

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2023

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BACKGROUND

The 2014-15 General Appropriations Act, S.B. 1, 83rd Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in Chapter 108, Texas Health and Safety Code (THSC).

DSHS began collecting ED data from hospitals on January 1, 2015 per <u>25</u> <u>Texas Administrative Code (TAC)</u> <u>Sections 421.71-421.79</u>, and in conjunction with the collection of inpatient and outpatient data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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.

The Freestanding Emergency Medical Care Facilities (FEMCF) data collection began on October 1, 2020, under the amended rules in 25 TAC Sections 421.71 – 421.79.

THSC Section <u>108.012</u> authorizes DSHS to charge the data requestor a standard fee to recoup funds for sustaining the program processing the data.

TEXAS EMERGENCY DEPARTMENT Public Use DATA FILES

The Texas Emergency Department Public Use Data Files include data from Inpatient "Public Use Data Files" (PUDF) and the Outpatient PUDF. The Inpatient PUDF contains patient-level information for patients which were admitted into the hospital for care. The inpatient hospital stay may last several hours to days, weeks or years, depending upon the condition or status of the patient before being discharged; the Outpatient PUDF contains patient-level information for outpatient services that does not go more than twenty-four (24) hours from the time they are being treated in the hospital or freestanding emergency medical care facility (FEMCF). DSHS only collect data from these hospitals and FEMCFs in which patient's received one or more procedures that included invasive surgical procedures or imaging/radiological procedures and all hospital emergency department (ED) visits.

The providers/submitters must submit, correct and certify their data according to the schedule specified in 25 TAC Sections <u>421.1</u>, <u>421.6</u> and <u>421.7</u>, for inpatient ED records and <u>421.73</u>, <u>421.75</u> and <u>421.76</u> for outpatient ED records (which references 25 TAC Sections <u>421.63</u>, <u>421.65</u> and <u>421.66</u>). The reporting schedules are also posted on the DSHS/THCIC webpage at http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm. This means

that the Hospital PUDF and FEMCF ED PUDF reflect a snapshot in time and each quarter may contain some inpatient encounter records or outpatient event records dated in the previous quarter (i.e., for a complete calendar year of data, be sure to check the first quarter of the following year).

The ED PUDF contains:

- Inpatient (IP) Base Data #1 File This file contains the required data elements. For example, codes regarding facility identifier, principal diagnosis, other diagnoses, external cause of injury, principal procedure, other procedures, diagnosis related group, type of admission, source of admission, length of stay, patient ethnicity, patient race, patient residence city, county, ZIP code, patient status, primary payment source and other data used for most research topics.
- IP Base Data #2 File This file contains most of the situationally required data elements and some calculated fields. For example, codes regarding condition code, value code, occurrence code, occurrence day, charge amounts for service pay groups, and other information that may be useful regarding the inpatient stay research.
- IP Charges File This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- IP Grouper File This file contains grouper variables that were previously included in the IP base #1 file as well as their dynamic counterparts. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the 3M grouper variables, such as FROZEN_MS_DRG, FROZEN_RISK_MORTALITY, MS_DRG, and RISK_MORTALITY. Any variables with the suffix "frozen" are those included in the IP base #1 file of previously years but without the "frozen" prefix in the field name; variables without the suffix "frozen" in the OP Grouper File are the dynamic groupers newly added for 2022 and beyond. Frozen grouper calculations are updated yearly; dynamic grouper calculations are updated quarterly.
- Outpatient (OP) Base Data File This file contains the required data elements. For example, codes regarding facility identifier, diagnoses, external cause of injury, procedures, diagnosis related group, charge amounts for service pay groups, patient ethnicity, patient race, patient

- residence city, county, ZIP code, patient status, source of admission, primary payment source, and other data used for most research topics.
- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains Enhanced Ambulatory Patient Grouping codes and Ambulatory Payment Classification information.
- OP Classification Data File This file contains calculated data elements and classifiers assigned by THCIC. Clinical Classification Software Refined (CCSR) codes for diagnoses and Clinical Classification Software (CCS) codes for procedures.
- OP Grouper File This file contains groupers variables that were previously included in the OP charges and classification files. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the 3M grouper variables, such as FROZEN_EAPG_GRP_VER, FROZEN_APC_WEIGHT, EAPG_GRP_VER, and APC_WEIGHT. Any variables with the suffix "frozen" are those included in the OP charges and classification files previously but without the "frozen" prefix in the field name; variables without the suffix "frozen" in the OP Grouper File are the dynamic groupers newly added for 2022 and beyond. Frozen grouper calculations are updated quarterly.
- Facility Type Data File This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

