radiological procedure, including a technician,

psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist,

authorized by the facility to treat patients.

**Suppression:** Suppressed when the number of physicians reported for a facility or the number of physicians

represented for CCS PROC CODE 1 for a facility is less than five.

**Coding Scheme:** 9999999998 Cell size less than 5

9999999999 Temporary license or license number could not be matched

Beginning Position:815Data Source:AssignedLength:10Type:Alphanumeric

Field 125: INPUT\_FORMAT

Format in which the outpatient data file was submitted by the facility

**Coding Scheme:** 0 837 Professional 1 837 Institutional

Beginning Position:825Data Source:AssignedLength:1Type:Alphanumeric

Field 126: SOURCE\_OF\_ADMISSION

**Description:** Code indicating source of the admission.

**Coding Scheme:** 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)

2 Clinic or Physician's Office

4 Transfer from a hospital

Transfer from a skilled nursing facility, intermediate care facility or assisted living facility

6 Transfer from another health care facility

8 Court/Law Enforcement

9 Information not available

D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital

Alphanumeric

Resulting in a Separate Claim to the Payer

E Transfer from Ambulatory Surgery Center

F Transfer from a Hospice Facility

Invalid

If Type of Admission=4 (Newborn)

5 Born inside this hospital

6 Born outside this hospital

**Beginning** 826 **Data Source:** Claim **Position:** 

Length: 1
Field 127: PAT STATUS

**Description:** Code indicating patient status as of the ending date of service for the period of care

Type:

reported

**Coding Scheme:** 

01 Discharged to home or self-care (routine

discharge)

02 Discharged/transferred to a short term general

hospital for inpatient care

03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care

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Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)	04	Discharged/transferred to a facility that provides custodial or supportive care		Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
an organized home health service organization in anticipation of covered skilled care  10 Left against medical advice  10 Expired  10 Admitted as inpatient to this hospital  10 Expired  11 Discharged/transferred to Court/Law Enforcement  12 Still patient  13 Expired at home  14 Expired in a medical facility  15 Expired, place unknown  16 Expired, place unknown  17 Discharged/transferred to federal government operated health facility  18 Hospice-medical facility (Certified) providing hospice level of care  19 Discharged/transferred to indicare-certified long term care hospital  10 Discharged/transferred to Medicare-certified long term care hospital  10 Discharged/transferred to Medicare-certified long term care hospital  10 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital or psychiatric distinct part of a hospital or psychiatric distinct part of a hospital or psychiatric institution not defined elsewhere in the code list  10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  10 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  11 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  12 Discharged/transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  13 Discharged/transferred to A nother Type of Health Care Institution not befined Elsewhere in the		Center or Children's Hospital (effective 10-1-2007)	83	Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient
198 Admitted as inpatient to this hospital 209 Expired 200 Discharged/transferred to Court/Law Enforcement 210 Discharged/transferred to Court/Law Expired at home 210 Discharged/transferred to Court/Law Expired at home 210 Discharged/transferred to Expired at home 210 Discharged/transferred to Federal government operated health facility 210 Discharged/transferred to Federal Health Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/transferred to Auditor 210 Discharged/transferred to Auditor 210 Discharged/transferred to Auditor 210 Di	06	an organized home health service organization	84	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned
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Enforcement  Still patient  Still patient  Expired at home  Expired in a medical facility  Expired, place unknown  Discharged/transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Hospice—medical facility (Certified) providing hospice level of care  Discharged/transferred within this institution to Medicare-approved swing bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to inpatient rehabilitation facility  Discharged/transferred to inpatient rehabilitation facility under Medicare-certified nursing facility under Medicare-certified under Medicare  Discharged/transferred to Medicaid-certified nursing facility under Medicare bospital inpatient Readmission (effective 10-1-2013)  Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital or psychiatric distinct	09	·		
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Expired in a medical facility  Expired in a medical facility  Expired, place unknown  Discharged/Transferred to federal government operated health facility  Hospice-home  Hospice-home  Hospice-home  Discharged/transferred within this institution to Medicare-approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred within this institution to Medicare-approved swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred within this institution to Medicare-approved swing bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to inpatient rehabilitation facility  Discharged/transferred to Medicare-certified long term care hospital  Discharged/transferred to Medicaid-certified under Medicare  Discharged/transferred to paychiatric hospital or psychiatric distinct part of a hospital  Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	21	Still patient		Enforcement with a Planned Acute Care Hospital
Expired in a medical facility  Expired, place unknown  Discharged/transferred to federal government operated health facility  Hospice-home  Hospice-home  Hospice level of care  Discharged/transferred within this institution to Medicare-approved swing bed Medicare-Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred within this institution to Medicare-approved swing bed  Discharged/transferred to inpatient rehabilitation facility  Discharged/transferred to Medicare-certified long term care hospital on psychiatric distinct part of a hospital or psychiatric distinct part or a hospital or psychiatr	30	Expired at home	97	
Discharged/transferred to federal government operated health facility and properated health facility (Certified) providing hospice level of care  Discharged/transferred within this institution to Medicare-approved swing bed (Effective 10-1-2013)  Discharged/transferred within this institution to Medicare-approved swing bed  Discharged/transferred to inpatient rehabilitation facility (IRF) including Reha	40	Expired in a medical facility	67	Facility with a Planned Acute Care Hospital
Discharged/transferred to federal government operated health facility  Hospice-home  Hospice-medical facility (Certified) providing hospice level of care  Discharged/transferred within this institution to Medicare-approved swing bed  Discharged/transferred within this institution to Medicare-approved swing bed  Discharged/transferred to inpatient rehabilitation facility  Discharged/transferred to medicare-certified long term care hospital only term care hospital only term care hospital for Inpatient distinct part of a hospital or psychiatric distinct part of a hospital or psychiatric distinct part of a hospital or Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)  Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)  Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital for Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Gesignated disaster alternate care (effective 10-1-2013)  Discharged/Transferred to a Discharged/Transferred to a Creiti	41	Expired, place unknown	00	
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hospice level of care  Discharged/transferred within this institution to Medicare-approved swing bed  Discharged/transferred to inpatient rehabilitation facility  Discharged/transferred to Medicare-certified long term care hospital  Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare  Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital  Discharged/transferred to a Critical Access Hospital (CAH)  Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)  Discharged/Transferred to a designated disaster acre institution not defined elsewhere in the code list  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital In	43	Hospice-home		,
Discharged/transferred within this institution to Medicare-approved swing bed	50		89	Rehabilitation Facility (IRF) including
Discharged/transferred to inpatient rehabilitation facility  Discharged/transferred to Medicare-certified long term care hospital (Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to psychiatric hospital or psychiatric distinct part of a designated disaster alternate care (effective 10-1-2013)  Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)  Discharged/transferred to another type of health care institution not defined elsewhere in the code list  Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Skilled Nursing  Discharged/Transferred to a Medicare Certified Long Term Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Critical Access Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to home or self-care (routine dischar	51			with a Planned Acute Care Hospital Inpatient
long term care hospital    Ceffective 10-1-2013   (effective 10-1-2013)		rehabilitation facility	90	Long Term Care Hospital (LTCH) with a Planned
nursing facility under Medicaid but not certified under Medicare  Certified Under Medicaid but not Certified Under Medicaid but not Certified Under Medicare Wedicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/transferred to a designated disaster alternate care (effective 10-1-2013)  Discharge/transfer to another type of health care institution not defined elsewhere in the code list  Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)		long term care hospital		
psychiatric distinct part of a hospital  Discharged/transferred to Critical Access Hospital (CAH)  Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)  Discharge/transfer to another type of health care institution not defined elsewhere in the code list  Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to A Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to A nother Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to A nother Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to A nother Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to A Short Term General Hospital Inpatient Readmission (effective 10-1-2013)	63	nursing facility under Medicaid but not certified	91	Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital
65 Discharged/transferred to Critical Access Hospital (CAH) 66 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013) 69 Discharge/transfer to another type of health care institution not defined elsewhere in the code list 70 Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013) 81 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) 82 Discharged/Transferred to a Skilled Nursing  or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  93 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1- 2013)  94 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1- 2013)  95 Discharged to home or self-care (routine discharge) Invalid	64		02	
Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)  Discharge/transfer to another type of health care institution not defined elsewhere in the code list  Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	65	Discharged/transferred to Critical Access	92	or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient
Discharge/transfer to another type of health care institution not defined elsewhere in the code list  Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Care with a Planned Acute Care Hospital Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Short Term General Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	66		93	Discharged/Transferred to a Critical Access
Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)  B1 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  B2 Discharged/Transferred to a Skilled Nursing  Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1- 2013)  Discharged to home or self-care (routine discharge) Invalid	69	care institution not defined elsewhere in the		Hospital Inpatient Readmission (effective 10-1-2013)
Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Skilled Nursing  2013)  Discharged to home or self-care (routine discharge)  Invalid	70	Acute. Care Hospital Inpatient Readmission	94	Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care
Care Hospital Inpatient Readmission (effective 10-1-2013)  82 Discharged/Transferred to a Skilled Nursing	81			
82 Discharged/Transferred to a Skilled Nursing		Care Hospital Inpatient Readmission (effective	95	discharge)
	82	Discharged/Transferred to a Skilled Nursing	`	Invalid

Beginning Position:827Data Source:ClaimLength:2Type:Alphanumeric

Field 128: PROVIDER\_NAME

**Description:** Name provided by the facility.

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

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

'unknown', Provider Name is blank.

Beginning Position:829Data Source:ProviderLength:55Type:Alphanumeric

#### **OUTPATIENT CHARGES DATA FILE**

Field 1: RECORD\_ID

**Description:** Record Identification Number. Unique number assigned to identify the record. The

Record\_ID in the ED Outpatient PUDF is not linkable to the Record\_ID in the ED

Inpatient PUDF or ED Research Data Files (RDFs).

