

II. File Layout(s)

Fixed-Width Inpatient Discharge 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	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	Diagnosis Present at Admission
137-139	03	First Payer Combined Code Effective Q1 04
140-142	03	Second Payer Combined Code Effective Q1 04