## **Tx Course**

Organization	Field Name	ID	Required
KCR	Tx Course (Course)	50050	yes

Field Length: 1

Enter the letter which indicates whether this therapy type was administered as part of the first course of therapy or was part of a subsequent course of therapy.

Code	Description
F	First course
S	Subsequent

Refer to the General Coding Principals section of this manual for a discussion of the definition of first course of therapy.