Beginning Position:1Data Source:AssignedLength:12Type: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:**

DSHS/	THCIC		Page		DSHS Document #25-15013
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0103	nursing home (for hospitalization)
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave Room charges for LOA -
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182 0183	Room charges for LOA - patient convenience-charges billable
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0115	Room charges for private rooms - hospice	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0114	Room charges for private rooms - psychiatric		- 3/4 beds - rooms - oncology	0164	Room charges for other rooms  – Sterile Environment
0113	Room charges for private rooms - pediatric	0137	<ul> <li>3/4 beds - rooms - detoxification</li> <li>Room charges for semi-private</li> </ul>	0160	Room charges for other rooms - general
0112	Room charges for private rooms - obstetrics	0136	Room charges for semi-private	0159	Room charges for ward rooms - other
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0158	Room charges for ward rooms - rehabilitation
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice

0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general  Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
	care - surgical	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
0202	Room charges for intensive care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy – non-generic drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory – non-routine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological -
0214	<ul> <li>heart transplant</li> <li>Room charges for coronary care</li> </ul>	0262	IV Therapy - pharmacy services	0312	cytology Laboratory pathological -
0214	- intermediate coronary care unit (CCU)	0263	IV Therapy - drug/supply delivery	0314	histology Laboratory pathological -
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0319	biopsy Laboratory pathological - other
0220	Special charges - general	0269	IV Therapy - other		
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0320 0321	Radiology - diagnostic - general
0222	charge Special charges - technical	0271	Medical surgical supplies and devices - nonsterile		Radiology - diagnostic - angiocardiography
	support charge	0272	Medical surgical supplies and	0322	Radiology - diagnostic - arthrography
0223	Special charges - UR service charge	0273	devices - sterile Medical surgical supplies and	0323	Radiology - diagnostic - arteriography
0224	Special charges - late discharge, medically necessary		devices - take-home	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other	0274	Medical surgical supplies and devices - prosthetic/orthotic	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general  Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home	-551	chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy

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>0110 #	THOIC		hourly charge	0521	Freestanding Clinic - Clinic Vis by Member to RHC/FQHC
0389	(cryoprecipitate) Blood - other	0442	visit charge Speech-language pathology -	0520	Freestanding Clinic - general
0386 0387	Blood - other derivatives	0441	general Speech-language pathology -	0519	Clinic - other
0385	Blood - leukocytes  Blood - other components	0440	Speech-language pathology -	0516	Clinic - drgent care  Clinic - family practice
0384	Blood - platelets	0439	evaluation or reevaluation Occupational therapy - other	0515 0516	Clinic - pediatric  Clinic - urgent care
0383	Blood - plasma	0434	rate Occupational therapy -	0514	Clinic - OB/GYN
0382	Blood - whole blood	0433	charge Occupational therapy - group	0513	Clinic - psychiatric
0381	Blood - packed red cells	0432	Occupational therapy - hourly	0512	Clinic - dental
0380	Blood - general	0431	Occupational therapy - visit charge	0511	Clinic - chronic pain
0379	Anesthesia - other	0430	Occupational therapy - general	0510	Clinic - general
0374	Anesthesia - acupuncture	0429	Physical therapy - other	0509	Outpatient services - other
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0500	Outpatient services - general
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate	0499	Ambulatory surgical care - other
0370	Anesthesia - general	0422	Physical therapy - hourly charge	0490	Ambulatory surgical care - general
0369	Operating room services - other	0421	Physical therapy - visit charge	0489	Cardiology - other
)367	Operating room services - kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
	organ transplant other than kidney	0419	Respiratory services - other	0482	Cardiology - stress test
0362	minor surgery  Operating room services -	0413	Respiratory services - hyperbaric oxygen therapy	0481	Cardiology - cardiac cath lab
0361	general Operating room services -	0412	Respiratory services - inhalation	0480	Cardiology - general
0360	Operating room services -	0410	Respiratory services - general	0479	Audiology - other
0359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
0352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
0350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
0349	radiopharmaceuticals Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0459 0460	Emergency room - other  Pulmonary function - general
0344	Nuclear medicine - therapeutic		general		
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	processing - other Other imaging services -	0456	EMTALA screening  Emergency room - urgent car
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and	0452	services Emergency room - beyond
0341	Nuclear medicine - diagnostic procedures		processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0331	administration, storage and processing - administration	0449	evaluation or reevaluation  Speech-language pathology - other
220	chemotherapy - IV	0391	processing - general  Blood and blood component	0444	Speech-language pathology -
0335	Radiology - therapeutic and/or chemotherapy administration -	0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic
0523	Freestanding Clinic - family practice	0569	Medical social services - other	0623	services  Medical/surgical supplies -
0524	Freestanding Clinic - Visit by	0570	Home health aide - general	0624	surgical dressings  Medical/surgical supplies - FDA
	RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF	0571	Home health aide - visit charge		investigational devices
0525	Freestanding Clinic - Visit by	0572	Home health aide - hourly charge	0631	Drugs requiring specific identification - single source
	RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
0526	Other Residential Facility	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0326	Freestanding Clinic - urgent care	0581	Other visits (home health) - visit charge	0634	prescription  Drugs requiring specific
		0582	Other visits (home health) - hourly charge		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0520	Home Health Shortage Area	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene	0590	Units of service (home health) - general	0637	detailed coding  Drugs requiring specific
0529	of Accident)  Freestanding Clinic - other	0600	Oxygen (home health) - general	0037	identification - self- administrable
0323	Treestanding clinic other	0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute	0641	Home IV therapy services – non-routine nursing, central line
0531	Osteopathic service - therapy	0603	Oxygen (home health) - stat/equip/supply over 4 liters	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other	0604	per minute	0643	Home IV therapy services - IV
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	start/change, peripheral line Home IV therapy services –
0541	Ambulance service - supplies	0609	Oxygen (home health) - other		non-routine nursing, peripheral line
0542	Ambulance service - medical transport	0610	Magnetic Resonance Technology (MRT) - MRI -	0645	Home IV therapy services - training patient/caregiver, central line
0543	Ambulance service - heart mobile	0611	general Magnetic Resonance	0646	Home IV therapy services -
0544	Ambulance service - oxygen	0011	Technology (MRT) - MRI - brain (including brain stem)		training, disabled patient, central line
0545	Ambulance service - air ambulance	0612	Magnetic Resonance Technology (MRT) - MRI -	0647	Home IV therapy services - training, patient/caregiver, peripheral
0546	Ambulance service - neonatal		spinal cord (including spine)	0648	Home IV therapy services -
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other		training, disabled patient, peripheral
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance	0649	Home IV therapy services - other
0549	Ambulance service - other		Technology (MRT) - MRA - head and neck	0650	Hospice services - general
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA –	0651	Hospice services - routine home care
0551	Skilled nursing - visit charge	0618	lower extremities  Magnetic Resonance	0652	Hospice services - continuous home care
0552	Skilled nursing - hourly charge		Technology (MRT) - MRA – other	0655	Hospice services - inpatient respite care
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general inpatient care (non-respite)
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - physician
0561	Medical social services - visit charge				services

0658	Hospice services - room and board - nursing facility	0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general
0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate
0660	Respite care - general	0731	EKG/ECG services - Holter monitor	0822	Hemodialysis - outpatient or home - home supplies
0661	Respite care - hourly charge/skilled nursing	0732	EKG/ECG services - telemetry	0823	Hemodialysis - outpatient or home - home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739	EKG/ECG services - other	0824	Hemodialysis - outpatient or home - maintenance 100%
	nion	0740	EEG services - general		
0663	Respite care - daily charge	0750	Gastrointestinal services - general	0825	Hemodialysis - outpatient or home - support services
0669	Respite care - other	0760	Treatment or observation room services - general	0826	Hemodialysis - outpatient or home - shorter duration
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/	0829	(effective 7/1/17) Hemodialysis - outpatient or
0671	Outpatient special residence - hospital based		Observation Room - Treatment Room	0830	home - other  Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0762	Specialty Room - Treatment/ Observation Room -	0831	or home - general  Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Observation Room Treatment or observation room	0031	or home - composite or other rate
0681	Trauma response - level I		services - other	0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	or home – home equipment  Peritoneal dialysis - outpatient
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	or home – maintenance 100% Peritoneal dialysis - outpatient
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	or home - support services Peritoneal dialysis - outpatient
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services	0840	or home - other  CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	<ul> <li>general</li> <li>Inpatient renal dialysis services</li> </ul>		general
0692	Pre-hospice/Palliative Care	0802	<ul> <li>hemodialysis</li> <li>Inpatient renal dialysis services</li> </ul>	0841	CAPD - outpatient or home - composite or other rate
0693	Services – hourly charge Pre-hospice/Palliative Care	0803	- peritoneal (non-CAPD)  Inpatient renal dialysis services	0842	CAPD - outpatient or home – home supplies
0694	Services - evaluation Pre-hospice/Palliative Care	0005	- continuous ambulatory peritoneal dialysis (CAPD)	0843	CAPD - outpatient or home - home equipment
	Services – consultation and education	0804	Inpatient renal dialysis services - continuous cycling peritoneal	0844	CAPD - outpatient or home – maintenance 100%
0695	Pre-hospice/Palliative Care Services – inpatient care	0000	dialysis (CAPD)	0845	CAPD - outpatient or home - support services
0696	Pre-hospice/Palliative Care Services – physician services	0809	Inpatient renal dialysis services - other	0849	CAPD - outpatient or home -
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body	0850	other CCPD - outpatient or home -
0700	Cast Room services - general	0811	components- general Acquisition of body components	0851	general CCPD - outpatient or home -
0710	Recovery Room services -	0812	- living donor  Acquisition of body components	0852	composite or other rate CCPD - outpatient or home -
0720	general		- cadaver donor		home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home - home equipment
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components - unsuccessful organ search-	0854	CCPD - outpatient or home - maintenance 100%
0722	Labor/Delivery Room services - delivery	0815	donor bank charges Acquisition of body components	0855	CCPD - outpatient or home - support services
0723	Labor/Delivery Room services - circumcision		– stem cells- allogeneic	0859	CCPD - outpatient or home - other
0724	Labor/Delivery Room services - birthing center	0819	Acquisition of body components - other donor	0860	Magnetoencephalography (MEG) - General

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0861	Magnetoencephalography (MEG) - MEG	0923	Other diagnostic services - pap smear	0976	Professional fees - respiratory therapy
0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	therapy Behavior health	0944	Other therapeutic services - drug rehabilitation	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0945	Other therapeutic services -	0988	Professional fees - consultation
0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health treatments/services -	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health	0951	other Other therapeutic services –	0994	Patient convenience items - TV/radio
0010	treatment/services - rehabilitation	0952	athletic training	0995	Patient convenience items -
0912	Behavior health treatment/services - partial	0932	Other therapeutic services - kinesiotherapy	0996	nonpatient room rentals  Patient convenience items - late
0913	hospitalization - less intensive Behavior health	0953	Other therapeutic services – chemical dependency (drug and	0997	discharge charge Patient convenience items -
	treatment/services - partial hospitalization - intensive	0960	alcohol) Professional fees - general		admission kits
0914	Behavior health treatment/services - individual	0961	Professional fees - psychiatric	0998	Patient convenience items - beauty shop/barber
0915	therapy Behavior health	0962	Professional fees -	0999	Patient convenience items - other
	treatment/services - group therapy		ophthalmology	1000	Behavior health accommodations - general
0916	Behavior health treatment/services - family	0963	Professional fees - anesthesiologist (MD)	1001	Behavior health accommodations - residential
0017	therapy	0964	Professional fees - anesthetist (CRNA)		treatment - psychiatric
0917	Behavior health treatment/services - biofeedback	0969	Professional fees - other	1002	Behavior health accommodations - residential treatment - chemical
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1003	dependency Behavior health
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic	-000	accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services - peripheral vascular lab	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	Other diagnostic services - electromyogram	0975	Professional fees - operating room		accommodations - group home

