**Center for Health Statistics**
**Texas Health Care Information Collection**

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

**USER MANUAL**

**2017**

## BACKGROUND

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

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

## PUBLIC USE DATA FILE (PUDF)

Sections 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access.  It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for outpatient surgical and radiological services. These data are extracted from DSHS's outpatient services database.  The providers/submitters have, by law, until the next quarter (following the discharge) to submit their data.  This means that the PUDF data is a snapshot in time and each quarter may contain some discharges dated in the previous quarter (i.e. for calendar year data be sure to check the first quarter of the following year also).

## PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital Discharge Database (HDD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). Section 108.013 (c) also stipulates that DSHS may not release

and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the Section 108.013 and may incur penalties as stated in Sections 108.014 and 108.0141. In addition, under Section 108.013(e) and (f), patient and/or physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

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

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

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

**RESTRICTIONS ON DATA USE**

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

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital or ambulatory surgery center for the purpose of verifying information supplied in the DSHS Outpatient Services Public Use Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the outpatient records of patients in this data set with personally identifiable records from any other source, **including any THCIC research data file** (effective Aug 1, 2012);
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;

- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

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

- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

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

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

## OUTPATIENT FACILITY COMMENTS

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

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

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

type of facility. Additionally, POA provider indicator and certification status are included.

## DATA FILES

The 2017 PUDF is available in four files, the Base Data, Classification data, Charges and Facility Type Data files. The files are also available in fixed length and tab-delimited formats. The size of the files are as follows:

**First quarter, 967 facilities:**

| | | | | | | |
|---|---|---|---|---|---|---|
| Base Data | 4,517,153 records | 129 variables | Fixed field format | 3,817 MB | Tab-delimited | 1,728 MB |
| Classification Data | 4,517,153 records | 83 variables | Fixed field format | 1,219 MB | Tab-delimited | 583 MB |
| Charges | 29,985,682 records | 19 variables | Fixed field format | 3,060 MB | Tab-delimited | 2,366 MB |
| Facility Type Data | 967 records | 29 variables | Fixed field format | 85 KB | Tab-delimited | 72 KB |

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

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

## DATA DICTIONARY

This document provides the user with the necessary information to use and understand the data in the Public Use Data File. The following information is provided:

| | |
|---|---|
| **Field** | Unique, abbreviated name of the data element and brief explanation of the data element. Descriptions of data elements are taken from specifications manuals. |
| **Data Source** | Provided by the health care facility on the claim form (Claim) |
| | Assigned by DSHS (Assigned) |
| | Provided to THCIC by the healthcare facility (Provider) |
| | Calculated by DSHS (Calculated) |
| **Type** | Alphanumeric or numeric |
| **Coding scheme** | Valid codes for a data field. Values taken from specifications manuals. |

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

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

## CITATION

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

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

# DATA DICTIONARY

## BASE DATA FILE

| | |
|---|---|
| **Field 1:** | **SERVICE_QUARTER** |
| **Description:** | Quarter during which service occurred. Year and quarter of service. *yyyy*Q*n*. |

| **Beginning Position:** | 1 | **Data Source:** | Assigned |
|---|---|---|---|
| **Length:** | 6 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 2:** | **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:** | 7 | **Data Source:** | Assigned |
|---|---|---|---|
| **Length:** | 12 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 3:** | **THCIC_ID** |
| **Description:** | Provider ID. Unique identifier assigned to the provider by DSHS. |
| **Suppression:** | Facilities reporting fewer than 50 events have been aggregated into the Provider ID '999999'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider ID is '999998'. |

| **Beginning Position:** | 19 | **Data Source:** | Assigned |
|---|---|---|---|
| **Length:** | 6 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 4:** | **SPEC_UNIT_1** |
| **Description:** | Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. |

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

| **Beginning Position:** | 25 | **Data Source:** | Calculated |
|---|---|---|---|
| **Length:** | 1 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 5:** | **SPEC_UNIT_2** |
| **Description:** | Specialty Unit in which 2nd 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:** | 26 | **Data Source:** | Calculated |
|---|---|---|---|
| **Length:** | 1 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 6:** | **SPEC_UNIT_3** |
| **Description:** | Specialty Unit in which 3rd 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:** | 27 | **Data Source:** | Calculated |
|---|---|---|---|
| **Length:** | 1 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 7:** | **SPEC_UNIT_4** |
| **Description:** | Specialty Unit in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code. |
| **Coding Scheme:** | Same as SPEC_UNIT_1. |

| **Beginning Position:** | 28 | **Data Source:** | Calculated |
|---|---|---|---|
| **Length:** | 1 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 8:** | **SPEC_UNIT_5** |
| **Description:** | Specialty Unit 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. |

| **Beginning Position:** | 29 | **Data Source:** | Calculated |
|---|---|---|---|
| **Length:** | 1 | **Type:** | Alphanumeric |

| Field 9: | SEX_CODE |
|---|---|
| Description: | Gender of the patient as recorded at date of start of care. |
| Suppression: | Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients. |
| Coding Scheme: | M Male<br>F Female<br>U Unknown<br>` Invalid |

| Beginning Position: | 30 | Data Source: | Claim |
|---|---|---|---|
| Length: | 1 | Type: | Alphanumeric |

| Field 10: | PAT_COUNTY |
|---|---|
| Description: | FIPS code of patient's county. |

Coding scheme:

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

| 117 | Deaf Smith | 245 | Jefferson | 373 | Polk | 501 | Yoakum |
|-----|------------|-----|-----------|-----|------|-----|--------|
| 119 | Delta | 247 | Jim Hogg | 375 | Potter | 503 | Young |
| 121 | Denton | 249 | Jim Wells | 377 | Presidio | 505 | Zapata |
| 123 | Dewitt | 251 | Johnson | 379 | Rains | 507 | Zavala |
| 125 | Dickens | 253 | Jones | 381 | Randall | | |
| 127 | Dimmit | 255 | Karnes | 383 | Reagan | ` | Invalid |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 31 | **Data Source:** | Assigned; based on patient ZIP code |
| **Length:** | 3 | **Type:** | Alphanumeric |

| **Field 11:** | PAT_STATE | | |
|---|---|---|---|
| **Description:** | State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. | | |
| **Coding Scheme:** | AR    Arkansas<br>LA    Louisiana<br>NM    New Mexico<br>OK    Oklahoma<br>TX    Texas<br>ZZ    All other states and American Territories<br>FC    Foreign country<br>XX    Foreign country | | |
| **Beginning Position:** | 34 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| **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 patients. 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 diagnosis the ZIP code is blank. If a facility has fewer than fifty outpatient services reported for the quarter the ZIP code is blank. If a facility has fewer than 5 patients reported of a particular gender, including 'unknown', the ZIP Code is blank. | | |
| **Beginning Position:** | 36 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 13:** | PAT_COUNTRY | | |
|---|---|---|---|
| **Description:** | Country of patient's residential address. List maintained by the International Organization for Standardization (ISO). | | |
| **Suppression:** | Suppressed if fewer than 5 patients from one country. | | |
| **Coding scheme:** | See *www.ISO.org* for complete list. | | |
| **Beginning Position:** | 41 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| **Field 14:** | PUBLIC_HEALTH_REGION | |
|---|---|---|
| **Description:** | Public Health Region of patient's address. | |
| **Coding scheme:** | 1 | Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties |
| | 2 | Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties |
| | 3 | Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties |
| | 4 | Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties |
| | 5 | Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties |
| | 6 | Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties |
| | 7 | Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties |
| | 8 | Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties |

|  | 9 | Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties |
|  | 10 | Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties |
|  | 11 | Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties |
|  | ` | Invalid |

| **Beginning Position:** | 43 | **Data Source:** | Assigned |
|---|---|---|---|
| **Length:** | 2 | **Type:** | Alphanumeric |

| **Field 15:** | LENGTH_OF_SERVICE | | |
|---|---|---|---|
| **Description:** | Length of service in days *equals* Statement From Date through Statement Thru Date. The minimum length of service is 1day. The maximum is 30 days. | | |
| **Beginning Position:** | 45 | **Data Source:** | Calculated |
| **Length:** | 2 | **Type:** | Alphanumeric |

| **Field 16:** | PAT_AGE | | | | | | |
|---|---|---|---|---|---|---|---|
| **Description:** | Code indicating age of patient in days or years on date of service. | | | | | | |
| **Coding Scheme:** | 00 | 1-28 days | 10 | 35-39 | 20 | 85-89 | |
| | 01 | 29-365 days | 11 | 40-44 | 21 | 90+ | |
| | 02 | 1-4 years | 12 | 45-49 | | *HIV and drug/alcohol use patients:* | |
| | 03 | 5-9 | 13 | 50-54 | 22 | 0-17 | |
| | 04 | 10-14 | 14 | 55-59 | 23 | 18-44 | |
| | 05 | 15-17 | 15 | 60-64 | 24 | 45-64 | |
| | 06 | 18-19 | 16 | 65-69 | 25 | 65-74 | |
| | 07 | 20-24 | 17 | 70-74 | 26 | 75+ | |
| | 08 | 25-29 | 18 | 75-79 | ` | Invalid | |
| | 09 | 30-34 | 19 | 80-84 | | | |
| **Beginning Position:** | 47 | | **Data Source:** | Assigned | | | |
| **Length:** | 2 | | **Type:** | Alphanumeric | | | |

| **Field 17:** | RACE | | |
|---|---|---|---|
| **Description:** | Code indicating the patient's race. | | |
| **Suppression:** | If a facility has fewer than ten patients of one race that race is changed to 'Other' (code equals 5). | | |
| **Coding Scheme:** | 1 | American Indian/Eskimo/Aleut | |
| | 2 | Asian or Pacific Islander | |
| | 3 | Black | |
| | 4 | White | |
| | 5 | Other | |
| | ` | Invalid | |
| **Beginning Position:** | 49 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

| **Field 18:** | ETHNICITY | | |
|---|---|---|---|
| **Description:** | Code indicating the Hispanic origin of the patient. | | |
| **Suppression:** | If a facility has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank). | | |
| **Coding Scheme:** | 1 | Hispanic Origin | |
| | 2 | Not of Hispanic Origin | |
| | ` | Invalid | |
| **Beginning Position:** | 50 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

| **Field 19:** | FIRST_PAYMENT_SRC | | | |
|---|---|---|---|---|
| **Description:** | Code indicating the expected primary source of payment. | | | |
| **Coding Scheme:** | 09 | Self Pay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data) | HM | Health Maintenance Organization |
| | 10 | Central Certification | LI | Liability |
| | 11 | Other Non-federal Programs | LM | Liability Medical |
| | 12 | Preferred Provider Organization (PPO) | MA | Medicare Part A |
| | 13 | Point of Service (POS) | MB | Medicare Part B |
| | 14 | Exclusive Provider Organization (EPO) | MC | Medicaid |
| | 15 | Indemnity Insurance | TV | Title V |
| | 16 | Health Maintenance Organization (HMO) Medicare Risk | OF | Other Federal Program |
| | AM | Automobile Medical | VA | Veteran Administration Plan |
| | BL | Blue Cross/Blue Shield | WC | Workers Compensation Health Claim |
| | CH | CHAMPUS | ZZ | Charity, Indigent or Unknown |

|  | CI | Commercial Insurance |  |  | ` | Invalid |
|  | DS | Disability Insurance |  |  |  |  |

| | | | | |
|---|---|---|---|---|
| **Beginning Position:** | 51 | | **Data Source:** | Claim |
| **Length:** | 2 | | **Type:** | Alphanumeric |

| | | | | |
|---|---|---|---|---|
| **Field 20:** | **SECONDARY_PAYMENT_SRC** | | | |
| **Description:** | Code indicating the expected secondary source of payment. | | | |
| **Coding Scheme:** | Same as field FIRST_PAYMENT_SRC | | | |
| **Beginning Position:** | 53 | | **Data Source:** | Claim |
| **Length:** | 2 | | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 21:** | **TYPE_OF_BILL** |
| **Description:** | Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim. |

