

II. Fixed-Width File Layout(s)

Inpatient Discharge

Column(s)	Length	Data Element
01-03	03	Age in Years
04	01	Infant Age Groups
05-09	05	ZIP Code
10-11	02	County/State Code
12	01	Gender
13-15	03	Length of Stay
16-18	03	Discharge Year and Quarter
19	01	Admission Type
20	01	Admission Source
21-22	02	Discharge Status
23-34	12.2	Total Charges (explicit decimal)
35-37	03	Leave Days
38	01	First Payer Identifier Group
39	01	First Payer Category Group
40	01	Second Payer Identifier Group
41	01	Second Payer Category Group
42-46	05	Principal Diagnosis Code
47-51	05	First Other Diagnosis Code
52-56	05	Second Other Diagnosis Code
57-61	05	Third Other Diagnosis Code
62-66	05	Fourth Other Diagnosis Code
67-71	05	Fifth Other Diagnosis Code
72-76	05	Sixth Other Diagnosis Code
77-81	05	Seventh Other Diagnosis Code
82-86	05	Eighth Other Diagnosis Code
87-91	05	E Code
92-95	04	Principal Procedure Code (ICD-9-CM Code)
96-99	04	First Other Procedure Code (ICD-9-CM Code)
100-103	04	Second Other Procedure Code (ICD-9-CM Code)
104-107	04	Third Other Procedure Code (ICD-9-CM Code)
108-111	04	Fourth Other Procedure Code (ICD-9-CM Code)
112-115	04	Fifth Other Procedure Code (ICD-9-CM Code)
116-118	03	Pre-Procedure Days
119-120	02	Major Diagnostic Category
121-123	03	Diagnosis Related Group
124-126	03	Hospital or FASC Identification Number
127-131	05	Record Number
132-136	05	Admitting Diagnosis/Reason for Visit Effective 3Q 07
137-139	03	First Payer Combined Code Effective 1Q 04
140-142	03	Second Payer Combined Code Effective 1Q 04

Fixed-Width Layout(s)**Outpatient Surgery (OPS) & Observation w/ Outpatient Surgery (OBS-OPS)**

Column(s)	Length	Data Element
01-03	03	Age in Years
04	01	Infant Age Groups
05-09	05	ZIP Code
10-11	02	County/State Code
12	01	Gender
13-15	03	Surgery Year and Quarter
16	01	Admission Type
17-28	12.2	Total Charges (explicit decimal)
29	01	First Payer Identifier Group
30	01	First Payer Category Group
31	01	Second Payer Identifier Group
32	01	Second Payer Category Group
33-37	05	Principal Diagnosis Code
38-42	05	First Other Diagnosis Code
43-47	05	Second Other Diagnosis Code
58-52	05	Third Other Diagnosis Code
53-57	05	Fourth Other Diagnosis Code
58-62	05	Fifth Other Diagnosis Code
63-67	05	Sixth Other Diagnosis Code
68-72	05	Seventh Other Diagnosis Code
73-77	05	Eighth Other Diagnosis Code
78-82	05	E Code
83-86	04	Principal Procedure Code (ICD-9-CM Code)
87-90	04	First Other Procedure Code (ICD-9-CM Code)
91-94	04	Second Other Procedure Code (ICD-9-CM Code)
95-98	04	Third Other Procedure Code (ICD-9-CM Code)
99-102	04	Fourth Other Procedure Code (ICD-9-CM Code)
103-106	04	Fifth Other Procedure Code (ICD-9-CM Code)
107-111	05	Principal Procedure Code (CPT-4 Code)
112-116	05	First Other Procedure Code (CPT-4 Code)
117-121	05	Second Other Procedure Code (CPT-4 Code)
122-126	05	Third Other Procedure Code (CPT-4 Code)
127-131	05	Fourth Other Procedure Code (CPT-4 Code)
132-136	05	Fifth Other Procedure Code (CPT-4 Code)
137	01	Blank (<i>Previously Reportable Procedure Category</i>)
138	01	Blank (<i>Previously Number of Reportable Procedures</i>)
139-141	03	Hospital or FASC Identification Number
142-146	05	Record Number
147-149	03	First Payer Combined Code Effective 1Q 04
150-152	03	Second Payer Combined Code Effective 1Q 04
153	01	Bilateral Principal Procedure (Yes/No) Effective 1Q 05
154	01	Bilateral First Other Procedure (Yes/No) Effective 1Q 05
155	01	Bilateral Second Other Procedure (Yes/No) Effective 1Q 05
156	01	Bilateral Third Other Procedure (Yes/No) Effective 1Q 05
157	01	Bilateral Fourth Other Procedure (Yes/No) Effective 1Q 05
158	01	Bilateral Fifth Other Procedure (Yes/No) Effective 1Q 05
159-163	05	Admitting Diagnosis/Reason for Visit Effective 3Q 07