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2100	Alternative thera general	apy services -	2105	Alternative therapy service biofeedback	ces -	3103	Adult day care, medical and social - daily
2101	Alternative thera acupuncture	apy services -	2106	Alternative therapy service hypnosis	ces -	3104	Adult day care, social - daily
2102	Alternative thera acupressure	apy services -	2109	Alternative therapy service other	ces -	3105	Adult foster care - daily
2103	Alternative thera massage	apy services -	3101	Adult day care, medical a social - hourly	nd	3109	Adult foster care - other
2104	Alternative thera reflexology	apy services -	3102	Adult day care, social - ho	ourly		
_	ing Position:	13		Data Source:	Claim		
Length		4		Type:	Alphar	numeric	
Field 3 Descri		HCPCS_QUA		<b>K</b> type/source of the d	eccrintiv	nıım مر	her used in
2000.1	<b>,</b>	HCPCS_PROC			cscripti	ve mann	ber used iii
_	ing Position:	17		Data Source:	Claim		
Length Field 4		HCPCS_PRO	CEDIII	Type:	Alphar	numeric	
Descri					(HCPC	S) code	e applicable to ancillary
	•	services or ac			(	o, cou.	. аррисаете се апешат,
Coding	Scheme:	See http://www	v.cms.h		odeSets/	'ANHCP(	CS/list.asp for complete list of
Beginn	ning Position:	Level II HCPCS 19	codes.	Data Source:	Claim		
Length	_	5		Type:		numeric	
Field 5		MODIFIER_					
Descri	•	Identifies spe	cial cir	cumstances related to	the pe	erforma	nce of the service
_	Scheme:						
22	Increased proce		58	Staged or Related Proced Service by the Same Physical Stages Service Service Stages S			Professional During the Postoperative Period
23			or Other Qualified Health Professional During the		Care	80	Assistant Surgeon
24	Unrelated Evalua Management Se			Postoperative Period		81	Minimum Assistant Surgeon
	Same Physician Qualified Health		59	Distinct Procedural Service	ce	82	Repeat procedure by same
	Professional duri	ing a	62	Two Surgeons		90	physician Reference (Outside) Laboratory
25	Postoperative Pe Significant, Sepa		63	Procedure Performed on I less than 4kg	Infants	91	Repeat Clinical Diagnostic
23	Identifiable Eval	uation and	66	Surgical Team		71	Laboratory Test
	Management Se Same Physician		73	Discontinued Outpatient		92	Alternative Laboratory Platform Testing
	Qualified Health Professional on t			Hospital/Ambulatory Surg Center (ASC) Procedure p		95	Synchronous Telemedicine
	of the Procedure			the Administration of	orior to		Service Rendered Via a Real-
26	Service		74	Anesthesia			Time Interactive Audio and Video Telecommunications
26	Professional Con	•	74	Discontinued Outpatient Hospital/Ambulatory Surg		00	System Multiple Medifiere
27	Multiple Outpation E/M Encounters			Center (ASC) Procedure a Administration of Anesthe	la a ata		Multiple Modifiers
22	Date		76	Repeat Procedure by Sam	ne	1P	Performance Measure Exclusion Modifier due to Medical Reasons
32	Mandated Service			Physician or Other Qualifi Health Care Professional	ed	2P	Performance Measure Exclusion
33 47	Preventive Servi Anesthesia by Si		77	Repeat Procedure by Ano		3P	Modifier due to Patient Reasons Performance Measure Exclusion
50	Bilateral Procedu	-		Physician or Other Qualifi Health Care Professional	ed		Modifier due to System Reasons
51	Multiple Procedu		78	Unplanned Return to the		8P	Performance Measure Reporting Modifier- Action not performed,
52	Reduced Service			Operating/Procedure Roo the Same Physician or Ot			reason not otherwise specified
53	Discontinued Pro			Qualified Health Care		P1	A normal healthy patient
54	Surgical Care Or			Professional Following Ini Procedure for a Related	udl	P2	A patient with mild systemic disease
55	Postoperative Ma	•		Procedure During the Postoperative Period		Р3	A patient with severe systemic
	Only	_	79	Unrelated Procedure or S	ervice	D4	disease
56	Preoperative Ma			by the Same Physician or Qualified Health Care	Other	P4	A patient with severe systemic disease that is a constant
57	Decision for Sur	gery		Quantica ficular care			threat to life
DSHS/	THCIC			Page			DSHS Document #25-15013
	shs.texas.gov/TI	HCIC		1 age 80		T	ast Updated: December, 2024
** ** ** .U	omo.conao.gov/11	.1010		OU		L	Opunou. December, 2024

		FA	Left hand, thumb		RT	Right side of the body	
	expected to surv	ed to survive without the		' '		<b>T</b> 4	procedure
P6	·	clared brain-dead patient		screening mammogra	. ,	T1	Left foot, second digit
	whose organs ar	ans are being		diagnostic mammogra same patient, same d		T2	Left foot, third digit
	removed for don	'' GH		• • • • •		Т3	Left foot, fourth digit
E1	Upper left eyelid			converted from screer		T4	Left foot, fifth digit
E2	Lower left eyelid		LC	mammogram on same Left circumflex corona	-	T5	Right foot, great toe
E3	Upper right eyel	d	LD	Left anterior descendi		Т6	Right foot, second digit
E4	Lower right eyel	id	LD	coronary artery	119	T7	Right foot, third digit
F1	Left hand, secon	d digit	LM	Left main coronary art	tery	Т8	Right foot, fourth digit
F2	Left hand, third	digit	LT	Left side of the body p	procedure	Т9	Right foot, fifth digit
F3	Left hand, fourth	n digit	Q	Ambulance service pro		TA	Left foot, great toe
F4	Left hand, fifth o	ligit	М	under arrangement by provider of services	/ a	XE	Separate Encounter
F5	Right hand, thur	nb	QN	Ambulance service fur	nished	XS	Separate Structure
F6	Right hand, seco	nd digit	•	directly by a provider		XP	Separate Practitioner
F7	Right hand, third	l digit	RC	services Right coronary artery		XU	•
F8	Right hand, four	th digit	RI	Ramus intermedius co	ronary	λυ	Unusual Non-Overlapping Service
F9	Right hand, fifth	digit	KI	artery	or Orial y		
		_		<b>D</b>	CI.		
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Coding	Scheme:	Same as Field MO			•		
_	ing Position:	26		Data Source:			
Length		2		Туре:	Alphan	umeric	
Field 7		MODIFIER_3	-1 -2			c	and a Calle and a called
Descrij	puon:	Identifies speci	ai circ	cumstances related	i to the bei	rmrma	nco of the service
Coding	Schomo				u po.	i i Oi i i i a	rice of the service.
_	Scheme:	Same as Field MO		ER_1	•	iioiiiia	nice of the service.
_	ing Position:				•		nee of the service.
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#### **OUTPATIENT CLASSIFICATION DATA FILE**

Field 1:	RECORD_ID	
Description:	Record Identification Number. Unique no	umber assigned to identify the record. The
		not linkable to the Record_ID in the ED
	Inpatient PUDF or ED Research Data File	es (RDFs).
Beginning Position:	1 Data Source:	Assigned
Length:	12 Type:	Alphanumeric
Field 2:	CCSR_PRIN_DIAG_CODE	
		lassification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis category.	
Beginning Position:	Data Source:	Assigned
Length: Field 3:	4 Type:	Alphanumeric
rieiu 3.	CCSR_OTH_DIAG_CODE_1 Clinical Classifications Software (CCS) c	lassification of OTH DIAC CODE 1 into
	clinically meaningful diagnosis category.	
Beginning Position:	17 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 4:	CCSR_OTH_DIAG_CODE_2	Aphanameric
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_2 into
	clinically meaningful diagnosis category.	
Beginning Position:	21 Data Source:	Assigned
Length:	4 <b>Type:</b>	Alphanumeric
Field 5:	CCSR_OTH_DIAG_CODE_3	•
	Clinical Classifications Software (CCS) c	lassification of OTH DIAG CODE 3 into
	clinically meaningful diagnosis category.	
Beginning Position:	Data Source:	Assigned
Length:	4 <b>Type:</b>	Alphanumeric
Field 6:	CCSR_OTH_DIAG_CODE_4	
	Clinical Classifications Software (CCS) c	
	clinically meaningful diagnosis category.	
Beginning Position:	29 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 7:	CCSR_OTH_DIAG_CODE_5	
	Clinical Classifications Software (CCS) c	
	clinically meaningful diagnosis category.	
Beginning Position:	33 <b>Data Source:</b> 4 <b>Type:</b>	Assigned Alphanumeric
Length: Field 8:	4 Type: CCSR_OTH_DIAG_CODE_6	Aiphanumenc
i iciu o.	Clinical Classifications Software (CCS) cl	lassification of OTH DIAC CODE 6 into
	clinical classifications software (CCS) c	
Beginning Position:	37 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 9:	CCSR_OTH_DIAG_CODE_7	Aphanamene
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_7 into
	clinically meaningful diagnosis category.	
Beginning Position:	41 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 10:	CCSR_OTH_DIAG_CODE_8	
	Clinical Classifications Software (CCS) c	lassification of OTH DIAG CODE 8 into
	clinically meaningful diagnosis category.	
Beginning Position:	45 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 11:	CCSR_OTH_DIAG_CODE_9	
	Clinical Classifications Software (CCS) c	
	clinically meaningful diagnosis category.	
Beginning Position:	49 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
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Field 12:	CCSR_OTH_DIAG_CODE_10	
	Clinical Classifications Software (CCS) clas	sification of OTH DIAG CODE 10 into
	clinically meaningful diagnosis category.	
Paginning Pagitians		Vacianad
Beginning Position:		Assigned
Length:		Alphanumeric
Field 13:	CCSR_OTH_DIAG_CODE_11	
	Clinical Classifications Software (CCS) clas	sification of OTH DIAG CODE 11 into
		Simedicit of 0111_51/(6_6652_11 mice
	clinically meaningful diagnosis category.	
Beginning Position:		Assigned
Length:		Alphanumeric
Field 14:	CCSR_OTH_DIAG_CODE_12	
	Clinical Classifications Software (CCS) clas	sification of OTH_DIAG_CODE_12 into
	clinically meaningful diagnosis category.	Sincacion of 0111_51/16_6051_11 into
Beginning Position:		Assigned
Length:		Alphanumeric
Field 15:	CCSR_OTH_DIAG_CODE_13	
	Clinical Classifications Software (CCS) clas	sification of OTH DIAG CODE 13 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>		Assigned
Length:		Alphanumeric
Field 16:	CCSR_OTH_DIAG_CODE_14	
	Clinical Classifications Software (CCS) clas	sification of OTH_DIAG_CODE_14 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>		Assigned
Length:		Alphanumeric
Field 17:	CCSR_OTH_DIAG_CODE_15	причинене
riela 17:		
	Clinical Classifications Software (CCS) clas	sification of OTH_DIAG_CODE_15 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	73 Data Source: A	Assigned
Length:		Alphanumeric
Field 18:	CCSR_OTH_DIAG_CODE_16	
	Clinical Classifications Software (CCS) clas	cification of OTH DIAC CODE 16 into
		SINCACION OF OTH_DIAG_CODE_16 INCO
	clinically meaningful diagnosis category.	
Beginning Position:		Assigned
Length:	4 <b>Type:</b> A	Alphanumeric
Field 19:	CCSR_OTH_DIAG_CODE_17	
	Clinical Classifications Software (CCS) clas	sification of OTH DIAG CODE 17 into
	clinically meaningful diagnosis category.	Sinedition of OTT_DIAG_CODE_TAINED
Beginning Position:		Assigned
Length:		Alphanumeric
Field 20:	CCSR_OTH_DIAG_CODE_18	
	Clinical Classifications Software (CCS) clas	sification of OTH DIAG CODE 18 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>		Assigned
		Alphanumeric
Length: Field 21:		причиненс
i iciu 21:	CCSR_OTH_DIAG_CODE_19	IC II COTH DIAG CODE IC.
	Clinical Classifications Software (CCS) clas	sification of OTH_DIAG_CODE_19 into
	clinically meaningful diagnosis category.	
Beginning Position:	89 Data Source: A	Assigned
Length:		Alphanumeric
Field 22:	CCSR_OTH_DIAG_CODE_20	<u></u>
		cification of OTH DIAC CODE 20 into
	Clinical Classifications Software (CCS) clas	Sincation of OTH_DIAG_CODE_20 IIIto
	clinically meaningful diagnosis category.	
Beginning Position:		Assigned
Length:		Alphanumeric
Field 23:	CCSR_OTH_DIAG_CODE_21	
	Clinical Classifications Software (CCS) clas	sification of OTH DIAG CODE 21 into
	clinically meaningful diagnosis category.	
Pasinging Deeltie		Assigned
Beginning Position:		Assigned
Length:		Alphanumeric
Field 24:	CCSR_OTH_DIAG_CODE_22	
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		Zast opaatos. December, 2021