**Coding Scheme:**

| *1st digit–Type of Facility* | | *2nd digit–Type of Care* | | *3rd digit–Sequence of claim* | |
|---|---|---|---|---|---|
| 1 | Hospital | 1 | Inpatient, including Medicare Part A | 0 | Non-payment/Zero claim |
| 2 | Skilled nursing | 2 | Inpatient, Medicare Part B only | 1 | Admit through discharge claim |
| 3 | Home health | 3 | Outpatient | 2 | Interim–first claim |
| 4 | Religious non-medical health care–Hospital | 4 | Outpatient Other, Medicare Part B only | 3 | Interim–continuing claim |
| 5 | Religious non-medical health care–Extended care | 5 | Intermediate Care–Level I | 4 | Interim–last claim |
| 6 | Intermediate care | 6 | Intermediate Care–Level II | 5 | Late charge(s) only claim |
| 7 | Clinic | 7 | Sub-acute inpatient – Level III | 6 | Adjustment of prior claim (Not used by Medicare) |
| 8 | Special facility | 8 | Swing bed | 7 | Replacement of prior claim |
| | | | | 8 | Void/cancel of prior claim |

| | | | | |
|---|---|---|---|---|
| **Beginning Position:** | 55 | | **Data Source:** | Claim |
| **Length:** | 3 | | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 22:** | **CONDITION_CODE_1** |
| | Code describing a condition relating to the claim. |

**Coding Scheme:**

| | | | |
|---|---|---|---|
| 01 | Military service related | 83 | C-section/Inductions 39 weeks or greater |
| 02 | Condition is employment related | 84 | Dialysis for Acute Kidney Injury (AKI) |
| 03 | Patient covered by insurance not reflected here | 85 | Delayed Recertification of Hospice Terminal Illness |
| 04 | Information only bill. | 86 | Additional Hemodialysis Treatment with Medical Justification |
| 05 | Lien has been filed | A0 | TRICARE external partnership program |
| 06 | ESRD patient in first 18 months of entitlement covered by EGHP | A1 | EPSDT/CHAP |
| 07 | Treatment of non-terminal condition for hospice patient | A2 | Physically handicapped children's program |
| 08 | Beneficiary would not provide information concerning other insurance coverage | A3 | Special Federal Funding |
| 09 | Neither patient or spouse is employed | A4 | Family planning |
| 10 | Patient and/or spouse is employed but no EGHP exists | A5 | Disability |
| 11 | Disabled beneficiary but no LGHP coverage exists | A6 | Vaccines/Medicare 100% payment |
| 17 | Patient is homeless | A9 | Second opinion surgery |
| 18 | Maiden name retained | AA | Abortion performed due to rape |
| 19 | Child retains mother's name | AB | Abortion performed due to incest |
| 20 | Beneficiary requested billing | AC | Abortion performed due to serious fatal genetic defect, deformity, or abnormality |
| 21 | Billing for denial notice | AD | Abortion performed due to life endangering physical condition |
| 22 | Patient on multiple drug regimen | AE | Abortion performed due to physical health of mother that is not life endangering |
| 23 | Home care giver available | AF | Abortion performed due to emotional/psychological health of mother |
| 24 | Home IV patient also receiving HHA services | AG | Abortion performed due to social or economic reasons |
| 25 | Patient is non-US resident | AH | Elective abortion |
| 26 | VA eligible patient chooses to receive services in a Medicare certified facility | AI | Sterilization |

| | | | |
|---|---|---|---|
| 27 | Patient referred to a sole community hospital for a diagnostic laboratory test | AJ | Payer responsible for co-payment |
| 28 | Patient and/or spouse's EGHP is secondary to Medicare | AK | Air ambulance required |
| 29 | Disabled beneficiary and/or family member's LGHP is secondary to Medicare | AL | Specialized treatment/bed unavailable |
| 30 | Non-research services provided to patients enrolled in a qualified clinical trial | AM | Non-emergency medically necessary stretcher transport required |
| 31 | Patient is student (full time - day) | AN | Pre-admission screening not required |
| 32 | Patient is student (cooperative/work study program) | B0 | Medicare coordinated care demonstration claim |
| 33 | Patient is student (full time - night) | B1 | Beneficiary is ineligible for demonstration program |
| 34 | Patient is student (part-time) | B4 | Admission unrelated to discharge on same day |
| 36 | General care patient in a special unit | BP | Gulf Oil Spill of 2010 |
| 37 | Ward accommodation at patient request | C1 | Approved as billed |
| 38 | Semi-private room not available | C2 | Automatic approval as billed based on focused review |
| 39 | Private room medically necessary | C3 | Partial approval |
| 40 | Same day transfer | C4 | Admission/services denied |
| 41 | Partial hospitalization | C5 | Post payment review applicable |
| 42 | Continuing care not related to inpatient admission | C6 | Admission Preauthorization |
| 43 | Continuing care not provided within prescribed postdischarge window | C7 | Extended Authorization |
| 44 | Inpatient admission changed to outpatient | D0 | Changes to Service Dates |
| 45 | Ambiguous Gender Category | D1 | Changes to Charges |
| 46 | Non-availability statement on file | D3 | Second or Subsequent Interim PPS Bill |
| 47 | Transfer from another Home Health Agency | D4 | Change in clinical codes (ICD) for diagnosis and/or procedure codes. |
| 48 | Psychiatric residential treatment centers for children and adolescents (RTCs) | D5 | Cancel to correct Insured's ID or Provider ID |
| 49 | Product replacement within product lifecycle | D6 | Cancel Only to Repay a Duplicate or OIG Overpayment |
| 50 | Product Replacement for Known Recall of a Product | D7 | Change to Make Medicare the Secondary Payer |
| 51 | Attestation of Unrelated Outpatient Nondiagnostic Services | D8 | Change to Make Medicare the Primary Payer |
| 52 | Out of Hospice Service Area | D9 | Any Other Change |
| 53 | Initial placement of a medical device provided as part of a clinical trial or a free sample | DR | Disaster related |
| 54 | No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency | E0 | Changes in Patient Status |
| 55 | SNF bed not available | G0 | Distinct Medical Visit |
| 56 | Medical appropriateness | H0 | Delayed Filing, Statement of Intent Submitted |
| 57 | SNF readmission | H2 | Discharge by a Hospice Provider for Cause |
| 58 | Terminated Medicare+Choice organization enrollee | H3 | Reoccurrence of GI Bleed Comorbid Category |
| 59 | Non-primary ESRD facility | H4 | Reoccurrence of Pneumonia Comorbid Category |
| 60 | Day outlier | H5 | Reoccurrence of Pericarditis Comorbid Category |
| 61 | Cost outlier | P1 | Do not Resuscitate Order (DNR) |
| 66 | Provider does not wish cost outlier payment | P7 | Direct Inpatient Admission from Emergency Room |
| 67 | Beneficiary elects not to use life time reserve (LTR) days | R1 | Request for reopening Reason Code - Mathematical or Computational Mistake |
| 68 | Beneficiary elects to use life time reserve (LTR) days | R2 | Request for reopening Reason Code -Inaccurate Data Entry |
| 69 | IME/DGME/N&AH Payment Only | R3 | Request for reopening Reason Code - Misapplication of a Fee Schedule |
| 70 | Self-administered anemia management drug | R4 | Request for reopening Reason Code - Computer Errors |
| 71 | Full care in unit | R5 | Request for reopening Reason Code - Incorrectly Identified Duplicate Claim |

| | | | | |
|---|---|---|---|---|
| 72 | Self care in unit | R6 | Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above |
| 73 | Self care training | R7 | Request for reopening Reason Code - Corrections other than clerical errors |
| 74 | Home | R8 | Request for reopening Reason Code - New and Material Evidence |
| 75 | Home - 100% reimbursement | R9 | Request for reopening Reason Code - Faulty Evidence |
| 76 | Back-up in facility dialysis | WO | United Mine Workers of America (UMWA) Demonstration Indicator |
| 77 | Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment | W2 | Duplicate of Original Bill |
| 78 | New coverage not implemented by HMO | W3 | Level I Appeal |
| 79 | CORF services provided offsite | W4 | Level II Appeal |
| 80 | Home dialysis - nursing facility | W5 | Level III Appeal |
| 81 | C-section/Inductions <39 Weeks-Medical Necessity | | |
| 82 | C-section/Inductions <39 Weeks-Elective | | |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 58 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| **Field 23:** | **CONDITION_CODE_2** | | |
|---|---|---|---|
| | Code describing a condition relating to the claim. | | |
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 60 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| **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:** | 2 | **Type:** | Alphanumeric |

| **Field 25:** | **CONDITION_CODE_4** | | |
|---|---|---|---|
| | Code describing a condition relating to the claim. | | |
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 64 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| **Field 26:** | **CONDITION_CODE_5** | | |
|---|---|---|---|
| | Code describing a condition relating to the claim. | | |
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 66 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| **Field 27:** | **CONDITION_CODE_6** | | |
|---|---|---|---|
| | Code describing a condition relating to the claim. | | |
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 68 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| **Field 28:** | **CONDITION_CODE_7** | | |
|---|---|---|---|
| | Code describing a condition relating to the claim. | | |
| **Coding Scheme:** | Same as Field CONDITION_CODE_1. | | |
| **Beginning Position:** | 70 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| **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:** | 2 | **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 |
| **Length:** | 7 | **Type:** | Alphanumeric |

| **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.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 81 | **Data Source:** | Claim |
| **Length:** | 7 | **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.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 88 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| **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:** | 7 | **Type:** | Alphanumeric |

| **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:** | 7 | **Type:** | Alphanumeric |

| **Field 35:** | **OTH_DIAG_CODE_4** | | |
|---|---|---|---|

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 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | 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 |
| **Length:** | 7 | **Type:** | Alphanumeric |

| **Field 37:** | **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.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 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 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | 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:** | 7 | **Type:** | Alphanumeric |

| **Field 40:** | **OTH_DIAG_CODE_9** | | |
|---|---|---|---|

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 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | 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 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 42:**     **OTH_DIAG_CODE_11**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 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. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 165 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | 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:** | 7 | **Type:** | Alphanumeric |

**Field 45:**     **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.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 179 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 46:**     **OTH_DIAG_CODE_15**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 186 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 47:**     **OTH_DIAG_CODE_16**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 193 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 48:**     **OTH_DIAG_CODE_17**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 200 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 49:**     **OTH_DIAG_CODE_18**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 207 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 50:**     **OTH_DIAG_CODE_19**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 214 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 51:**     **OTH_DIAG_CODE_20**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 221 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 52:**     **OTH_DIAG_CODE_21**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 228 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 53:** **OTH_DIAG_CODE_22**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 235 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 54:** **OTH_DIAG_CODE_23**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 242 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 55:** **OTH_DIAG_CODE_24**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 249 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 56:** **RELATED_CAUSE_CODE_1**

Code identifying an accompanying cause of an illness, injury or an accident.