The following supplementary information is provided along with the ED PUDF:

- Hospital/ASC/FEMCF Comments File This PDF file contains any comments that the facilities included when they submitted and certified their inpatient data.
- Outpatient Facility Comments File This PDF file contains any comments that the hospitals, ASCs and FEMCFs included when they reviewed and certified their outpatient data.
- Facility Reporting Status Document (Inpatient and Outpatient) These documents provide information about whether the hospitals, ASCs or FEMCFs reported any data. It also indicates whether they reported low

numbers and their identification was masked in the data, reported no discharges, or if they closed or were out of compliance, and whether they submitted any comments about their data.

The 2023 ED PUDF is available in nine fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Inpatient Grouper Data, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges Data, Outpatient Grouper Data, and Facility Type Data files. The sizes of the files are as follows:

First quarter, 847 facilities:

IP Base Data #1	443,443 records	156 variables	Fixed field format	329 MB	Tab-delimited	171 MB
IP Base Data #2	443,443 records	99 variables	Fixed field format	275 MB	Tab-delimited	117 MB
IP Charges Data	10,384,173 records	13 variables	Fixed field format	812 MB	Tab-delimited	499 MB
IP Grouper Data	443,443 records	21 variables	Fixed field format	28 MB	Tab-delimited	36 MB
OP Base Data	2,832,990 records	128 variables	Fixed field format	2,394 MB	Tab-delimited	1,135 MB
OP Classification Data	2,832,990 records	51 variables	Fixed field format	646 MB	Tab-delimited	297 MB
OP Charges Data	25,222,582 records	13 variables	Fixed field format	1,972 MB	Tab-delimited	1,296 MB
OP Grouper Data	25,222,582 records	18 variables	Fixed field format	2,766 MB	Tab-delimited	2,654 MB
Facility Type Data	847 records	33 variables	Fixed field format	80 KB	Tab-delimited	70 KB

Second quarter, 843 facilities:

IP Base Data #1	438,451 records	156 variables	Fixed field format	325 MB	Tab-delimited	169 MB
IP Base Data #2	438,451 records	99 variables	Fixed field format	272 MB	Tab-delimited	115 MB
IP Charges Data	10,136,349 records	13 variables	Fixed field format	793 MB	Tab-delimited	484 MB
IP Grouper Data	438,451 records	21 variables	Fixed field format	28 MB	Tab-delimited	36 MB
OP Base Data	2,899,136 records	128 variables	Fixed field format	2,450 MB	Tab-delimited	1,161 MB
OP Classification Data	2,899,136 records	51 variables	Fixed field format	661 MB	Tab-delimited	304 MB
OP Charges Data	25,633,620 records	13 variables	Fixed field format	2,005 MB	Tab-delimited	1,316 MB
OP Grouper Data	25,633,620 records	18 variables	Fixed field format	2,811 MB	Tab-delimited	2,699 MB
Facility Type Data	843 records	33 variables	Fixed field format	80 KB	Tab-delimited	70 KB

The data must be imported into a software application. The ED PUDF does not include software for analyzing the data. The data files have been tested with several software applications including Microsoft Access 2016 (software limits may not allow all data to be loaded), Microsoft Excel 2016 (software limits may not allow all data to be loaded), SAS 9.4, and IBM SPSS Statistics 24. Please note that files containing more than 1,048,576 records will not fit on a single Microsoft Excel 2016 worksheet.

DATA PROCESSING AND QUALITY

Each hospital, and FEMCF is responsible for the accuracy and completeness of its data. Even so, DSHS' vendor uses an automated process to audit each record for consistency and conformity with the definitions stated in the data

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specification manual. Records failing an audit are marked as errors and the hospital, and FEMCF is notified of the errors. The hospital and FEMCF may either correct and upload the data, or accept the data as is submitted.