			assification of OTH_DIAG_CODE_22 into
Danimuina Danitian.	clinically meaningful diag		
Beginning Position: Length:	101 4	Data Source: Type:	Assigned Alphanumeric
Field 25:	CCSR_OTH_DIAG_COL		Aprianamene
			assification of OTH_DIAG_CODE_23 into
	clinically meaningful diag		
<b>Beginning Position:</b>	105	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 26:	CCSR_OTH_DIAG_COL		'C' '' COTH DIAG CODE 24' '
			assification of OTH_DIAG_CODE_24 into
Beginning Position:	clinically meaningful diag	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 27:	CCS_PROC_CODE_1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.10.10.10.10
		oftware (CCS) fo	or Services and Procedures classification of
	PROC_CODE_1 into clinic		
<b>Beginning Position:</b>	113	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 28:	CCS_PROC_CODE_2	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			or Services and Procedures classification of
Beginning Position:	PROC_CODE_2 into clinic 116	cally meaningful  Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 29:	CCS_PROC_CODE_3	.,,,	тирнатителе
		oftware (CCS) fo	or Services and Procedures classification of
	PROC_CODE_3 into clinic	cally meaningful	procedure category.
<b>Beginning Position:</b>	119	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 30:	CCS_PROC_CODE_4	(666) (-	Combined and December of the Combined of
	PROC_CODE_4 into clinic		or Services and Procedures classification of
Beginning Position:	122	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 31:	CCS_PROC_CODE_5		
			or Services and Procedures classification of
	PROC_CODE_5 into clinic		
Beginning Position:	125 3	Data Source:	Assigned
Length: Field 32:	CCS_PROC_CODE_6	Туре:	Alphanumeric
ricia 52i		oftware (CCS) fo	or Services and Procedures classification of
	PROC CODE 6 into clinic		
<b>Beginning Position:</b>	128	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 33:	CCS_PROC_CODE_7		
			or Services and Procedures classification of
Beginning Position:	PROC_CODE_7 into clinic 131	cally meaningful  Data Source:	procedure category. Assigned
Length:	3	Type:	Alphanumeric
Field 34:	CCS_PROC_CODE_8	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Inprincipal Control
		oftware (CCS) fo	or Services and Procedures classification of
	PROC_CODE_8 into clinic		
<b>Beginning Position:</b>	134	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 35:	CCS_PROC_CODE_9	(666) (-	Combined and December of the Combined of
	PROC_CODE_9 into clinic		or Services and Procedures classification of
Beginning Position:	137	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 36:	CCS_PROC_CODE_10		
	<del>_</del>		
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	Clinical Classifications So	oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_10 into clir		
<b>Beginning Position:</b>	140	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 37:	CCS_PROC_CODE_11	· ft	
	PROC_CODE_11 into clir		r Services and Procedures classification of
Beginning Position:	143	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 38:	CCS_PROC_CODE_12		
			r Services and Procedures classification of
Beginning Position:	PROC_CODE_12 into clir 146	ncally meaningfu  Data Source:	Il procedure category. Assigned
Length:	3	Type:	Alphanumeric
Field 39:	CCS_PROC_CODE_13	7,1	F - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	Clinical Classifications So	oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_13 into clir		
Beginning Position:	149	Data Source:	Assigned
Length: Field 40:	CCS_PROC_CODE_14	Туре:	Alphanumeric
		oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_14 into clir		
<b>Beginning Position:</b>	152	Data Source:	Assigned
Length:	3 666 PROG CODE 15	Туре:	Alphanumeric
Field 41:	CCS_PROC_CODE_15	oftware (CCC) for	r Comilege and Dragodiums alogaification of
	PROC CODE 15 into clir		r Services and Procedures classification of
Beginning Position:	155	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 42:	CCS_PROC_CODE_16		
			r Services and Procedures classification of
Beginning Position:	PROC_CODE_16 into clir 158	Data Source:	II procedure category. Assigned
Length:	3	Type:	Alphanumeric
Field 43:	CCS_PROC_CODE_17		•
			r Services and Procedures classification of
	PROC_CODE_17 into clir		
Beginning Position: Length:	161 3	Data Source: Type:	Assigned Alphanumeric
Field 44:	CCS_PROC_CODE_18	Type.	Alphanumenc
		oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_18 into clir		
Beginning Position:	164	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 45:	CCS_PROC_CODE_19	oftware (CCC) for	r Convices and Dresodures elassification of
	PROC_CODE_19 into clir		r Services and Procedures classification of
<b>Beginning Position:</b>	167	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 46:	CCS_PROC_CODE_20	(000)	Complete and December 1 15 11 15
			r Services and Procedures classification of
Beginning Position:	PROC_CODE_20 into clir 170	Data Source:	n procedure category. Assigned
Length:	3	Type:	Alphanumeric
Field 47:	CCS_PROC_CODE_21		
			r Services and Procedures classification of
Danimata - D. 111	PROC_CODE_21 into clir		
Beginning Position: Length:	173 3	Data Source: Type:	Assigned Alphanumeric
Field 48:	CCS_PROC_CODE_22	iype.	ларпанинене
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Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC\_CODE\_22 into clinically meaningful procedure category.

Beginning Position:176Data Source:AssignedLength:3Type:Alphanumeric

Field 49: CCS\_PROC\_CODE\_23

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC\_CODE\_23 into clinically meaningful procedure category.

Beginning Position: 179
Length: 3
Data Source: Assigned
Type: Alphanumeric

Field 50: CCS\_PROC\_CODE\_24

F1 - 1 - 1 - 4 -

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC\_CODE\_24 into clinically meaningful procedure category.

Beginning Position: 182 Data Source: Assigned Length: 3 Type: Alphanumeric

Field 51: CCS PROC CODE 25

DECORD ID

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC\_CODE\_25 into clinically meaningful procedure category.