**Coding Scheme:**
AA    Auto accident
AB    Abuse
AP    Another party responsible
EM    Employment
OA    Other accident

| | | | |
|---|---|---|---|
| **Beginning Position:** | 256 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 57:** **RELATED_CAUSE_CODE _2**

Code identifying an accompanying cause of an illness, injury or an accident.

| | | | |
|---|---|---|---|
| **Coding Scheme:** | Same as Field RELATED_CAUSE_CODE_1. | | |
| **Beginning Position:** | 258 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 58:** **RELATED_CAUSE_CODE _3**

Code identifying an accompanying cause of an illness, injury or an accident.

| | | | |
|---|---|---|---|
| **Coding Scheme:** | Same as Field RELATED_CAUSE_CODE_1. | | |
| **Beginning Position:** | 260 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

**Field 59:** **E_CODE_1**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of morbidity. A decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 262 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 60:** **E_CODE_2**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 269 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 61:** **E_CODE_3**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 276 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

**Field 62:** **E_CODE_4**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 283 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| **Field 63:** | **E_CODE_5** | | |
|---|---|---|---|

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 290 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| **Field 64:** | **E_CODE_6** | | |
|---|---|---|---|

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 297 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| **Field 65:** | **E_CODE_7** | | |
|---|---|---|---|

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 304 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| **Field 66:** | **E_CODE_8** | | |
|---|---|---|---|

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 311 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| **Field 67:** | **E_CODE_9** | | |
|---|---|---|---|

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 318 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| **Field 68:** | **E_CODE_10** | | |
|---|---|---|---|

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of morbidity. Decimal is implied following the third character.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 325 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Alphanumeric |

| **Field 69:** | **PROC_CODE_1** | | |
|---|---|---|---|

Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 332 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 70:** | **PROC_CODE_2** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 337 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 71:** | **PROC_CODE_3** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 342 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 72:** | **PROC_CODE_4** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 347 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 73:** | **PROC_CODE_5** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 352 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 74:** | **PROC_CODE_6** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 357 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 75:** | **PROC_CODE_7** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 362 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 76:** | **PROC_CODE_8** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 367 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 77:** | **PROC_CODE_9** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 372 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 78:** | **PROC_CODE_10** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 377 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 79:** | **PROC_CODE_11** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 382 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 80:** | **PROC_CODE_12** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 387 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 81:** | **PROC_CODE_13** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 392 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 82:** | **PROC_CODE_14** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 397 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 83:** | **PROC_CODE_15** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 402 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 84:** | **PROC_CODE_16** | | |

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 407 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 85:** | **PROC_CODE_17** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 412 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 86:** | **PROC_CODE_18** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 417 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 87:** | **PROC_CODE_19** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 422 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 88:** | **PROC_CODE_20** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 427 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 89:** | **PROC_CODE_21** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 432 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 90:** | **PROC_CODE_22** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 437 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 91:** | **PROC_CODE_23** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 442 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 92:** | **PROC_CODE_24** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 447 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 93:** | **PROC_CODE_25** | | |
|---|---|---|---|

Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 452 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 94:** | **OTHER_AMOUNT** | | |
|---|---|---|---|

Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 457 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |

| Field 95: | PHARM_AMOUNT | | |
|---|---|---|---|
| | Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 026X, 063X. | | |
| **Beginning Position:** | 469 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| Field 96: | MEDSURG_AMOUNT | | |
| | Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X. | | |
| **Beginning Position:** | 481 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| Field 97: | DME_AMOUNT | | |
| | Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299. | | |
| **Beginning Position:** | 493 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| Field 98: | USED_DME_AMOUNT | | |
| | Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293. | | |
| **Beginning Position:** | 505 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| Field 99: | PT_AMOUNT | | |
| | Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. | | |
| **Beginning Position:** | 517 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| Field 100: | OT_AMOUNT | | |
| | Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X. | | |
| **Beginning Position:** | 529 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| Field 101: | SPEECH_AMOUNT | | |
| | Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X. | | |
| **Beginning Position:** | 541 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| Field 102: | IT_AMOUNT | | |
| | Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X. | | |
| **Beginning Position:** | 553 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| Field 103: | BLOOD_AMOUNT | | |
| | 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:** | 565 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| Field 104: | BLOOD_ADMIN_AMOUNT | | |

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:** | 577 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 105:** | OR_AMOUNT | | |

Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 589 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 106:** | LITH_AMOUNT | | |

Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 601 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 107:** | CARD_AMOUNT | | |

Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 613 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 108:** | ANES_AMOUNT | | |

Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 625 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 109:** | LAB_AMOUNT | | |

Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 637 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 110:** | RAD_AMOUNT | | |

Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 649 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 111:** | MRI_AMOUNT | | |

Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 661 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 112:** | OP_AMOUNT | | |

Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 673 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 113:** | ER_AMOUNT | | |

Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 685 | **Data Source:** | Calculated |

| | | | |
|---|---|---|---|
| **Length:** | 12 | **Type:** | Numeric |
| **Field 114:** | AMBULANCE_AMOUNT | | |
| | Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X. | | |
| **Beginning Position:** | 697 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 115:** | PRO_FEE_AMOUNT | | |
| | Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. | | |
| **Beginning Position:** | 709 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 116:** | ORGAN_AMOUNT | | |
| | Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X. | | |
| **Beginning Position:** | 721 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 117:** | ESRD_AMOUNT | | |
| | Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X. | | |
| **Beginning Position:** | 733 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 118:** | CLINIC_AMOUNT | | |
| | Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X. | | |
| **Beginning Position:** | 745 | **Data Source:** | Calculated |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 119:** | TOTAL_CHARGES | | |
| | Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23. | | |
| **Beginning Position:** | 757 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 120:** | TOTAL_NON_COV_CHARGES | | |
| | Sum of non-covered accommodation charges, non-covered ancillary charges. | | |
| **Beginning Position:** | 769 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 121:** | TOTAL_CHARGES_ANCIL | | |
| | Sum of covered and non-covered ancillary charges. | | |
| **Beginning Position:** | 781 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 122:** | TOTAL_NON_COV_CHARGES_ANCIL | | |
| | Sum of non-covered ancillary charges. | | |
| **Beginning Position:** | 793 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 123:** | PHYSICIAN1_INDEX_NUMBER | | |
| | 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 practicioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwive or podiatrist, authorized by the facility to treat patients. | | |

| | |
|---|---|
| **Suppression:** | 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<br>9999999999    Temporary license or license number could not be matched |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 805 | **Data Source:** | Assigned |
| **Length:** | 10 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 124:** | **PHYSICIAN2_INDEX_NUMBER** |
| | 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 midwives 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<br>9999999999    Temporary license or license number could not be matched |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 815 | **Data Source:** | Assigned |
| **Length:** | 10 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 125:** | **INPUT_FORMAT** |
| | Format in which the outpatient data file was submitted by the facility |
| **Coding Scheme:** | 0    837 Professional<br>1    837 Institutional |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 825 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |

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|---|---|
| **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)<br>2    Clinic or Physician's Office<br>4    Transfer from a hospital<br>5    Transfer from a skilled nursing facility, intermediate care facility or assisted living facility<br>6    Transfer from another health care facility<br>8    Court/Law Enforcement<br>9    Information not available<br>D    Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer<br>E    Transfer from Ambulatory Surgery Center<br>F    Transfer from a Hospice Facility<br>`    Invalid<br>If Type of Admission=4 (Newborn)<br>5    Born inside this hospital<br>6    Born outside this hospital |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 826 | **Data Source:** | Claim |
| **Length:** | 1 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 127:** | **PAT_STATUS** |
| **Description:** | Code indicating patient status as of the ending date of service for the period of care reported |
| **Coding Scheme:** | 01    Discharged to home or self-care (routine discharge)<br>02    Discharged/transferred to a short term general hospital for inpatient care<br>03    Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care<br>04    Discharged/transferred to a facility that provides custodial or supportive care<br>05    Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)<br>06    Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care<br>07    Left against medical advice<br>09    Admitted as inpatient to this hospital<br>20    Expired<br>21    Discharged/transferred to Court/Law Enforcement<br>30    Still patient<br>40    Expired at home<br>41    Expired in a medical facility |

| 42 | Expired, place unknown |
| 43 | Discharged/transferred to federal government operated health facility |
| 50 | Hospice–home |
| 51 | Hospice–medical facility (Certified) providing hospice level of care |
| 61 | Discharged/transferred within this institution to Medicare-approved swing bed |
| 62 | Discharged/transferred to inpatient rehabilitation facility |
| 63 | Discharged/transferred to Medicare-certified long term care hospital |
| 64 | Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare |
| 65 | Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital |
| 66 | Discharged/transferred to Critical Access Hospital (CAH) |
| 69 | Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013) |
| 70 | Discharge/transfer to another type of health care institution not defined elsewhere in the code list |
| 81 | Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 82 | Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 83 | Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 84 | Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 85 | Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 86 | Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 87 | Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 88 | Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 89 | Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 90 | Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 91 | Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 92 | Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 93 | Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) |
| 94 | Discharged/Transferred to a Critical Access Hospital (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) |
| ` | Invalid |

| **Beginning Position:** | 827 | **Data Source:** | Claim |
|---|---|---|---|
| **Length:** | 2 | **Type:** | Alphanumeric |

| **Field 128:** | **PROVIDER_NAME** | | |
|---|---|---|---|
| **Description:** | Name provided by the facility. | | |
| **Suppression:** | Facilities reporting fewer than 50 events (Provider ID equals '999999') are assigned the name 'Low Volume Facility'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider Name is blank. | | |
| **Beginning Position:** | 829 | **Data Source:** | Provider |
| **Length:** | 55 | **Type:** | Alphanumeric |

| **Field 129:** | **EMERGENCY_DEPT_FLAG** | | |
|---|---|---|---|
| **Description:** | Indicator of emergency department visit. | | |
| **Coding Scheme:** | Y    visit was emergency related<br>N    Visit was not emergency related | | |
| **Beginning Position:** | 802 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |

# CLASSIFICATION 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:** | 1 | **Data Source:** | Assigned |
| **Length:** | 12 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 2:** | **CCS_ PRIN_DIAG_CODE** |
| | Clinical Classifications Software (CCS) classification of PRIN_DIAG_CODE into clinically meaningful diagnosis category. |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 13 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 3:** | **CCS_OTH_DIAG_CODE_1** |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 17 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 4:** | **CCS_OTH_DIAG_CODE_2** |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_2 into clinically meaningful diagnosis category. |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 21 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 5:** | **CCS_OTH_DIAG_CODE_3** |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_3 into clinically meaningful diagnosis category. |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 25 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 6:** | **CCS_OTH_DIAG_CODE_4** |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_4 into clinically meaningful diagnosis category. |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 29 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 7:** | **CCS_OTH_DIAG_CODE_5** |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_5 into clinically meaningful diagnosis category. |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 33 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 8:** | **CCS_OTH_DIAG_CODE_6** |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_6 into clinically meaningful diagnosis category. |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 37 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 9:** | **CCS_OTH_DIAG_CODE_7** |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_7 into clinically meaningful diagnosis category. |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 41 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 10:** | **CCS_OTH_DIAG_CODE_8** |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_8 into clinically meaningful diagnosis category. |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 45 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |

| | |
|---|---|
| **Field 11:** | **CCS_OTH_DIAG_CODE_9** |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_9 into clinically meaningful diagnosis category. |

| **Beginning Position:** | 49 | **Data Source:** | Assigned |
|---|---|---|---|
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 12:** | CCS_OTH_DIAG_CODE_10 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_10 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 53 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 13:** | CCS_OTH_DIAG_CODE_11 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_11 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 57 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 14:** | CCS_OTH_DIAG_CODE_12 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_12 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 61 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 15:** | CCS_OTH_DIAG_CODE_13 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_13 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 65 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 16:** | CCS_OTH_DIAG_CODE_14 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_14 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 69 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 17:** | CCS_OTH_DIAG_CODE_15 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_15 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 73 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 18:** | CCS_OTH_DIAG_CODE_16 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_16 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 77 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 19:** | CCS_OTH_DIAG_CODE_17 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_17 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 81 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 20:** | CCS_OTH_DIAG_CODE_18 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_18 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 85 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 21:** | CCS_OTH_DIAG_CODE_19 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_19 into clinically meaningful diagnosis category. | | |
| **Beginning Position:** | 89 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 22:** | CCS_OTH_DIAG_CODE_20 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_20 into clinically meaningful diagnosis category. | | |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 93 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 23:** | CCS_OTH_DIAG_CODE_21 | | |

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_21 into clinically meaningful diagnosis category.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 97 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 24:** | CCS_OTH_DIAG_CODE_22 | | |

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_22 into clinically meaningful diagnosis category.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 101 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 25:** | CCS_OTH_DIAG_CODE_23 | | |

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_23 into clinically meaningful diagnosis category.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 105 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 26:** | CCS_OTH_DIAG_CODE_24 | | |

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 109 | **Data Source:** | Assigned |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 27:** | CCS_PROC_CODE_1 | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 113 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 28:** | CCS_PROC_CODE_2 | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 116 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 29:** | CCS_PROC_CODE_3 | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 119 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 30:** | CCS_PROC_CODE_4 | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 122 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 31:** | CCS_PROC_CODE_5 | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 125 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 32:** | CCS_PROC_CODE_6 | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 128 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 33:** | CCS_PROC_CODE_7 | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.

| **Beginning Position:** | 131 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 34:** | **CCS_PROC_CODE_8** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.

| **Beginning Position:** | 134 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 35:** | **CCS_PROC_CODE_9** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.

| **Beginning Position:** | 137 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 36:** | **CCS_PROC_CODE_10** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10 into clinically meaningful procedure category.

| **Beginning Position:** | 140 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 37:** | **CCS_PROC_CODE_11** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 into clinically meaningful procedure category.

| **Beginning Position:** | 143 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 38:** | **CCS_PROC_CODE_12** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 into clinically meaningful procedure category.

| **Beginning Position:** | 146 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 39:** | **CCS_PROC_CODE_13** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category.

| **Beginning Position:** | 149 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 40:** | **CCS_PROC_CODE_14** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category.

| **Beginning Position:** | 152 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 41:** | **CCS_PROC_CODE_15** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category.

| **Beginning Position:** | 155 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 42:** | **CCS_PROC_CODE_16** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category.

| **Beginning Position:** | 158 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 43:** | **CCS_PROC_CODE_17** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category.

| **Beginning Position:** | 161 | **Data Source:** | Assigned |
| **Length:** | 3 | **Type:** | Alphanumeric |
| **Field 44:** | **CCS_PROC_CODE_18** | | |

Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category.

| Beginning Position: | 164 | Data Source: | Assigned |
| --- | --- | --- | --- |
| Length: | 3 | Type: | Alphanumeric |
| **Field 45:** | **CCS_PROC_CODE_19** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. | | |
| Beginning Position: | 167 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| **Field 46:** | **CCS_PROC_CODE_20** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category. | | |
| Beginning Position: | 170 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| **Field 47:** | **CCS_PROC_CODE_21** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. | | |
| Beginning Position: | 173 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| **Field 48:** | **CCS_PROC_CODE_22** | | |
| | Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_22 into clinically meaningful procedure category. | | |
| Beginning Position: | 176 | Data Source: | Assigned |
| Length: | 3 | Type: | 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 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| **Field 50:** | **CCS_PROC_CODE_24** | | |
| | 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** | | |
| | 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: | 3 | Type: | Alphanumeric |
| **Field 52:** | **EAPG_GRP_VER** | | |
| | Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper | | |
| Beginning Position: | 188 | | |
| Length: | 12 | Type: | Alphanumeric |
| **Field 53:** | **APC_GRP_VER** | | |
| | Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09. | | |
| Beginning Position: | 200 | Data Source: | Assigned |
| Length: | 12 | Type: | Alphanumeric |
| **Field 54:** | **CRG_STATUS_1** | | |
| | Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 212 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| **Field 55:** | **CRG_STATUS_2** | | |
| | Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 213 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| **Field 56:** | **CRG_STATUS_3** | | |

Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 214 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 57:** | **CRG_STATUS_4** | | |

Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 215 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 58:** | **CRG_STATUS_5** | | |

Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 216 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 59:** | **CRG_STATUS_6** | | |

Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 217 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 60:** | **CRG_STATUS_7** | | |

Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 218 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 61:** | **CRG_STATUS_8** | | |

Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 219 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 62:** | **CRG_STATUS_9** | | |

Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 220 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 63:** | **CRG_STATUS_10** | | |

Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 221 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 64:** | **CRG_CODE_1** | | |

Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 222 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 65:** | **CRG_CODE_2** | | |

Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 227 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 66:** | **CRG_CODE_3** | | |

Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 232 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 67:** | **CRG_CODE_4** | | |

Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 237 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 68:** | **CRG_CODE_5** | | |

Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 242 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 69:** | **CRG_CODE_6** | | |

Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.

| | | | |
|---|---|---|---|
| **Beginning Position:** | 247 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |

| **Field 70:** | **CRG_CODE_7** | | |
|---|---|---|---|
| | Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 252 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 71:** | **CRG_CODE_8** | | |
| | Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 257 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 72:** | **CRG_CODE_9** | | |
| | Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 262 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 73:** | **CRG_CODE_10** | | |
| | Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 267 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 74:** | **CRG_SEVERITY_1** | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 272 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 75:** | **CRG_SEVERITY_2** | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 273 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 76:** | **CRG_SEVERITY_3** | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 274 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 77:** | **CRG_SEVERITY_4** | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 275 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 78:** | **CRG_SEVERITY_5** | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 276 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 79:** | **CRG_SEVERITY_6** | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 277 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 80:** | **CRG_SEVERITY_7** | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 278 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 81:** | **CRG_SEVERITY_8** | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 279 | **Data Source:** | Assigned |

| Length: | 1 | Type: | Alphanumeric |
|---|---|---|---|
| **Field 82:** | **CRG_SEVERITY_9** | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 280 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 83:** | **CRG_SEVERITY_10** | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 281 | **Data Source:** | Assigned |
| **Length:** | 1 | **Type:** | Alphanumeric |

# 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:** | 1 | **Data Source:** | Assigned |
| **Length:** | 12 | **Type:** | Alphanumeric |
| **Field 2:** | **REVENUE_CODE** | | |
| **Description:** | Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed. | | |

