

Fixed-Width Outpatient Surgery Layout

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
48-52	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 (ICD-9-CM Code)
87-90	04	First Other Procedure (ICD-9-CM Code)
91-94	04	Second Other Procedure (ICD-9-CM Code)
95-98	04	Third Other Procedure (ICD-9-CM Code)
99-102	04	Fourth Other Procedure (ICD-9-CM Code)
103-106	04	Fifth Other Procedure (ICD-9-CM Code)
107-111	05	Principal Procedure (CPT-4 Code)
112-116	05	First Other Procedure (CPT-4 Code)
117-121	05	Second Other Procedure (CPT-4 Code)
122-126	05	Third Other Procedure (CPT-4 Code)
127-131	05	Fourth Other Procedure (CPT-4 Code)
132-136	05	Fifth Other Procedure (CPT-4 Code)
137	01	Blank (<i>Previously Reportable Procedure Category</i>)
138	01	Blank (<i>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 Q1 04
150-152	03	Second Payer Combined Code Effective Q1 04
153-153	01	Bilateral Principal Procedure (Yes/No) Effective Q1 05
154-154	01	Bilateral First Other Procedure (Yes/No) Effective Q1 05
155-155	01	Bilateral Second Other Procedure (Yes/No) Effective Q1 05
156-156	01	Bilateral Third Other Procedure (Yes/No) Effective Q1 05
157-157	01	Bilateral Fourth Other Procedure (Yes/No) Effective Q1 05
158-158	01	Bilateral Fifth Other Procedure (Yes/No) Effective Q1 05