Beginning Position: 185 Data Source: Assigned Length: Type: Alphanumeric

#### **OUTPATIENT GROUPER DATA FILE**

Field 1:	RECORD_ID				
Description:	Record Identification Number. Unique number assigned to identify the record. First				
<u>-</u>	available 1st qua	rter 2002. Does NOT	match the RECORD_ID in THCIC Research		
	Data Files (RDF'	s).			
Beginning	1	Data	Assigned		
Position:		Source:	-		
Length:	12	Type:	Alphanumeric		
Field 2:	REVENUE_CODI	E_SEQUENCE_NUMB			
			order of submission of the revenue codes.		
Beginning	13	Data	Source: Assigned		
Position:			3		
Length:	3	Type:	Alphanumeric		
Field 3:	FROZEN_EAPG		<u> </u>		
	Enhanced Ambula	atory Patient Group Ve	rsion Number, as assigned by 3M EAPG		
	Grouper.	,			
Beginning	16	Data S	ource: Assigned		
Position:					
Length:	12	Туре:	Alphanumeric		
Field 4:	FROZEN_FINA	L_EAPG_CAT_CODE			
	Enhanced Ambu	latory Patient Group (E	EAPG) category code, as assigned by 3M™		
	EAPG Grouper. I	Not available 4Q09.			
Beginning	28	Data	Assigned		
Position:		Source:			
Length:	2	Type:	Alphanumeric		
Field 5:	FROZEN_FINA	L_EAPG_TYPE_CODE			
	Enhanced Ambu	llatory Patient Group (E	EAPG) type code, as assigned by 3M™ EAPG		
	Grouper. Not av	ailable 4Q09.			
Beginning	30	Data	Assigned		
Position:		Source:			
Length:	2	Type:	Alphanumeric		
Field 6:	FROZEN_FINA				
			oup (EAPG), as assigned by 3M™ EAPG		
	Grouper. Not av	ailable 4Q09.			
Beginning	32	Data	Assigned		
Position:		Source:			
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Position: Length: 2   Type: Alphanumeric	Length:	5	Type:	Alphanumeric
Beginning   AT   Data   Assigned	Field 7:	FROZEN_APC_GRF	_VER	
Beginning Position: Length: 12		Ambulatory Paymen	t Classification (A	PC) Version Number as assigned by 3M APC
Position: Length: 12 Type: Alphanumeric Field 8: FROZEN_APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09. Beginning Position: Length: 5 FROZEN_APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09. Beginning Position: Length: 10 FROZEN_APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09. Beginning Position: Length: 10 FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09. Beginning Position: Length: 10 FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09. Beginning Position: Length: 10 FROZEN_APC_WEIGHT Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper Beginning Position: Length: 11 FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. Beginning Position: Length: 11 FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. Beginning Position: Length: 12 Type: Alphanumeric FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. Beginning Position: Length: 12 Type: Alphanumeric FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09. Beginning Position: Length: 12 Type: Alphanumeric Field 13: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09. Beginning Position: Length: 11 Data Assigned Data Data Data Data Data Data Data Dat		Grouper. Not availab	le 4Q09.	,
Position: Length: 12 Type: Alphanumeric Field 8: FROZEN_APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: FROZEN_APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: FROZEN_APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: Field 11: FROZEN_APC_WEIGHT Ambulatory Pathent Group Version Number, as assigned by 3M EAPG Grouper Beginning Position: Length: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FIEID SAPC_GROUPER. CODE Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M PC Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanc	Beginning	•	•	Assigned
Length:     12     Type:     Alphanumeric       Field 8:     FROZEN_APC_PROCEDURE_CODE       Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.     Assigned       Beginning Position:     5     Data Assigned       Field 9:     FROZEN_APC_PX_STATUS_IND_CODE     Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.       Beginning Position:     64     Data Assigned       Beginning Position:     5     Type: Alphanumeric       Field 10:     FROZEN_APC_WEIGHT     Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.       Beginning Position:     9     Data Assigned       Length:     9     Type: Alphanumeric       FleId 11:     EAPG_GRP_VER     Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper       Beginning Position:     80     Data Source: Assigned       Length:     12     Type: Alphanumeric       Field 12:     FINAL_EAPG_CAT_CODE     Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.       Beginning Position:     9     Data Assigned       Length:     2     Type: Alphanumeric       Fineld 13:     FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.			Source:	
FROZEN_APC_PROCEDURE_CODE  Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  59  Beginning Position: Length: Field 9: FROZEN_APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: Field 10: FROZEN_APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: Field 10: FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: FIELD SAMPO_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: FIELD SAMPO_WEIGHT Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper Beginning Position: Length: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: TFINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (		12		Alphanumeric
Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  Position:  Source: Length:  FROZEN_APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length:  FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: FROZEN_APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.  Beginning Position: Length: Field 11:  EAPG_GRP_VER Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper Field 12: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.  Beginning Position: Length: Field 15: APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length: Field 16: APC_GRP_VER Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.  DSHS/THCIC  Page DSHS/DEGURE CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not a				
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Grouper         Beginning Position:       Length:       12       Type: Alphanumeric         Field 12:       FINAL_EAPG_CAT_CODE       Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       Length:       2       Data Assigned         Length:       2       Type: Alphanumeric         Field 13:       FINAL_EAPG_TYPE_CODE       Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning       94       Data Assigned         Field 14:       FINAL_EAPG       Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning       96       Data Assigned         Position:       Source:         Length:       5       Type: Alphanumeric         Field 15:       APC_GRP_VER         Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.         Beginning       Position:       Source:       Alph	riciu II.		ay Pationt Croup \	Varsian Number, as assigned by 2M EADC
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Length:       12       Type:       Alphanumeric         Field 12:       FINAL_EAPG_CAT_CODE       Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       92       Data Assigned         Length:       2       Type: Alphanumeric         Field 13:       FINAL_EAPG_TYPE_CODE Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       2       Type: Alphanumeric         Length:       2       Type: Alphanumeric         Field 14:       FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       96       Data Assigned Position: Assigned Position: Apc_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.         Beginning Position:       111       Data Assigned Position: Assigned Assigned Position: Assigned Position: Apc_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.         Beginning Position:       12       Type: Alphanumeric         Field 16:       APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.         DSHS/THCIC       Page DSHS Document #25-15013		80	Data	Source: Assigned
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Length:       2       Type:       Alphanumeric         Field 13:       FINAL_EAPG_TYPE_CODE       Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning       94       Data Assigned         Position:       Source:         Length:       2       Type: Alphanumeric         Field 14:       FINAL_EAPG Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.         Beginning Position:       96       Data Assigned         Length:       5       Type: Alphanumeric         Field 15:       APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.         Beginning Position:       111       Data Assigned Source:         Length:       12       Type: Alphanumeric         Field 16:       APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.         DSHS/THCIC       Page       DSHS Document #25-15013		92	Data	Assigned
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Grouper. Not available 4Q09.  Beginning Position: Length:  5 Type: Alphanumeric  Field 15:  APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09.  Beginning Position: Length:  12 Type: Alphanumeric  Field 16:  APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M <sup>™</sup> APC Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013			hulatory Patient (	Group (FAPG) as assigned by 3M <sup>TM</sup> FAPG
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Beginning Position: Length:  12 Type: Alphanumeric  Field 16:  APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M <sup>™</sup> APC Grouper. Not available 4Q09.  DSHS/THCIC  Page  DSHS Document #25-15013				re) version number as assigned by 3M APC
Position:       Source:         Length:       12       Type:       Alphanumeric         Field 16:       APC_PROCEDURE_CODE         Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC         Grouper. Not available 4Q09.         DSHS/THCIC       Page       DSHS Document #25-15013	D! :	•	•	Angles
Length:       12       Type:       Alphanumeric         Field 16:       APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.         DSHS/THCIC       Page       DSHS Document #25-15013		111		Assigned
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DSHS/THCIC Page DSHS Document #25-15013				APC) procedure code as assigned by 3M <sup>™</sup> APC
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Beginning	123	Data	Assigned			
Position:		Source:	rce:			
Length:	5	Type:	Alphanumeric			
Field 17:	APC_PX_STATUS_IND_CODE					
	Ambulatory Page 1	ayment Classification (A	PC) procedure status indicator as assigned by			
	3M <sup>™</sup> APC Gro	uper. Not available 4Q0	9.			
Beginning	128	Data	Assigned			
Position:		Source:				
Length:	2	Туре:	Alphanumeric			
Field 18:	APC_WEIGH	Т				
	Ambulatory Pa	ayment Classification (A	.PC) weighting as assigned by 3M <sup>™</sup> APC			
	Grouper. Not	available 4Q09.				
Beginning	130	Data	Assigned			
Position:		Source:	-			
Length:	9	Type:	Alphanumeric			
_			•			

#### **FACILITY TYPE DATA FILE**

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

Field 1:	THCIC ID					
Description:	THCIC_ID  Provider ID Unique identifier assigned to the provider by DSUS. The THCIC ID is					
Pesci ihrigii:	Provider ID. Unique identifier assigned to the provider by DSHS. The THCIC_ID is consistent throughout each quarter of data and generally throughout a full year. A					
	THCIC_ID may change Provider_Name during the middle of a year. This will be					
	noted in such cases in which we are aware of those mid-year name changes.					
Paginning Pagitians						
Beginning Position: Length:	1 6	Data Source:	Assigned Alphanumeric			
Field 2:	FACILITY_TYPE	Туре:	Alphanumenc			
Description:	Types of healthcare fa	cilities				
Beginning Position:	7	Data Source:	Provider			
Length:	4	Type:				
Field 3:			Alphanumeric			
Description:	FAC_TEACHING_INI					
Suppression:	Teaching Facility Indic		discharges (Provider ID equals '999999').			
Coding Scheme:	A Member, Council of Tea		discharges (Frovider 1D equals 999999).			
couning Scheme.	X Other teaching facility	acining mospitals				
Beginning Position:	11	Data Source:	Provider			
Length:	1	Type:	Alphanumeric			
Field 4:	FAC_PSYCH_IND					
Description:	Psychiatric Facility Ind	icator.				
Suppression:	Suppressed for hospitals	with fewer than 50	discharges (Provider ID equals '999999').			
<b>Beginning Position:</b>	12	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 5:	FAC_REHAB_IND					
Description:	Rehabilitation Facility					
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:	13	Data Source:	Provider			
Length: Field 6:	TAC ACUTE CARE	Type:	Alphanumeric			
Description:	FAC_ACUTE_CARE_I Acute Care Facility Inc					
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:	14	Data Source:	Provider			
Length:	1	Type:	Alphanumeric			
Field 7:	FAC_SNF_IND	, , , , , , , , , , , , , , , , , , ,				
Description:	Skilled Nursing Facility	/ Indicator.				
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:	15	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 8:	FAC_LONG_TERM_A					
Description:	Long Term Acute Care					
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:	16	Data Source:	Provider			
Length: Field 9:	1	Type:	Alphanumeric			
	FAC_OTHER_LTC_IN		_			
Description:	Other Long Term Care					
Suppression: Beginning Position:	17	Data Source:	discharges (Provider ID equals '999999'). Provider			
Length:	1	Type:	Alphanumeric			
Field 10:	FAC_PEDS_IND	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Ingliana in cities			
Description:	Pediatric Facility Indica	ator.				
Suppression:			discharges (Provider ID equals '999999').			
Coding Scheme:			s Hospitals and Related Institutions (NACHRI)			
-			,			
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X Facilities that also treat children **Beginning Position:** 18 **Data Source:** Provider Length: Type: Alphanumeric Field 11: FAC CARDIOVASCULAR IND **Description:** Cardiovascular facility indicator. **Beginning Position:** 19 **Data Source:** Provider Length: Alphanumeric Type: Field 12: FAC\_CHIROPRACTIC\_IND **Description:** Chiropractic care facility indicator. **Beginning Position: Data Source:** Provider Lenath: Alphanumeric Type: Field 13: FAC\_ENDOSCOPY\_IND **Description:** Endoscopy facility indicator. **Beginning Position: Data Source:** 21 Provider Lenath: Type: Alphanumeric Field 14: **FAC FOOT IND Description:** Foot care facility indicator. **Beginning Position:** 22 **Data Source:** Provider Length: Alphanumeric Type: FAC GASTROENTEROLOGY IND Field 15: **Description:** Gastroenterology facility indicator. **Beginning Position:** 23 **Data Source:** Provider Length: Type: Alphanumeric **FAC GENERAL IND** Field 16: **Description:** General care facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric FAC\_NEUROLOGICAL\_IND Field 17: **Description:** Neurological care facility indicator. **Beginning Position:** 25 Data Source: Provider Length: Type: Alphanumeric Field 18: FAC\_OB\_GYN\_IND **Description:** Obstetric and gynecology facility indicator. **Beginning Position:** 26 Data Source: Provider Lenath: Alphanumeric Type: Field 19: **FAC OPTHAMOLOGY IND** Description: Ophthalmology facility indicator. **Beginning Position:** 27 **Data Source:** Provider Type: Length: Alphanumeric Field 20: **FAC ORAL IND** Description: Oral health care facility indicator. **Beginning Position:** 28 **Data Source:** Provider Alphanumeric Length: Type: FAC ORTHOPEDIC IND Field 21: **Description:** Orthopedic care facility indicator. **Beginning Position:** 29 **Data Source:** Provider Length: Type: Alphanumeric FAC\_OTOLARYNGOLOGY\_IND Field 22: **Description:** Otolaryngology facility indicator. **Beginning Position:** 30 **Data Source:** Provider Alphanumeric Length: Type: Field 23: FAC\_ PAIN\_MNGMT \_IND **Description:** Pain management facility indicator. **Beginning Position:** 31 **Data Source:** Provider Length: Type: Alphanumeric Field 24: **FAC PLASTIC IND** Plastic surgery facility indicator. **Description: Beginning Position: Data Source:** 32 Provider Length: Alphanumeric Type: Field 25: FAC\_THORACIC\_IND **Description:** Thoracic care facility indicator.