**Coding Scheme:**

| Code | Description | Code | Description |
|---|---|---|---|
| 0100 | All-inclusive room charges plus ancillary | 0527 | Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area |
| 0101 | All-inclusive room charges | 0528 | Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident) |
| 0110 | Room charges for private rooms - general | 0529 | Freestanding Clinic - other |
| 0111 | Room charges for private rooms - medical/surgical/GYN | 0530 | Osteopathic service - general |
| 0112 | Room charges for private rooms - obstetrics | 0531 | Osteopathic service - therapy |
| 0113 | Room charges for private rooms - pediatric | 0539 | Osteopathic service - other |
| 0114 | Room charges for private rooms - psychiatric | 0540 | Ambulance service - general |
| 0115 | Room charges for private rooms - hospice | 0541 | Ambulance service - supplies |
| 0116 | Room charges for private rooms - detoxification | 0542 | Ambulance service - medical transport |
| 0117 | Room charges for private rooms - oncology | 0543 | Ambulance service - heart mobile |
| 0118 | Room charges for private rooms - rehabilitation | 0544 | Ambulance service - oxygen |
| 0119 | Room charges for private rooms - other | 0545 | Ambulance service - air ambulance |
| 0120 | Room charges for semi-private rooms - general | 0546 | Ambulance service - neonatal |
| 0121 | Room charges for semi-private rooms - medical/surgical/GYN | 0547 | Ambulance service - pharmacy |
| 0122 | Room charges for semi-private rooms - obstetrics | 0548 | Ambulance service - telephone transmission EKG |
| 0123 | Room charges for semi-private rooms - pediatric | 0549 | Ambulance service - other |
| 0124 | Room charges for semi-private rooms - psychiatric | 0550 | Skilled nursing - general |
| 0125 | Room charges for semi-private rooms - hospice | 0551 | Skilled nursing - visit charge |
| 0126 | Room charges for semi-private rooms - detoxification | 0552 | Skilled nursing - hourly charge |
| 0127 | Room charges for semi-private rooms - oncology | 0559 | Skilled nursing - other |
| 0128 | Room charges for semi-private rooms - rehabilitation | 0560 | Medical social services - general |
| 0129 | Room charges for semi-private rooms - other | 0561 | Medical social services - visit charge |
| 0130 | Room charges for semi-private - 3/4 beds - rooms - general | 0562 | Medical social services - hourly charge |
| 0131 | Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN | 0569 | Medical social services - other |
| 0132 | Room charges for semi-private - 3/4 beds - rooms - obstetrics | 0570 | Home health aide - general |
| 0133 | Room charges for semi-private - 3/4 beds - rooms - pediatric | 0571 | Home health aide - visit charge |
| 0134 | Room charges for semi-private - 3/4 beds - rooms - psychiatric | 0572 | Home health aide - hourly charge |
| 0135 | Room charges for semi-private - 3/4 beds - rooms - hospice | 0579 | Home health aide - other |
| 0136 | Room charges for semi-private - 3/4 beds - rooms - detoxification | 0580 | Other visits (home health) - general |
| 0137 | Room charges for semi-private - 3/4 beds - rooms - oncology | 0581 | Other visits (home health) - visit charge |
| 0138 | Room charges for semi-private - 3/4 beds - rooms - rehabilitation | 0582 | Other visits (home health) - hourly charge |
| 0139 | Room charges for semi-private - 3/4 beds - rooms - other | 0583 | Other visits (home health) - assessment |
| 0140 | Room charges for private (deluxe) rooms - general | 0589 | Other visits (home health) - other |

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

| 0191 | Room charges for subacute care - Level I (skilled care) | 0650 | Hospice services - general |
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| 0192 | Room charges for subacute care - Level II (comprehensive care) | 0651 | Hospice services - routine home care |
| 0193 | Room charges for subacute care - Level III (complex care) | 0652 | Hospice services - continuous home care |
| 0194 | Room charges for subacute care - Level IV (intensive care) | 0655 | Hospice services - inpatient respite care |
| 0199 | Room charges for subacute care - other | 0656 | Hospice services - general inpatient care (non-respite) |
| 0200 | Room charges for intensive care - general | 0657 | Hospice services - physician services |
| 0201 | Room charges for intensive care - surgical | 0658 | Hospice services - room and board - nursing facility |
| 0202 | Room charges for intensive care - medical | 0659 | Hospice services - other |
| 0203 | Room charges for intensive care - pediatric | 0660 | Respite care - general |
| 0204 | Room charges for intensive care - psychiatric | 0661 | Respite care - hourly charge/skilled nursing |
| 0206 | Room charges for intensive care - intermediate intensive care unit (ICU) | 0662 | Respite care - hourly charge/aide/homemaker/companion |
| 0207 | Room charges for intensive care - burn care | 0663 | Respite care - daily charge |
| 0208 | Room charges for intensive care - trauma | 0669 | Respite care - other |
| 0209 | Room charges for intensive care - other | 0670 | Outpatient special residence - general |
| 0210 | Room charges for coronary care - general | 0671 | Outpatient special residence - hospital based |
| 0211 | Room charges for coronary care - myocardial infarction | 0672 | Outpatient special residence - contracted |
| 0212 | Room charges for coronary care - pulmonary care | 0679 | Outpatient special residence - other |
| 0213 | Room charges for coronary care - heart transplant | 0681 | Trauma response - level I |
| 0214 | Room charges for coronary care - intermediate coronary care unit (CCU) | 0682 | Trauma response - level II |
| 0219 | Room charges for coronary care - other | 0683 | Trauma response - level III |
| 0220 | Special charges - general | 0684 | Trauma response - level IV |
| 0221 | Special charges - admission charge | 0689 | Trauma response - other |
| 0222 | Special charges - technical support charge | 0690 | Pre-hospice/Palliative Care Services - general |
| 0223 | Special charges - UR service charge | 0691 | Pre-hospice/Palliative Care Services – visit charge |
| 0224 | Special charges - late discharge, medically necessary | 0692 | Pre-hospice/Palliative Care Services – hourly charge |
| 0229 | Special charges - other | 0693 | Pre-hospice/Palliative Care Services - evaluation |
| 0230 | Incremental nursing care - general | 0694 | Pre-hospice/Palliative Care Services – consultation and education |
| 0231 | Incremental nursing care - nursery | 0695 | Pre-hospice/Palliative Care Services – inpatient care |
| 0232 | Incremental nursing care - OB | 0696 | Pre-hospice/Palliative Care Services – physician services |
| 0233 | Incremental nursing care - ICU (includes transitional care) | 0699 | Pre-hospice/Palliative Care Services - other |
| 0234 | Incremental nursing care - CCU (includes transitional care) | 0700 | Cast Room services - general |
| 0235 | Incremental nursing care - hospice | 0710 | Recovery Room services - general |
| 0239 | Incremental nursing care - other | 0720 | Labor/Delivery Room services - general |
| 0240 | All-inclusive ancillary - general | 0721 | Labor/Delivery Room services - labor |
| 0241 | All-inclusive ancillary - basic | 0722 | Labor/Delivery Room services - delivery |
| 0242 | All-inclusive ancillary - comprehensive | 0723 | Labor/Delivery Room services - circumcision |
| 0243 | All-inclusive ancillary - specialty | 0724 | Labor/Delivery Room services - birthing center |
| 0249 | All-inclusive ancillary - other | 0729 | Labor/Delivery Room services - other |
| 0250 | Pharmacy - general | 0730 | EKG/ECG services - general |
| 0251 | Pharmacy - generic drugs | 0731 | EKG/ECG services - Holter monitor |
| 0252 | Pharmacy – non-generic drugs | 0732 | EKG/ECG services - telemetry |
| 0253 | Pharmacy - take-home drugs | 0739 | EKG/ECG services - other |
| 0254 | Pharmacy - drugs incident to other diagnostic services | 0740 | EEG services - general |
| 0255 | Pharmacy - drugs incident to radiology | 0750 | Gastrointestinal services - general |

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| 0256 | Pharmacy - experimental drugs | 0760 | Treatment or observation room services - general |
| 0257 | Pharmacy - nonprescription | 0761 | Specialty Room - Treatment/ Observation Room - Treatment Room |
| 0258 | Pharmacy - IV solutions | 0762 | Specialty Room - Treatment/ Observation Room - Observation Room |
| 0259 | Pharmacy - other | 0769 | Treatment or observation room services - other |
| 0260 | IV Therapy - general | 0770 | Preventive care services - general |
| 0261 | IV Therapy - infusion pump | 0771 | Preventive care services - vaccine administration |
| 0262 | IV Therapy - pharmacy services | 0780 | Telemedicine services - general |
| 0263 | IV Therapy - drug/supply delivery | 0790 | Extra-corporeal shockwave therapy - general |
| 0264 | IV Therapy - supplies | 0800 | Inpatient renal dialysis services - general |
| 0269 | IV Therapy - other | 0801 | Inpatient renal dialysis services - hemodialysis |
| 0270 | Medical surgical supplies and devices - general | 0802 | Inpatient renal dialysis services - peritoneal (non-CAPD) |
| 0271 | Medical surgical supplies and devices - nonsterile | 0803 | Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) |
| 0272 | Medical surgical supplies and devices - sterile | 0804 | Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD) |
| 0273 | Medical surgical supplies and devices - take-home | 0809 | Inpatient renal dialysis services - other |
| 0274 | Medical surgical supplies and devices - prosthetic/orthotic | 0810 | Acquisition of body components- general |
| 0275 | Medical surgical supplies and devices - pacemaker | 0811 | Acquisition of body components - living donor |
| 0276 | Medical surgical supplies and devices - intraocular lens (IOL) | 0812 | Acquisition of body components - cadaver donor |
| 0277 | Medical surgical supplies and devices - oxygen - take-home | 0813 | Acquisition of body components - unknown donor |
| 0278 | Medical surgical supplies and devices - other implants | 0814 | Acquisition of body components - unsuccessful organ search-donor bank charges |
| 0279 | Medical surgical supplies and devices - other | 0815 | Acquisition of body components – stem cells-allogeneic |
| 0280 | Oncology - general | 0819 | Acquisition of body components - other donor |
| 0289 | Oncology - other | 0820 | Hemodialysis - outpatient or home - general |
| 0290 | DME - general | 0821 | Hemodialysis - outpatient or home - composite or other rate |
| 0291 | DME - rental | 0822 | Hemodialysis - outpatient or home – home supplies |
| 0292 | DME - purchase of new | 0823 | Hemodialysis - outpatient or home – home equipment |
| 0293 | DME - purchase of used | 0824 | Hemodialysis - outpatient or home – maintenance 100% |
| 0294 | DME - supplies/drugs for DME effectiveness | 0825 | Hemodialysis - outpatient or home - support services |
| 0299 | DME - other equipment | 0826 | Hemodialysis - outpatient or home – shorter duration (effective 7/1/17) |
| 0300 | Laboratory - general | 0829 | Hemodialysis - outpatient or home - other |
| 0301 | Laboratory - chemistry | 0830 | Peritoneal dialysis - outpatient or home - general |
| 0302 | Laboratory - immunology | 0831 | Peritoneal dialysis - outpatient or home - composite or other rate |
| 0303 | Laboratory - renal patient (home) | 0832 | Peritoneal dialysis - outpatient or home – home supplies |
| 0304 | Laboratory – non-routine dialysis | 0833 | Peritoneal dialysis - outpatient or home – home equipment |
| 0305 | Laboratory - hematology | 0834 | Peritoneal dialysis - outpatient or home – maintenance 100% |
| 0306 | Laboratory - bacteriology and microbiology | 0835 | Peritoneal dialysis - outpatient or home - support services |
| 0307 | Laboratory - urology | 0839 | Peritoneal dialysis - outpatient or home - other |
| 0309 | Laboratory - other | 0840 | CAPD - outpatient or home - general |
| 0310 | Laboratory pathological - general | 0841 | CAPD - outpatient or home - composite or other rate |
| 0311 | Laboratory pathological - cytology | 0842 | CAPD - outpatient or home – home supplies |