Fixed-Width Layout(s)**Emergency Department (ED) & Observation w/ Emergency Department (OBS-ED)**

Column(s)	Length	Data Element
01-03	03	Age in Years
04-08	05	ZIP Code
09-10	02	County/State Code
11	01	Gender
12-14	03	Discharge Year and Quarter
15	01	Admission Source
16-17	02	Discharge Status
18-29	12.2	Total Charges (explicit decimal)
30	01	First Payer Identifier Group
31	01	First Payer Category Group
32	01	Second Payer Identifier Group
33	01	Second Payer Category Group
34-38	05	Principal Diagnosis Code
39-43	05	First Other Diagnosis Code
44-48	05	Second Other Diagnosis Code
49-53	05	Third Other Diagnosis Code
54-58	05	Fourth Other Diagnosis Code
59-63	05	Fifth Other Diagnosis Code
64-68	05	Sixth Other Diagnosis Code
69-73	05	Seventh Other Diagnosis Code
74-78	05	Eighth Other Diagnosis Code
79-83	05	E Code
84-87	04	Principal Procedure Code (ICD-9-CM Code)
88-91	04	First Other Procedure Code (ICD-9-CM Code)
92-95	04	Second Other Procedure Code (ICD-9-CM Code)
96-99	04	Third Other Procedure Code (ICD-9-CM Code)
100-103	04	Fourth Other Procedure Code (ICD-9-CM Code)
104-107	04	Fifth Other Procedure Code (ICD-9-CM Code)
108-110	03	Hospital or FASC Identification Number
111-115	05	Record Number
116-120	05	Admitting Diagnosis/Reason for Visit Effective 3Q 07
121-123	03	Attending Physician Specialty Code
124-126	03	Other (Procedure) Physician 1 Specialty Code
127-131	05	Principal Procedure Code (CPT-4 Code)
132-136	05	First Other Procedure Code (CPT-4 Code)
137-141	05	Second Other Procedure Code (CPT-4 Code)
142-146	05	Third Other Procedure Code (CPT-4 Code)
147-151	05	Fourth Other Procedure Code (CPT-4 Code)
152-156	05	Fifth Other Procedure Code (CPT-4 Code)
157-159	03	First Payer Combined Code Effective 1Q 04
160-162	03	Second Payer Combined Code Effective 1Q 04
163	01	Bilateral Principal Procedure (Yes/No) Effective 1Q 05
164	01	Bilateral First Other Procedure (Yes/No) Effective 1Q 05
165	01	Bilateral Second Other Procedure (Yes/No) Effective 1Q 05
166	01	Bilateral Third Other Procedure (Yes/No) Effective 1Q 05
167	01	Bilateral Fourth Other Procedure (Yes/No) Effective 1Q 05
168	01	Bilateral Fifth Other Procedure (Yes/No) Effective 1Q 05
169-171	03	Second Other (Procedure) Physician Specialty Code Effective 1Q 05