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<b>Beginning Position:</b>	33	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 26:	FAC_UROLOGY_II		
Description: Beginning Position:	Urology care facility 34	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 27:	FAC_OTHER_IND	.,,,	Apriamente
Description:	Other facility indicate	tor.	
Beginning Position:	35	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 28:	FAC_EMERGENCY		
Description:			s, including Hospital-owned FEMCFs, starting
	with the 4 <sup>th</sup> Quarter 20	20 Facility Type Data	a File.
	Note:		
			dshs.texas.gov/thcic/ (downloadable Excel
			er "Facility Reporting Requirement". The
			I sheet are more current than the ones in the
			mplementation, 4 <sup>th</sup> Quarter 2020, the facility
	indicator has incomple	ete data due to implem	nentation timing.
Decimaliza D. 111	26	D-4- C	Dura di di an
Beginning Position: Length:	36 1	Data Source: Type:	Provider Alphanumeric
Field 29:	FAC_ONCOLOGY_		Alphanumenc
Description:	Oncology facility inc		
Beginning Position:	37	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 30:	PROVIDER_NAME		•
Description:	Hospital name prov	ided by the hospita	l.
<b>Beginning Position:</b>	38	Data Source:	Provider
Length: Field 31:	55 POA_PROVIDER_1	Туре:	Alphanumeric
Description:	(POA) codes. 25 TAC, from reporting POA to	Section 421.9(e) ide the department: Criti ychiatric Hospitals, C	ired to submit Diagnosis Present on Admission ntifies the following facility types as exempt ical Access Hospitals, Inpatient Rehabilitation ancer Hospitals, Children's or Pediatric
Coding Scheme:	M Mixed (Facility had patients) R Required X Exempt ` Invalid	as sections that would	d be exempted from reporting POA for those
<b>Beginning Position:</b>	93	Data Source:	Assigned
Length:	1	<b>T</b>	
		Туре:	Alphanumeric
Field 32:	CERT_STATUS_IP		
Field 32: Description:	Assignment of a coo	le to indicate the co	ertification of data (inpatient) and
Description:	Assignment of a coc submission of comm	le to indicate the conents by the hospita	ertification of data (inpatient) and
	Assignment of a coor submission of comm 1 Certified, without	de to indicate the conents by the hospital	ertification of data (inpatient) and
Description:	Assignment of a coor submission of comm 1 Certified, without 2 Certified, with co	de to indicate the conents by the hospital tomment	ertification of data (inpatient) and al.
Description:	Assignment of a coc submission of comm 1 Certified, without 2 Certified, with co 3 Certified, with co	de to indicate the conents by the hospital comment of the ment of the comment of the comment not the comment n	ertification of data (inpatient) and
Description:	Assignment of a coc submission of comm 1 Certified, without 2 Certified, with co 3 Certified, with co 4 Hospital elected	de to indicate the conents by the hospital comment of the comment of the comment not to certify	ertification of data (inpatient) and al.
Description:	Assignment of a coor submission of command of the command of the coordinate of the c	de to indicate the conents by the hospital comment of the comment of the comment not to certify data not certified	ertification of data (inpatient) and al. t received by deadline
Description:	Assignment of a coor submission of command of the command of the coordinate of the c	de to indicate the conents by the hospital comment of the comment of the comment not to certify data not certified compliance, did not certified	ertification of data (inpatient) and al. t received by deadline
Description:	Assignment of a coor submission of command of the command of the coordinate of the c	de to indicate the conents by the hospital comment of the comment of the comment not to certify data not certified compliance, did not certified	ertification of data (inpatient) and al.  t received by deadline  rtify data  natural or man-made disaster (4Q2016)
Description:	Assignment of a coor submission of command of the command of the coordinate of the c	de to indicate the conents by the hospital comment of the comment of the comment not to certify data not certified ompliance, did not certificate. Facility affected by epartment data subm	ertification of data (inpatient) and al.  t received by deadline  rtify data  natural or man-made disaster (4Q2016)
Description: Coding Scheme:  Beginning Position: Length:	Assignment of a coc submission of comm 1 Certified, without 2 Certified, with co 3 Certified, with co 4 Hospital elected 5 Hospital closed, of 6 Hospital out of co 7 Data not certified 8 No Emergency D 94 1	de to indicate the conents by the hospital comment of the comment of the comment not to certify data not certified ompliance, did not certified of the complete of the complet	ertification of data (inpatient) and al.  t received by deadline  rtify data natural or man-made disaster (4Q2016)
Description: Coding Scheme:  Beginning Position: Length: Field 33:	Assignment of a coor submission of command of the command of the coordinate of the c	de to indicate the conents by the hospital comment forment, comment not to certify data not certified formpliance, did not certified formpliance.  Data Source:  Type:	ertification of data (inpatient) and al.  t received by deadline  rtify data natural or man-made disaster (4Q2016)  nitted Assigned Alphanumeric
Description: Coding Scheme:  Beginning Position: Length:	Assignment of a coor submission of command of the command of the coordinate of the c	de to indicate the conents by the hospital comment of the comment of the comment not to certify data not certified ompliance, did not certified of the complete of the complet	ertification of data (inpatient) and al.  t received by deadline  rtify data natural or man-made disaster (4Q2016) nitted Assigned Alphanumeric  ertification of data (outpatient) and
Description: Coding Scheme:  Beginning Position: Length: Field 33:	Assignment of a coor submission of command of the command of the coordinate of the c	de to indicate the conents by the hospital comment of the comment of the comment not to certify data not certified ompliance, did not certified of the complete of the complet	ertification of data (inpatient) and al.  t received by deadline  rtify data natural or man-made disaster (4Q2016) nitted Assigned Alphanumeric  ertification of data (outpatient) and

Coding Scheme:	1	Certified, without comment				
	2	Certified, with comment				
	3	Certified, with comment, comment not r	eceived by deadline			
	4	Hospital elected not to certify				
	5	Hospital closed, data not certified				
	6	Hospital out of compliance, did not certify data				
	7	Data not certified. Facility affected by natural or man-made disaster (4Q2016)				
	8	No Emergency Department data submitt	ed			
<b>Beginning Position:</b>	95	Data Source: As	signed			
Length:	1	Type: Alp	phanumeric			

# Texas Department of State Health Services

## **Texas Hospital Emergency Department Data Set DATA FILE LAYOUTS**

#### **Inpatient Base Data #1 File**

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	DISCHARGE	13	6	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	TYPE_OF_ADMISSION	25	1	Alphanumeric
5	SOURCE_OF_ADMISSION	26	1	Alphanumeric
6	SPEC_UNIT_1	27	1	Alphanumeric
7	SPEC_UNIT_2	28	1	Alphanumeric
8	SPEC_UNIT_3	29	1	Alphanumeric
9	SPEC_UNIT_4	30	1	Alphanumeric
10	SPEC_UNIT_5	31	1	Alphanumeric
11	PAT_STATE	32	2	Alphanumeric
12	PAT_ZIP	34	5	Alphanumeric
13	PAT_COUNTRY	39	2	Alphanumeric
14	PAT_COUNTY	41	3	Alphanumeric
15	PUBLIC_HEALTH_REGION	44	2	Alphanumeric
16	PAT_STATUS	46	2	Alphanumeric
17	SEX_CODE	48	1	Alphanumeric
18	RACE	49	1	Alphanumeric
19	ETHNICITY	50	1	Alphanumeric
20	ADMIT_WEEKDAY	51	1	Alphanumeric
21	LENGTH_OF_STAY	52	4	Alphanumeric
22	PAT_AGE	56	2	Alphanumeric
23	FIRST_PAYMENT_SRC	58	2	Alphanumeric
24	SECONDARY_PAYMENT_SRC	60	2	Alphanumeric
25	TYPE_OF_BILL	62	3	Alphanumeric
26	TOTAL_CHARGES	65	12	Numeric