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| 0312 | Laboratory pathological - histology | 0843 | CAPD - outpatient or home – home equipment |
| 0314 | Laboratory pathological - biopsy | 0844 | CAPD - outpatient or home – maintenance 100% |
| 0319 | Laboratory pathological - other | 0845 | CAPD - outpatient or home - support services |
| 0320 | Radiology - diagnostic - general | 0849 | CAPD - outpatient or home - other |
| 0321 | Radiology - diagnostic - angiocardiography | 0850 | CCPD - outpatient or home - general |
| 0322 | Radiology - diagnostic - arthrography | 0851 | CCPD - outpatient or home - composite or other rate |
| 0323 | Radiology - diagnostic - arteriography | 0852 | CCPD - outpatient or home - home supplies |
| 0324 | Radiology - diagnostic - chest x-ray | 0853 | CCPD - outpatient or home - home equipment |
| 0329 | Radiology - diagnostic - other | 0854 | CCPD - outpatient or home - maintenance 100% |
| 0330 | Radiology - therapeutic and/or chemotherapy administration - general | 0855 | CCPD - outpatient or home - support services |
| 0331 | Radiology -  therapeutic and/or chemotherapy administration - chemotherapy - injected | 0859 | CCPD - outpatient or home - other |
| 0332 | Radiology -  therapeutic and/or chemotherapy administration - chemotherapy - oral | 0860 | Magnetoencephalography (MEG) - General |
| 0333 | Radiology -  therapeutic and/or chemotherapy administration - radiation therapy | 0861 | Magnetoencephalography (MEG) - MEG |
| 0335 | Radiology -  therapeutic and/or chemotherapy administration - chemotherapy - IV | 0880 | Miscellaneous dialysis - general |
| 0339 | Radiology -  therapeutic and/or chemotherapy administration - other | 0881 | Miscellaneous dialysis - ultrafiltration |
| 0340 | Nuclear medicine - general | 0882 | Miscellaneous dialysis - home aide visit |
| 0341 | Nuclear medicine - diagnostic procedures | 0889 | Miscellaneous dialysis - other |
| 0342 | Nuclear medicine - therapeutic procedures | 0900 | Behavior health treatments/services - general |
| 0343 | Nuclear medicine - diagnostic radiopharmaceuticals | 0901 | Behavior health treatments/services - electroshock |
| 0344 | Nuclear medicine - therapeutic radiopharmaceuticals | 0902 | Behavior health treatments/services - milieu therapy |
| 0349 | Nuclear medicine - other | 0903 | Behavioral health treatments/services - play therapy |
| 0350 | CT scan - general | 0904 | Behavior health treatments/services - activity therapy |
| 0351 | CT scan - head | 0905 | Behavior health treatments/services - intensive outpatient services - psychiatric |
| 0352 | CT scan - body | 0906 | Behavior health treatments/services - intensive outpatient services - chemical dependency |
| 0359 | CT scan - other | 0907 | Behavior health treatments/services - community behavioral health program |
| 0360 | Operating room services - general | 0911 | Behavior health treatment/services - rehabilitation |
| 0361 | Operating room services - minor surgery | 0912 | Behavior health treatment/services - partial hospitalization - less intensive |
| 0362 | Operating room services - organ transplant other than kidney | 0913 | Behavior health treatment/services - partial hospitalization - intensive |
| 0367 | Operating room services - kidney transplant | 0914 | Behavior health treatment/services - individual therapy |
| 0369 | Operating room services - other | 0915 | Behavior health treatment/services - group therapy |
| 0370 | Anesthesia - general | 0916 | Behavior health treatment/services - family therapy |
| 0371 | Anesthesia - incident to radiology | 0917 | Behavior health treatment/services - biofeedback |
| 0372 | Anesthesia - incident to other diagnostic services | 0918 | Behavior health treatment/services - testing |
| 0374 | Anesthesia - acupuncture | 0919 | Behavior health treatment/services - other |
| 0379 | Anesthesia - other | 0920 | Other diagnostic services - general |
| 0380 | Blood - general | 0921 | Other diagnostic services - peripheral vascular lab |
| 0381 | Blood - packed red cells | 0922 | Other diagnostic services - electromyogram |
| 0382 | Blood - whole blood | 0923 | Other diagnostic services - pap smear |
| 0383 | Blood - plasma | 0924 | Other diagnostic services - allergy test |
| 0384 | Blood - platelets | 0925 | Other diagnostic services - pregnancy test |
| 0385 | Blood - leukocytes | 0929 | Other diagnostic services - other |

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| 0386 | Blood - other components | 0931 | Medical rehabilitation day program - half day |
| 0387 | Blood - other derivatives (cryoprecipitate) | 0932 | Medical rehabilitation day program - full day |
| 0389 | Blood - other | 0940 | Other therapeutic services - general |
| 0390 | Blood and blood component administration, storage and processing - general | 0941 | Other therapeutic services - recreational therapy |
| 0391 | Blood and blood component administration, storage and processing - administration | 0942 | Other therapeutic services - education/training |
| 0392 | Blood and blood component administration, storage and processing – processing and storage | 0943 | Other therapeutic services - cardiac rehabilitation |
| 0399 | Blood and blood component administration, storage and processing - other | 0944 | Other therapeutic services - drug rehabilitation |
| 0400 | Other imaging services - general | 0945 | Other therapeutic services - alcohol rehabilitation |
| 0401 | Other imaging services - diagnostic mammography | 0946 | Other therapeutic services - complex medical equipment - routine |
| 0402 | Other imaging services - ultrasound | 0947 | Other therapeutic services - complex medical equipment - ancillary |
| 0403 | Other imaging services - screening mammography | 0948 | Other therapeutic services – pulmonary rehabilitation |
| 0404 | Other imaging services - PET | 0949 | Other therapeutic services - other |
| 0409 | Other imaging services - other | 0951 | Other therapeutic services – athletic training |
| 0410 | Respiratory services - general | 0952 | Other therapeutic services - kinesiotherapy |
| 0412 | Respiratory services - inhalation | 0953 | Other therapeutic services – chemical dependency (drug and alcohol) |
| 0413 | Respiratory services - hyperbaric oxygen therapy | 0960 | Professional fees - general |
| 0419 | Respiratory services - other | 0961 | Professional fees - psychiatric |
| 0420 | Physical therapy - general | 0962 | Professional fees - ophthalmology |
| 0421 | Physical therapy - visit charge | 0963 | Professional fees - anesthesiologist (MD) |
| 0422 | Physical therapy - hourly charge | 0964 | Professional fees - anesthetist (CRNA) |
| 0423 | Physical therapy - group rate | 0969 | Professional fees - other |
| 0424 | Physical therapy - evaluation or reevaluation | 0971 | Professional fees - laboratory |
| 0429 | Physical therapy - other | 0972 | Professional fees - radiology - diagnostic |
| 0430 | Occupational therapy - general | 0973 | Professional fees - radiology - therapeutic |
| 0431 | Occupational therapy - visit charge | 0974 | Professional fees - radiology - nuclear medicine |
| 0432 | Occupational therapy - hourly charge | 0975 | Professional fees - operating room |
| 0433 | Occupational therapy - group rate | 0976 | Professional fees - respiratory therapy |
| 0434 | Occupational therapy - evaluation or reevaluation | 0977 | Professional fees - physical therapy |
| 0439 | Occupational therapy - other | 0978 | Professional fees - occupational therapy |
| 0440 | Speech-language pathology - general | 0979 | Professional fees - speech therapy |
| 0441 | Speech-language pathology - visit charge | 0981 | Professional fees - emergency room |
| 0442 | Speech-language pathology - hourly charge | 0982 | Professional fees - outpatient services |
| 0443 | Speech-language pathology - group rate | 0983 | Professional fees - clinic |
| 0444 | Speech-language pathology - evaluation or reevaluation | 0984 | Professional fees - medical social services |
| 0449 | Speech-language pathology - other | 0985 | Professional fees - EKG |
| 0450 | Emergency room - general | 0986 | Professional fees - EEG |
| 0451 | Emergency room - EMTALA emergency medical screening services | 0987 | Professional fees - hospital visit |
| 0452 | Emergency room - beyond EMTALA screening | 0988 | Professional fees - consultation |
| 0456 | Emergency room - urgent care | 0989 | Professional fees - private duty nurse |
| 0459 | Emergency room - other | 0990 | Patient convenience items - general |
| 0460 | Pulmonary function - general | 0991 | Patient convenience items - cafeteria/guest tray |
| 0469 | Pulmonary function - other | 0992 | Patient convenience items - private linen service |
| 0470 | Audiology - general | 0993 | Patient convenience items - telephone/telegraph |
| 0471 | Audiology - diagnostic | 0994 | Patient convenience items - TV/radio |
| 0472 | Audiology - treatment | 0995 | Patient convenience items - nonpatient room rentals |
| 0479 | Audiology - other | 0996 | Patient convenience items - late discharge charge |
| 0480 | Cardiology - general | 0997 | Patient convenience items - admission kits |

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| 0481 | Cardiology - cardiac cath lab | 0998 | Patient convenience items - beauty shop/barber |
| 0482 | Cardiology - stress test | 0999 | Patient convenience items - other |
| 0483 | Cardiology - echocardiology | 1000 | Behavior health accommodations - general |
| 0489 | Cardiology - other | 1001 | Behavior health accommodations - residential treatment - psychiatric |
| 0490 | Ambulatory surgical care - general | 1002 | Behavior health accommodations - residential treatment - chemical dependency |
| 0499 | Ambulatory surgical care - other | 1003 | Behavior health accommodations - supervised living |
| 0500 | Outpatient services - general | 1004 | Behavior health accommodations - halfway house |
| 0509 | Outpatient services - other | 1005 | Behavior health accommodations - group home |
| 0510 | Clinic - general | 2100 | Alternative therapy services - general |
| 0511 | Clinic - chronic pain | 2101 | Alternative therapy services - acupuncture |
| 0512 | Clinic - dental | 2102 | Alternative therapy services - acupressure |
| 0513 | Clinic - psychiatric | 2103 | Alternative therapy services - massage |
| 0514 | Clinic - OB/GYN | 2104 | Alternative therapy services - reflexology |
| 0515 | Clinic - pediatric | 2105 | Alternative therapy services - biofeedback |
| 0516 | Clinic - urgent care | 2106 | Alternative therapy services - hypnosis |
| 0517 | Clinic - family practice | 2109 | Alternative therapy services - other |
| 0519 | Clinic - other | 3101 | Adult day care, medical and social - hourly |
| 0520 | Freestanding Clinic - general | 3102 | Adult day care, social - hourly |
| 0521 | Freestanding Clinic - Clinic Visit by Member to RHC/FQHC | 3103 | Adult day care, medical and social - daily |
| 0522 | Freestanding Clinic - Home Visit by RHC/FQHC Practitioner | 3104 | Adult day care, social - daily |
| 0523 | Freestanding Clinic - family practice | 3105 | Adult foster care - daily |
| 0524 | Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF | 3109 | Adult foster care - other |
| 0525 | Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility | | |
| 0526 | Freestanding Clinic - urgent care | | |