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Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
27	TOTAL_NON_COV_CHARGES	77	12	Numeric
28	TOTAL_CHARGES_ACCOMM	89	12	Numeric
29	TOTAL_NON_COV_CHARGES_ACCOMM	101	12	Numeric
30	TOTAL_CHARGES_ANCIL	113	12	Numeric
31	TOTAL_NON_COV_CHARGES_ANCIL	125	12	Numeric
32	ADMITTING_DIAGNOSIS	137	7	Alphanumeric
33	PRINC_DIAG_CODE	144	7	Alphanumeric
34	POA_PRINC_DIAG_CODE	151	1	Alphanumeric
35	OTH_DIAG_CODE_1	152	7	Alphanumeric
36	POA_OTH_DIAG_CODE_1	159	1	Alphanumeric
37	OTH_DIAG_CODE_2	160	7	Alphanumeric
38	POA_OTH_DIAG_CODE_2	167	1	Alphanumeric
39	OTH_DIAG_CODE_3	168	7	Alphanumeric
40	POA_OTH_DIAG_CODE_3	175	1	Alphanumeric
41	OTH_DIAG_CODE_4	176	7	Alphanumeric
42	POA_OTH_DIAG_CODE_4	183	1	Alphanumeric
43	OTH_DIAG_CODE_5	184	7	Alphanumeric
44	POA_OTH_DIAG_CODE_5	191	1	Alphanumeric
45	OTH_DIAG_CODE_6	192	7	Alphanumeric
46	POA_OTH_DIAG_CODE_6	199	1	Alphanumeric
47	OTH_DIAG_CODE_7	200	7	Alphanumeric
48	POA_OTH_DIAG_CODE_7	207	1	Alphanumeric
49	OTH_DIAG_CODE_8	208	7	Alphanumeric
50	POA_OTH_DIAG_CODE_8	215	1	Alphanumeric
51	OTH_DIAG_CODE_9	216	7	Alphanumeric
52	POA_OTH_DIAG_CODE_9	223	1	Alphanumeric
53	OTH_DIAG_CODE_10	224	7	Alphanumeric
54	POA_OTH_DIAG_CODE_10	231	1	Alphanumeric
55	OTH_DIAG_CODE_11	232	7	Alphanumeric
56	POA_OTH_DIAG_CODE_11	239	1	Alphanumeric
57	OTH_DIAG_CODE_12	240	7	Alphanumeric
58	POA_OTH_DIAG_CODE_12	247	1	Alphanumeric
59	OTH_DIAG_CODE_13	248	7	Alphanumeric
60	POA_OTH_DIAG_CODE_13	255	1	Alphanumeric
61	OTH_DIAG_CODE_14	256	7	Alphanumeric
62	POA_OTH_DIAG_CODE_14	263	1	Alphanumeric
63	OTH_DIAG_CODE_15	264	7	Alphanumeric
64	POA_OTH_DIAG_CODE_15	271	1	Alphanumeric
65	OTH_DIAG_CODE_16	272	7	Alphanumeric
66	POA_OTH_DIAG_CODE_16	279	1	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
67	OTH_DIAG_CODE_17	280	7	Alphanumeric
68	POA_OTH_DIAG_CODE_17	287	1	Alphanumeric
69	OTH_DIAG_CODE_18	288	7	Alphanumeric
70	POA_OTH_DIAG_CODE_18	295	1	Alphanumeric
71	OTH_DIAG_CODE_19	296	7	Alphanumeric
72	POA_OTH_DIAG_CODE_19	303	1	Alphanumeric
73	OTH_DIAG_CODE_20	304	7	Alphanumeric
74	POA_OTH_DIAG_CODE_20	311	1	Alphanumeric
75	OTH_DIAG_CODE_21	312	7	Alphanumeric
76	POA_OTH_DIAG_CODE_21	319	1	Alphanumeric
77	OTH_DIAG_CODE_22	320	7	Alphanumeric
78	POA_OTH_DIAG_CODE_22	327	1	Alphanumeric
79	OTH_DIAG_CODE_23	328	7	Alphanumeric
80	POA_OTH_DIAG_CODE_23	335	1	Alphanumeric
81	OTH_DIAG_CODE_24	336	7	Alphanumeric
82	POA_OTH_DIAG_CODE_24	343	1	Alphanumeric
83	E_CODE_1	344	7	Alphanumeric
84	POA_E_CODE_1	351	1	Alphanumeric
85	E_CODE_2	352	7	Alphanumeric
86	POA_E_CODE_2	359	1	Alphanumeric
87	E_CODE_3	360	7	Alphanumeric
88	POA_E_CODE_3	367	1	Alphanumeric
89	E_CODE_4	368	7	Alphanumeric
90	POA_E_CODE_4	375	1	Alphanumeric
91	E_CODE_5	376	7	Alphanumeric
92	POA_E_CODE_5	383	1	Alphanumeric
93	E_CODE_6	384	7	Alphanumeric
94	POA_E_CODE_6	391	1	Alphanumeric
95	E_CODE_7	392	7	Alphanumeric
96	POA_E_CODE_7	399	1	Alphanumeric
97	E_CODE_8	400	7	Alphanumeric
98	POA_E_CODE_8	407	1	Alphanumeric
99	E_CODE_9	408	7	Alphanumeric
100	POA_E_CODE_9	415	1	Alphanumeric
101	E_CODE_10	416	7	Alphanumeric
102	POA_E_CODE_10	423	1	Alphanumeric
103	PRINC_SURG_PROC_CODE	424	7	Alphanumeric
104	PRINC_SURG_PROC_DAY	431	4	Alphanumeric
105	OTH_SURG_PROC_CODE_1	435	7	Alphanumeric
106	OTH_SURG_PROC_DAY_1	442	4	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
107	OTH_SURG_PROC_CODE_2	446	7	Alphanumeric
108	OTH_SURG_PROC_DAY_2	453	4	Alphanumeric
109	OTH_SURG_PROC_CODE_3	457	7	Alphanumeric
110	OTH_SURG_PROC_DAY_3	464	4	Alphanumeric
111	OTH_SURG_PROC_CODE_4	468	7	Alphanumeric
112	OTH_SURG_PROC_DAY_4	475	4	Alphanumeric
113	OTH_SURG_PROC_CODE_5	479	7	Alphanumeric
114	OTH_SURG_PROC_DAY_5	486	4	Alphanumeric
115	OTH_SURG_PROC_CODE_6	490	7	Alphanumeric
116	OTH_SURG_PROC_DAY_6	497	4	Alphanumeric
117	OTH_SURG_PROC_CODE_7	501	7	Alphanumeric
118	OTH_SURG_PROC_DAY_7	508	4	Alphanumeric
119	OTH_SURG_PROC_CODE_8	512	7	Alphanumeric
120	OTH_SURG_PROC_DAY_8	519	4	Alphanumeric
121	OTH_SURG_PROC_CODE_9	523	7	Alphanumeric
122	OTH_SURG_PROC_DAY_9	530	4	Alphanumeric
123	OTH_SURG_PROC_CODE_10	534	7	Alphanumeric
124	OTH_SURG_PROC_DAY_10	541	4	Alphanumeric
125	OTH_SURG_PROC_CODE_11	545	7	Alphanumeric
126	OTH_SURG_PROC_DAY_11	552	4	Alphanumeric
127	OTH_SURG_PROC_CODE_12	556	7	Alphanumeric
128	OTH_SURG_PROC_DAY_12	563	4	Alphanumeric
129	OTH_SURG_PROC_CODE_13	567	7	Alphanumeric
130	OTH_SURG_PROC_DAY_13	574	4	Alphanumeric
131	OTH_SURG_PROC_CODE_14	578	7	Alphanumeric
132	OTH_SURG_PROC_DAY_14	585	4	Alphanumeric
133	OTH_SURG_PROC_CODE_15	589	7	Alphanumeric
134	OTH_SURG_PROC_DAY_15	596	4	Alphanumeric
135	OTH_SURG_PROC_CODE_16	600	7	Alphanumeric
136	OTH_SURG_PROC_DAY_16	607	4	Alphanumeric
137	OTH_SURG_PROC_CODE_17	611	7	Alphanumeric
138	OTH_SURG_PROC_DAY_17	618	4	Alphanumeric
139	OTH_SURG_PROC_CODE_18	622	7	Alphanumeric
140	OTH_SURG_PROC_DAY_18	629	4	Alphanumeric
141	OTH_SURG_PROC_CODE_19	633	7	Alphanumeric
142	OTH_SURG_PROC_DAY_19	640	4	Alphanumeric
143	OTH_SURG_PROC_CODE_20	644	7	Alphanumeric
144	OTH_SURG_PROC_DAY_20	651	4	Alphanumeric
145	OTH_SURG_PROC_CODE_21	655	7	Alphanumeric
146	OTH_SURG_PROC_DAY_21	662	4	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	ATTENDING_PHYSICIAN_UNIF_ID	699	10	Alphanumeric
154	OPERATING_PHYSICIAN_UNIF_ID	709	10	Alphanumeric
155	ENCOUNTER_INDICATOR	719	2	Alphanumeric
156	PROVIDER_NAME	721	55	Alphanumeric
	Record_Length		775	_

## **Inpatient Base Data #2 File**

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
	RECORD_ID - not linkable to the			
1	Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	PRIVATE AMOUNT	13	12	Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
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

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric
77	VALUE_AMOUNT_1	519	9	Numeric
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
	Record_Length		648	

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## **Inpatient Charges Data File**

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	Record_Length		80	

## **Inpatient Grouper Data File**

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

#### **Outpatient Base Data File**

Number	Field Name (OP Base Data File)	Position	Length	Field Type
1	SERVICE_QUARTER	1	6	Alphanumeric
2	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	7	12	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	SPEC_UNIT_1	25	1	Alphanumeric
5	SPEC_UNIT_2	26	1	Alphanumeric
6	SPEC_UNIT_3	27	1	Alphanumeric
7	SPEC_UNIT_4	28	1	Alphanumeric
8	SPEC_UNIT_5	29	1	Alphanumeric
9	SEX_CODE	30	1	Alphanumeric
10	PAT_COUNTY	31	3	Alphanumeric
11	PAT_STATE	34	2	Alphanumeric
12	PAT_ZIP	36	5	Alphanumeric

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Number	Field Name (OP Base Data File)	Position	Length	Field Type
13	PAT_COUNTRY	41	2	Alphanumeric
14	PUBLIC_HEALTH_REGION	43	2	Alphanumeric
15	LENGTH_OF_SERVICE	45	2	Alphanumeric
16	PAT_AGE	47	2	Alphanumeric
17	RACE	49	1	Alphanumeric
18	ETHNICITY	50	1	Alphanumeric
19	FIRST_PAYMENT_SRC	51	2	Alphanumeric
20	SECONDARY_PAYMENT_SRC	53	2	Alphanumeric
21	TYPE_OF_BILL	55	3	Alphanumeric
22	CONDITION_CODE_1	58	2	Alphanumeric
23	CONDITION_CODE_2	60	2	Alphanumeric
24	CONDITION_CODE_3	62	2	Alphanumeric
25	CONDITION_CODE_4	64	2	Alphanumeric
26	CONDITION_CODE_5	66	2	Alphanumeric
27	CONDITION_CODE_6	68	2	Alphanumeric
28	CONDITION_CODE_7	70	2	Alphanumeric
29	CONDITION_CODE_8	72	2	Alphanumeric
30	PAT_REASON_FOR_VISIT	74	7	Alphanumeric
31	PRINC_DIAG_CODE	81	7	Alphanumeric
32	OTH_DIAG_CODE_1	88	7	Alphanumeric
33	OTH_DIAG_CODE_2	95	7	Alphanumeric
34	OTH_DIAG_CODE_3	102	7	Alphanumeric
35	OTH_DIAG_CODE_4	109	7	Alphanumeric
36	OTH_DIAG_CODE_5	116	7	Alphanumeric
37	OTH_DIAG_CODE_6	123	7	Alphanumeric
38	OTH_DIAG_CODE_7	130	7	Alphanumeric
39	OTH_DIAG_CODE_8	137	7	Alphanumeric
40	OTH_DIAG_CODE_9	144	7	Alphanumeric
41	OTH_DIAG_CODE_10	151	7	Alphanumeric
42	OTH_DIAG_CODE_11	158	7	Alphanumeric
43	OTH_DIAG_CODE_12	165	7	Alphanumeric
44	OTH_DIAG_CODE_13	172	7	Alphanumeric
45	OTH_DIAG_CODE_14	179	7	Alphanumeric
46	OTH_DIAG_CODE_15	186	7	Alphanumeric
47	OTH_DIAG_CODE_16	193	7	Alphanumeric
48	OTH_DIAG_CODE_17	200	7	Alphanumeric
49	OTH_DIAG_CODE_18	207	7	Alphanumeric
50	OTH_DIAG_CODE_19	214	7	Alphanumeric
51	OTH_DIAG_CODE_20	221	7	Alphanumeric
52	OTH_DIAG_CODE_21	228	7	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
53	OTH_DIAG_CODE_22	235	7	Alphanumeric
54	OTH_DIAG_CODE_23	242	7	Alphanumeric
55	OTH_DIAG_CODE_24	249	7	Alphanumeric
56	RELATED_CAUSE_CODE_1	256	2	Alphanumeric
57	RELATED_CAUSE_CODE_2	258	2	Alphanumeric
58	RELATED_CAUSE_CODE_3	260	2	Alphanumeric
59	E_CODE_1	262	7	Alphanumeric
60	E_CODE_2	269	7	Alphanumeric
61	E_CODE_3	276	7	Alphanumeric
62	E_CODE_4	283	7	Alphanumeric
63	E_CODE_5	290	7	Alphanumeric
64	E_CODE_6	297	7	Alphanumeric
65	E_CODE_7	304	7	Alphanumeric
66	E_CODE_8	311	7	Alphanumeric
67	E_CODE_9	318	7	Alphanumeric
68	E_CODE_10	325	7	Alphanumeric
69	PROC_CODE_1	332	5	Alphanumeric
70	PROC_CODE_2	337	5	Alphanumeric
71	PROC_CODE_3	342	5	Alphanumeric
72	PROC_CODE_4	347	5	Alphanumeric
73	PROC_CODE_5	352	5	Alphanumeric
74	PROC_CODE_6	357	5	Alphanumeric
75	PROC_CODE_7	362	5	Alphanumeric
76	PROC_CODE_8	367	5	Alphanumeric
77	PROC_CODE_9	372	5	Alphanumeric
78	PROC_CODE_10	377	5	Alphanumeric
79	PROC_CODE_11	382	5	Alphanumeric
80	PROC_CODE_12	387	5	Alphanumeric
81	PROC_CODE_13	392	5	Alphanumeric
82	PROC_CODE_14	397	5	Alphanumeric
83	PROC_CODE_15	402	5	Alphanumeric
84	PROC_CODE_16	407	5	Alphanumeric
85	PROC_CODE_17	412	5	Alphanumeric
86	PROC_CODE_18	417	5	Alphanumeric
87	PROC_CODE_19	422	5	Alphanumeric
88	PROC_CODE_20	427	5	Alphanumeric
89	PROC_CODE_21	432	5	Alphanumeric
90	PROC_CODE_22	437	5	Alphanumeric
91	PROC_CODE_23	442	5	Alphanumeric
92	PROC_CODE_24	447	5	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
93	PROC_CODE_25	452	5	Alphanumeric
94	OTHER_AMOUNT	457	12	Numeric
95	PHARM_AMOUNT	469	12	Numeric
96	MEDSURG_AMOUNT	481	12	Numeric
97	DME_AMOUNT	493	12	Numeric
98	USED_DME_AMOUNT	505	12	Numeric
99	PT_AMOUNT	517	12	Numeric
100	OT_AMOUNT	529	12	Numeric
101	SPEECH_AMOUNT	541	12	Numeric
102	IT_AMOUNT	553	12	Numeric
103	BLOOD_AMOUNT	565	12	Numeric
104	BLOOD_ADM_AMOUNT	577	12	Numeric
105	OR_AMOUNT	589	12	Numeric
106	LITH_AMOUNT	601	12	Numeric
107	CARD_AMOUNT	613	12	Numeric
108	ANES_AMOUNT	625	12	Numeric
109	LAB_AMOUNT	637	12	Numeric
110	RAD_AMOUNT	649	12	Numeric
111	MRI_AMOUNT	661	12	Numeric
112	OP_AMOUNT	673	12	Numeric
113	ER_AMOUNT	685	12	Numeric
114	AMBULANCE_AMOUNT	697	12	Numeric
115	PRO_FEE_AMOUNT	709	12	Numeric
116	ORGAN_AMOUNT	721	12	Numeric
117	ESRD_AMOUNT	733	12	Numeric
118	CLINIC_AMOUNT	745	12	Numeric
119	TOTAL_CHARGES	757	12	Numeric
120	TOTAL_NON_COV_CHARGES	769	12	Numeric
121	TOTAL_CHARGES_ANCIL	781	12	Numeric
122	TOTAL_NON_COV_CHARGES_ANCIL	793	12	Numeric
123	PHYSICIAN1_INDEX_NUMBER	805	10	Alphanumeric
124	PHYSICIAN2_INDEX_NUMBER	815	10	Alphanumeric
125	INPUT_FORMAT	825	1	Alphanumeric
126	SOURCE_OF_ADMISSION	826	1	Alphanumeric
127	PAT_STATUS	827	2	Alphanumeric
128	PROVIDER_NAME	829	55	Alphanumeric
	Record_Length		883	

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## **Outpatient Charges Data File**

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	Record_Length		80	

## **Outpatient Classification Data File**

Number	Field Name (OP Classification File)	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	CCSR_PRINC_DIAG_CODE	13	4	Alphanumeric
3	CCSR_OTH_DIAG_CODE_1	17	4	Alphanumeric
4	CCSR_OTH_DIAG_CODE_2	21	4	Alphanumeric
5	CCSR_OTH_DIAG_CODE_3	25	4	Alphanumeric
6	CCSR_OTH_DIAG_CODE_4	29	4	Alphanumeric
7	CCSR_OTH_DIAG_CODE_5	33	4	Alphanumeric
8	CCSR_OTH_DIAG_CODE_6	37	4	Alphanumeric
9	CCSR_OTH_DIAG_CODE_7	41	4	Alphanumeric
10	CCSR_OTH_DIAG_CODE_8	45	4	Alphanumeric
11	CCSR_OTH_DIAG_CODE_9	49	4	Alphanumeric
12	CCSR_OTH_DIAG_CODE_10	53	4	Alphanumeric
13	CCSR_OTH_DIAG_CODE_11	57	4	Alphanumeric
14	CCSR_OTH_DIAG_CODE_12	61	4	Alphanumeric
15	CCSR_OTH_DIAG_CODE_13	65	4	Alphanumeric
16	CCSR_OTH_DIAG_CODE_14	69	4	Alphanumeric
17	CCSR_OTH_DIAG_CODE_15	73	4	Alphanumeric
18	CCSR_OTH_DIAG_CODE_16	77	4	Alphanumeric
19	CCSR_OTH_DIAG_CODE_17	81	4	Alphanumeric
20	CCSR_OTH_DIAG_CODE_18	85	4	Alphanumeric
21	CCSR_OTH_DIAG_CODE_19	89	4	Alphanumeric
22	CCSR_OTH_DIAG_CODE_20	93	4	Alphanumeric
23	CCSR_OTH_DIAG_CODE_21	97	4	Alphanumeric
24	CCSR_OTH_DIAG_CODE_22	101	4	Alphanumeric
25	CCSR_OTH_DIAG_CODE_23	105	4	Alphanumeric
26	CCSR_OTH_DIAG_CODE_24	109	4	Alphanumeric
27	CCS_PROC_CODE_1	113	3	Alphanumeric
28	CCS_PROC_CODE_2	116	3	Alphanumeric
29	CCS_PROC_CODE_3	119	3	Alphanumeric
30	CCS_PROC_CODE_4	122	3	Alphanumeric
31	CCS_PROC_CODE_5	125	3	Alphanumeric
32	CCS_PROC_CODE_6	128	3	Alphanumeric
33	CCS_PROC_CODE_7	131	3	Alphanumeric
34	CCS_PROC_CODE_8	134	3	Alphanumeric
35	CCS_PROC_CODE_9	137	3	Alphanumeric

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Number	Field Name (OP Classification File)	Position	Length	Field Type
36	CCS_PROC_CODE_10	140	3	Alphanumeric
37	CCS_PROC_CODE_11	143	3	Alphanumeric
38	CCS_PROC_CODE_12	146	3	Alphanumeric
39	CCS_PROC_CODE_13	149	3	Alphanumeric
40	CCS_PROC_CODE_14	152	3	Alphanumeric
41	CCS_PROC_CODE_15	155	3	Alphanumeric
42	CCS_PROC_CODE_16	158	3	Alphanumeric
43	CCS_PROC_CODE_17	161	3	Alphanumeric
44	CCS_PROC_CODE_18	164	3	Alphanumeric
45	CCS_PROC_CODE_19	167	3	Alphanumeric
46	CCS_PROC_CODE_20	170	3	Alphanumeric
47	CCS_PROC_CODE_21	173	3	Alphanumeric
48	CCS_PROC_CODE_22	176	3	Alphanumeric
49	CCS_PROC_CODE_23	179	3	Alphanumeric
50	CCS_PROC_CODE_24	182	3	Alphanumeric
51	CCS_PROC_CODE_25	185	3	Alphanumeric
	Record_Length		237	

## **Outpatient Grouper Data File**

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	1	12	Alphanumeric
2	REVENUE_CODE_SEQUENCE_NUMBER	13	3	Alphanumeric
3	FROZEN_EAPG_GRP_VER	16	12	Alphanumeric
4	FROZEN_APC_GRP_VER	28	12	Alphanumeric
5	FROZEN_FINAL_EAPG_CATEGORY_CODE	40	2	Alphanumeric
6	FROZEN_FINAL_EAPG_TYPE_CODE	42	2	Alphanumeric
7	FROZEN_FINAL_EAPG	44	5	Alphanumeric
8	FROZEN_APC_PROCEDURE_CODE	49	5	Alphanumeric
9	FROZEN_APC_PX_STATUS_IND_CODE	54	2	Alphanumeric
10	FROZEN_APC_WEIGHT	56	9	Alphanumeric
11	EAPG_GRP_VER	65	12	Alphanumeric
12	APC_GRP_VER	77	12	Alphanumeric
13	FINAL_EAPG_CATEGORY_CODE	89	2	Alphanumeric
14	FINAL_EAPG_TYPE_CODE	91	2	Alphanumeric
15	FINAL_EAPG	93	5	Alphanumeric
16	APC_PROCEDURE_CODE	98	5	Alphanumeric
17	APC_PX_STATUS_IND_CODE	103	2	Alphanumeric
18	APC_WEIGHT	105	9	Alphanumeric
	Record_Length		113	

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## **Facility Type Data File**

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	FACILITY_TYPE	7	4	Alphanumeric
3	FAC_TEACHING_IND	11	1	Alphanumeric
4	FAC_PSYCH_IND	12	1	Alphanumeric
5	FAC_REHAB_IND	13	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	14	1	Alphanumeric
7	FAC_SNF_IND	15	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	16	1	Alphanumeric
9	FAC_OTHER_LTC_IND	17	1	Alphanumeric
10	FAC_PEDS_IND	18	1	Alphanumeric
11	FAC_CARDIOVASCULAR_IND	19	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	20	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	21	1	Alphanumeric
14	FAC_FOOT_IND	22	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	23	1	Alphanumeric
16	FAC_GENERAL_IND	24	1	Alphanumeric
17	FAC_NEUROLOGICAL_IND	25	1	Alphanumeric
18	FAC_OB_GYN_IND	26	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	27	1	Alphanumeric
20	FAC_ORAL_IND	28	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	29	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	30	1	Alphanumeric
23	FAC_PAIN_MNGMT_IND	31	1	Alphanumeric
24	FAC_PLASTIC_IND	32	1	Alphanumeric
25	FAC_THORACIC_IND	33	1	Alphanumeric
26	FAC_UROLOGY_IND	34	1	Alphanumeric
27	FAC_OTHER_IND	35	1	Alphanumeric
28	FAC_EMERGENCY_DEPARTMENT_IND	36	1	Alphanumeric
29	FAC_ONCOLOGY_IND	37	1	Alphanumeric
30	PROVIDER_NAME	38	55	Alphanumeric
31	POA_PROVIDER_INDICATOR	93	1	Alphanumeric
32	CERT_STATUS_IP	94	1	Alphanumeric
33	CERT_STATUS_OP	95	1	Alphanumeric
	Record_Length		95	