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| **Beginning Position:** | 13 | **Data Source:** | Claim |
| **Length:** | 4 | **Type:** | Alphanumeric |
| **Field 3:** | **HCPCS_QUALIFIER** | | |
| **Description:** | Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE. | | |
| **Beginning Position:** | 17 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 4** | **HCPCS_PROCEDURE_CODE** | | |
| **Description:** | HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. | | |
| **Coding Scheme:** | See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list of Level II HCPCS codes. | | |
| **Beginning Position:** | 19 | **Data Source:** | Claim |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 5:** | **MODIFIER_1** | | |
| **Description:** | Identifies special circumstances related to the performance of the service | | |

**Coding Scheme:**

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|---|---|---|---|
| 22 | Increased procedural services | P4 | A patient with severe systemic disease that is a constant threat to life |
| 23 | Unusual Anesthesia | P5 | A moribund patient who is not expected to survive without the operation |
| 24 | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period | P6 | A declared brain-dead patient whose organs are being removed for donor purposes |
| 25 | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service | E1 | Upper left eyelid |

| Code | Description | Code | Description |
|---|---|---|---|
| 26 | Professional Component | E2 | Lower left eyelid |
| 27 | Multiple Outpatient Hospital E/M Encounters on the Same Date | E3 | Upper right eyelid |
| 32 | Mandated Services | E4 | Lower right eyelid |
| 33 | Preventive Service | F1 | Left hand, second digit |
| 47 | Anesthesia by Surgeon | F2 | Left hand, third digit |
| 50 | Bilateral Procedure | F3 | Left hand, fourth digit |
| 51 | Multiple Procedures | F4 | Left hand, fifth digit |
| 52 | Reduced Services | F5 | Right hand, thumb |
| 53 | Discontinued Procedure | F6 | Right hand, second digit |
| 54 | Surgical Care Only | F7 | Right hand, third digit |
| 55 | Postoperative Management Only | F8 | Right hand, fourth digit |
| 56 | Preoperative Management Only | F9 | Right hand, fifth digit |
| 57 | Decision for Surgery | FA | Left hand, thumb |
| 58 | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period | GG | Performance and payment of a screening mammography and diagnostic mammography on same patient, same day. |
| 59 | Distinct Procedural Service | GH | Diagnostic mammogram converted from screening mammogram on same day |
| 62 | Two Surgeons | LC | Left circumflex coronary artery |
| 63 | Procedure Performed on Infants less than 4kg | LD | Left anterior descending coronary artery |
| 66 | Surgical Team | LM | Left main coronary artery |
| 73 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia | LT | Left side of the body procedure |
| 74 | Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia | QM | Ambulance service provided under arrangement by a provider of services |
| 76 | Repeat Procedure by Same Physician or Other Qualified Health Care Professional | QN | Ambulance service furnished directly by a provider of services |
| 77 | Repeat Procedure by Another Physician or Other Qualified Health Care Professional | RC | Right coronary artery |
| 78 | Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period | RI | Ramus intermedius coronary artery |
| 79 | Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period | RT | Right side of the body procedure |
| 80 | Assistant Surgeon | T1 | Left foot, second digit |
| 81 | Minimum Assistant Surgeon | T2 | Left foot, third digit |
| 82 | Repeat procedure by same physician | T3 | Left foot, fourth digit |
| 90 | Reference (Outside) Laboratory | T4 | Left foot, fifth digit |
| 91 | Repeat Clinical Diagnostic Laboratory Test | T5 | Right foot, great toe |
| 92 | Alternative Laboratory Platform Testing | T6 | Right foot, second digit |
| 95 | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System | T7 | Right foot, third digit |
| 99 | Multiple Modifiers | T8 | Right foot, fourth digit |
| 1P | Performance Measure Exclusion Modifier due to Medical Reasons | T9 | Right foot, fifth digit |
| 2P | Performance Measure Exclusion Modifier due to Patient Reasons | TA | Left foot, great toe |
| 3P | Performance Measure Exclusion Modifier due to System Reasons | XE | Separate Encounter |
| 8P | Performance Measure Reporting Modifier-Action not performed, reason not otherwise specified | XS | Separate Structure |
| P1 | A normal healthy patient | XP | Separate Practitioner |
| P2 | A patient with mild systemic disease | XU | Unusual Non-Overlapping Service |
| P3 | A patient with severe systemic disease | | |

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| **Beginning Position:** | 24 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |

| Field 6: | **MODIFIER_2** | | |
|---|---|---|---|
| **Description:** | Identifies special circumstances related to the performance of the service. | | |
| **Coding Scheme:** | Same as Field MODIFIER_1 | | |
| **Beginning Position:** | 26 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 7:** | **MODIFIER_3** | | |
| **Description:** | Identifies special circumstances related to the performance of the service. | | |
| **Coding Scheme:** | Same as Field MODIFIER_1 | | |
| **Beginning Position:** | 28 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 8:** | **MODIFIER_4** | | |
| **Description:** | Identifies special circumstances related to the performance of the service. | | |
| **Coding Scheme:** | Same as Field MODIFIER_1 | | |
| **Beginning Position:** | 30 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 9:** | **UNIT_MEASUREMENT_CODE** | | |
| **Description:** | Code specifying the units in which a value is being expressed. | | |
| **Coding Scheme:** | DA Days<br>F2 International unit<br>UN Unit | | |
| **Beginning Position:** | 32 | **Data Source:** | Claim |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 10:** | **UNITS_OF_SERVICE** | | |
| **Description:** | Numeric value of quantity | | |
| **Beginning Position:** | 34 | **Data Source:** | Claim |
| **Length:** | 7 | **Type:** | Numeric |
| **Field 11:** | **UNIT_RATE** | | |
| **Description:** | Rate per unit | | |
| **Beginning Position:** | 41 | **Data Source:** | Claim |
| **Length:** | 12 | **Type:** | Numeric |
| **Field 12:** | **CHRGS_LINE_ITEM** | | |
| **Description:** | Total amount of the charge | | |
| **Beginning Position:** | 53 | **Data Source:** | Assigned |
| **Length:** | 14 | **Type:** | Numeric |
| **Field 13:** | **CHRGS_NON_COV** | | |
| **Description:** | Total non-covered amount of the charge | | |
| **Beginning Position:** | 67 | **Data Source:** | Assigned |
| **Length:** | 14 | **Type:** | Numeric |
| **Field 14:** | **FINAL_EAPG_CATEGORY_CODE** | | |
| | Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 81 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 15:** | **FINAL_EAPG_TYPE_CODE** | | |
| | Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 83 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 16:** | **FINAL_EAPG** | | |
| | Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 85 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 17:** | **APC_PROCEDURE_CODE** | | |
| | Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09. | | |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 90 | **Data Source:** | Assigned |
| **Length:** | 5 | **Type:** | Alphanumeric |
| **Field 18:** | **APC_PX_STATUS_IND_CODE** | | |
| | Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 95 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Field 19:** | **APC_WEIGHT** | | |
| | Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09. | | |
| **Beginning Position:** | 97 | **Data Source:** | Assigned |
| **Length:** | 9 | **Type:** | Alphanumeric |

# FACILITY TYPE INDICATOR FILE

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

| Field 1: | THCIC_ID | | |
|---|---|---|---|
| **Description:** | Provider ID. Unique identifier assigned to the provider by DSHS. | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned |
| **Length:** | 6 | **Type:** | Alphanumeric |
| **Field 2** | **PROVIDER_NAME** | | |
| **Description:** | Hospital name provided by the hospital. | | |
| **Beginning Position:** | 7 | **Data Source:** | Provider |
| **Length:** | 55 | **Type:** | Alphanumeric |
| **Field 3:** | **FAC_TEACHING_IND** | | |
| **Description:** | Teaching facility indicator. | | |
| **Coding Scheme:** | A Member, Council of Teaching Hospitals<br>X Other teaching facility | | |
| **Beginning Position:** | 62 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 4:** | **FAC_PSYCH_IND** | | |
| **Description:** | Psychiatric facility indicator. | | |
| **Beginning Position:** | 63 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 5:** | **FAC_REHAB_IND** | | |
| **Description:** | Rehabilitation facility indicator. | | |
| **Beginning Position:** | 64 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 6:** | **FAC_ACUTE_CARE_IND** | | |
| **Description:** | Acute care facility indicator. | | |
| **Beginning Position:** | 65 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 7:** | **FAC_SNF_IND** | | |
| **Description:** | Skilled nursing facility indicator. | | |
| **Beginning Position:** | 66 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 8:** | **FAC_LONG_TERM_AC_IND** | | |
| **Description:** | Long term acute care facility indicator. | | |
| **Beginning Position:** | 67 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 9:** | **FAC_OTHER_LTC_IND** | | |
| **Description:** | Other long term care facility indicator. | | |
| **Beginning Position:** | 68 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 10:** | **FAC_PEDS_IND** | | |
| **Description:** | Pediatric facility Indicator. | | |
| **Coding Scheme:** | C Member, National Association of Children's Hospitals and Related Institutions (NACHRI)<br>X Facilities that also treat children | | |
| **Beginning Position:** | 69 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 11:** | **FAC_CARDIOVASCULAR_IND** | | |
| **Description:** | Cardiovascular facility indicator. | | |
| **Beginning Position:** | 70 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 12:** | **FAC_CHIROPRACTIC_IND** | | |
| **Description:** | Chiropractic care facility indicator. | | |

| | | | |
|---|---|---|---|
| **Beginning Position:** | 71 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 13:** | **FAC_ENDOSCOPY_IND** | | |
| **Description:** | Endoscopy facility indicator. | | |
| **Beginning Position:** | 72 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 14:** | **FAC_FOOT_IND** | | |
| **Description:** | Foot care facility indicator. | | |
| **Beginning Position:** | 73 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 15:** | **FAC_GASTROENTEROLOGY_IND** | | |
| **Description:** | Gastroenterology facility indicator. | | |
| **Beginning Position:** | 74 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 16:** | **FAC_GENERAL_IND** | | |
| **Description:** | General care facility indicator. | | |
| **Beginning Position:** | 75 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 17:** | **FAC_NEUROLOGICAL_IND** | | |
| **Description:** | Neurological care facility indicator. | | |
| **Beginning Position:** | 76 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 18:** | **FAC_OB_GYN_IND** | | |
| **Description:** | Obstetrics and gynecology facility indicator. | | |
| **Beginning Position:** | 77 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 19:** | **FAC_OPTHAMOLOGY_IND** | | |
| **Description:** | Opthamology facility indicator. | | |
| **Beginning Position:** | 78 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 20:** | **FAC_ORAL_IND** | | |
| **Description:** | Oral health care facility indicator. | | |
| **Beginning Position:** | 79 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 21:** | **FAC_ORTHOPEDIC_IND** | | |
| **Description:** | Orthopedic care facility indicator. | | |
| **Beginning Position:** | 80 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 22:** | **FAC_OTOLARYNGOLOGY_IND** | | |
| **Description:** | Otolaryngology facility indicator. | | |
| **Beginning Position:** | 81 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 23:** | **FAC_ PAIN_MNGMT _IND** | | |
| **Description:** | Pain management facility indicator. | | |
| **Beginning Position:** | 82 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 24:** | **FAC_PLASTIC_IND** | | |
| **Description:** | Plastic surgery facility indicator. | | |
| **Beginning Position:** | 83 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 25:** | **FAC_THORACIC_IND** | | |
| **Description:** | Thoracic care facility Indicator. | | |
| **Beginning Position:** | 84 | **Data Source:** | Provider |
| **Length:** | 1 | **Type:** | Alphanumeric |
| **Field 26:** | **FAC_UROLOGY_IND** | | |

| Description: | Urology care facility indicator. | | |
|---|---|---|---|
| Beginning Position: | 85 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |

| **Field 27:** | **FAC_OTHER_IND** | | |
|---|---|---|---|
| Description: | Other facility indicator. | | |
| Beginning Position: | 86 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |

| **Field 11:** | **POA_PROVIDER_INDICATOR** | | |
|---|---|---|---|
| | Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals. | | |
| Coding Scheme: | M     Mixed (Facility has sections that would be exempted from reporting POA for those patients)<br>R     Required<br>X     Exempt<br>`     Invalid | | |
| Beginning Position: | 87 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |

| **Field 122:** | **CERT_STATUS** | | |
|---|---|---|---|
| | Assignment of a code to indicate the certification of data and submission of comments by the facility. First available 3rd quarter 1999. | | |
| Coding Scheme: | 1     Certified, without comment<br>2     Certified, with comment<br>3     Certified, with comment, comment not received by deadline<br>4     Facility elected not to certify<br>5     Facility closed, data not certified<br>6     Facility out of compliance, did not certify data<br>7     Data not certified. Facility affected by natural or man-made disaster (Starting 4Q2016) | | |
| Beginning Position: | 88 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |

TEXAS OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE

## Public Use Data File
# DATA FIELDS

# BASE DATA FILE

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

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

| Number | Field Name | Position | Length | Field Type |
|--------|-----------|----------|--------|------------|
| 66 | E_CODE_8 | 311 | 7 | Alphanumeric |
| 67 | E_CODE_9 | 318 | 7 | Alphanumeric |
| 68 | E_CODE_10 | 325 | 7 | Alphanumeric |
| 69 | PROC_CODE_1 | 332 | 5 | Alphanumeric |
| 70 | PROC_CODE_2 | 337 | 5 | Alphanumeric |
| 71 | PROC_CODE_3 | 342 | 5 | Alphanumeric |
| 72 | PROC_CODE_4 | 347 | 5 | Alphanumeric |
| 73 | PROC_CODE_5 | 352 | 5 | Alphanumeric |
| 74 | PROC_CODE_6 | 357 | 5 | Alphanumeric |
| 75 | PROC_CODE_7 | 362 | 5 | Alphanumeric |
| 76 | PROC_CODE_8 | 367 | 5 | Alphanumeric |
| 77 | PROC_CODE_9 | 372 | 5 | Alphanumeric |
| 78 | PROC_CODE_10 | 377 | 5 | Alphanumeric |
| 79 | PROC_CODE_11 | 382 | 5 | Alphanumeric |
| 80 | PROC_CODE_12 | 387 | 5 | Alphanumeric |
| 81 | PROC_CODE_13 | 392 | 5 | Alphanumeric |
| 82 | PROC_CODE_14 | 397 | 5 | Alphanumeric |
| 83 | PROC_CODE_15 | 402 | 5 | Alphanumeric |
| 84 | PROC_CODE_16 | 407 | 5 | Alphanumeric |
| 85 | PROC_CODE_17 | 412 | 5 | Alphanumeric |
| 86 | PROC_CODE_18 | 417 | 5 | Alphanumeric |
| 87 | PROC_CODE_19 | 422 | 5 | Alphanumeric |
| 88 | PROC_CODE_20 | 427 | 5 | Alphanumeric |
| 89 | PROC_CODE_21 | 432 | 5 | Alphanumeric |
| 90 | PROC_CODE_22 | 437 | 5 | Alphanumeric |
| 91 | PROC_CODE_23 | 442 | 5 | Alphanumeric |
| 92 | PROC_CODE_24 | 447 | 5 | Alphanumeric |
| 93 | PROC_CODE_25 | 452 | 5 | Alphanumeric |
| 94 | OTHER_AMOUNT | 457 | 12 | Numeric |
| 95 | PHARM_AMOUNT | 469 | 12 | Numeric |
| 96 | MEDSURG_AMOUNT | 481 | 12 | Numeric |
| 97 | DME_AMOUNT | 493 | 12 | Numeric |
| 98 | USED_DME_AMOUNT | 505 | 12 | Numeric |
| 99 | PT_AMOUNT | 517 | 12 | Numeric |
| 100 | OT_AMOUNT | 529 | 12 | Numeric |
| 101 | SPEECH_AMOUNT | 541 | 12 | Numeric |
| 102 | IT_AMOUNT | 553 | 12 | Numeric |
| 103 | BLOOD_AMOUNT | 565 | 12 | Numeric |
| 104 | BLOOD_ADM_AMOUNT | 577 | 12 | Numeric |
| 105 | OR_AMOUNT | 589 | 12 | Numeric |

| Number | Field Name | Position | Length | Field Type |
|--------|-----------|----------|--------|------------|
| 106 | LITH_AMOUNT | 601 | 12 | Numeric |
| 107 | CARD_AMOUNT | 613 | 12 | Numeric |
| 108 | ANES_AMOUNT | 625 | 12 | Numeric |
| 109 | LAB_AMOUNT | 637 | 12 | Numeric |
| 110 | RAD_AMOUNT | 649 | 12 | Numeric |
| 111 | MRI_AMOUNT | 661 | 12 | Numeric |
| 112 | OP_AMOUNT | 673 | 12 | Numeric |
| 113 | ER_AMOUNT | 685 | 12 | Numeric |
| 114 | AMBULANCE_AMOUNT | 697 | 12 | Numeric |
| 115 | PRO_FEE_AMOUNT | 709 | 12 | Numeric |
| 116 | ORGAN_AMOUNT | 721 | 12 | Numeric |
| 117 | ESRD_AMOUNT | 733 | 12 | Numeric |
| 118 | CLINIC_AMOUNT | 745 | 12 | Numeric |
| 119 | TOTAL_CHARGES | 757 | 12 | Numeric |
| 120 | TOTAL_NON_COV_CHARGES | 769 | 12 | Numeric |
| 121 | TOTAL_CHARGES_ANCIL | 781 | 12 | Numeric |
| 122 | TOTAL_NON_COV_CHARGES_ANCIL | 793 | 12 | Numeric |
| 123 | PHYSICIAN1_INDEX_NUMBER | 805 | 10 | Alphanumeric |
| 124 | PHYSICIAN2_INDEX_NUMBER | 815 | 10 | Alphanumeric |
| 125 | INPUT_FORMAT | 825 | 1 | Alphanumeric |
| 126 | SOURCE_OF_ADMISSION | 826 | 1 | Alphanumeric |
| 127 | PAT_STATUS | 827 | 2 | Alphanumeric |
| 128 | PROVIDER_NAME | 829 | 55 | Alphanumeric |
| 129 | EMERGENCY_DEPT_FLAG | 884 | 1 | Alphanumeric |
| | **Record_Length** | | 884 | |

# CLASSIFICATION DATA FILE

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

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

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

# CHARGES DATA FILE

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

# FACILITY TYPE DATA FILE

| Number | Field Name | Position | Length | Field Type |
|---|---|---|---|---|
| 1 | THCIC_ID | 1 | 6 | Alphanumeric |
| 2 | PROVIDER_NAME | 7 | 55 | Alphanumeric |
| 3 | FAC_TEACHING_IND | 62 | 1 | Alphanumeric |
| 4 | FAC_PSYCH_IND | 63 | 1 | Alphanumeric |
| 5 | FAC_REHAB_IND | 64 | 1 | Alphanumeric |
| 6 | FAC_ACUTE_CARE_IND | 65 | 1 | Alphanumeric |
| 7 | FAC_SNF_IND | 66 | 1 | Alphanumeric |
| 8 | FAC_LONG_TERM_AC_IND | 67 | 1 | Alphanumeric |
| 9 | FAC_OTHER_LTC_IND | 68 | 1 | Alphanumeric |
| 10 | FAC_PEDS_IND | 69 | 1 | Alphanumeric |
| 11 | FAC_CARDIOVASCULAR_IND | 70 | 1 | Alphanumeric |
| 12 | FAC_CHIROPRACTIC_IND | 71 | 1 | Alphanumeric |
| 13 | FAC_ENDOSCOPY_IND | 72 | 1 | Alphanumeric |
| 14 | FAC_FOOT_IND | 73 | 1 | Alphanumeric |
| 15 | FAC_GASTROENTEROLOGY_IND | 74 | 1 | Alphanumeric |
| 16 | FAC_GENERAL_IND | 75 | 1 | Alphanumeric |
| 17 | FAC_NEUROLOGICAL_IND | 76 | 1 | Alphanumeric |
| 18 | FAC_OB_GYN_IND | 77 | 1 | Alphanumeric |
| 19 | FAC_OPTHAMOLOGY_IND | 78 | 1 | Alphanumeric |
| 20 | FAC_ORAL_IND | 79 | 1 | Alphanumeric |
| 21 | FAC_ORTHOPEDIC_IND | 80 | 1 | Alphanumeric |
| 22 | FAC_OTOLARYRGOLOGY_IND | 81 | 1 | Alphanumeric |
| 23 | FAC_PAIN_MNGMT_IND | 82 | 1 | Alphanumeric |
| 24 | FAC_PLASTIC_IND | 83 | 1 | Alphanumeric |
| 25 | FAC_THORACIC_IND | 84 | 1 | Alphanumeric |
| 26 | FAC_UROLOGY_IND | 85 | 1 | Alphanumeric |
| 27 | FAC_OTHER_IND | 86 | 1 | Alphanumeric |
| 28 | POA_PROVIDER_INDICATOR | 87 | 1 | Alphanumeric |
| 29 | CERT_STATUS | 88 | 1 | Alphanumeric |
| | **Record_Length** | | 88 | |