Following the correction process, DSHS uses valid claims data to build files of "encounters"; one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital and FEMCF has an opportunity to review its data and correct any known or previously unidentified errors, such as mapping errors (codes that had valid code responses but were not correct for the patient record). Hospitals and FEMCFs may certify the encounter data with or without comments. The comments may provide information about the hospital, and FEMCF's data submission or correction process. For example, a hospital or FEMCF comment may indicate whether the facility changed vendors during the quarter and there are codes that did not get mapped properly, or whether the facility could not submit corrections before the deadline for corrections ends.

Finally, DSHS builds a final inpatient encounter and separate outpatient event file that includes all data for those datasets, including the corrected data submitted by the hospitals and FEMCFs. DSHS staff checks and adjusts for missing values and invalid codes in this file before the ED PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes, and to read accompanying notes, comments, and other descriptive text.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the ED PUDF was that the data and resulting information be used for the benefit of the public. This is specified in THSC Section 108.013. 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 THSC Section 108.013 and may incur civil or criminal penalties as stated in THSC Sections 108.014 and 108.0141, respectively. In addition, under THSC Sections 108.013(e) and (f), data and information collected by the DSHS under this statute that identifies a patient and/or physician in the ED PUDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to THSC Section 108.013, DSHS excludes all direct personal and demographic identifiers (e.g., names, address, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

Additionally, to protect patient identities, DSHS has suppressed these data elements in this release of the PUDF (suppression procedures were applied separately within inpatient and outpatient data):

- 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 (i.e., Arkansas, Louisiana, New Mexico, and Oklahoma).
- The entire ZIP code and gender code are suppressed if the ICD-10-CM code indicates alcohol use, drug use, or an HIV-STD diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital, or FEMCF has fewer than five discharges for a hospital or five visits to a FEMCF of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital or FEMCF has fewer than fifty discharges in a quarter. 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 patients with one or more diagnosis codes indicating an HIV-STD diagnosis, alcohol use, or drug use.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital, an ASC, or an FEMCF has fewer than ten discharges of a particular race code.

Substance Abuse and Mental Health Services Administration (SAMHSA) new rules:

On January 18, 2017, Substance Abuse and Mental Health Services Administration (SAMHSA) passed rules for the protection of patients covered under 42 USC §290dd-2 and 42 CFR Part 2 rules (Mental Health and Substance Abuse patients and HIV patients).

The federal rules require that patients' names, identifiers (ZIP code, city, address, county, and any geographic identifiers below the state level), sex and dates (date of birth, statement from dates, statement through dates and procedure dates) be modified and/or masked in the THCIC Public Use Data Files (PUDF) and Research Data Files (RDF).

Texas Department of State Health Services (DSHS) proposed rules regarding the collection and release of the data regarding those patients covered by the federal rules, which were adopted, published in the January 25, 2019, Texas Register on page 44 TexReg 429 and became effective January 30, 2019.

Beginning with second quarter 2018, the inpatient, outpatient and emergency department public use datasets and any research datasets approved by the DSHS IRB will be appropriately masked for protection.

To protect physician identities in inpatient data provided by hospitals, and FEMCFs, THSC Sections 108.002 (17), 108.009, and 108.011 require creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a Diagnosis-Related Group (DRG) or Enhanced Ambulatory Patient Grouping (EAPG) for a hospital or an FEMCF is less than the minimum cell size of five.

It may be possible in rare instances, or 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 Emergency Department Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. A person who knowingly or negligently releases or accesses this data with criminal intent may incur a penalty. Civil and/or criminal penalties may be assessed under THSC Sections 108.014 and 108.0141.

RESTRICTIONS ON DATA USE

Users of the ED PUDF are cautioned about using less than a year of data to make any hospital, or FEMCF quality assumptions.

THSC Sections 108.013(c)(1) and (2) and 108.013(g) prohibit 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 patient or physician or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the Chapter 108, THSC protection processes 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 FEMCF for the purpose of verifying information supplied in the DSHS ED PUDF. Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions.

In the Texas Emergency Department PUDF 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 ED PUDF:

- 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 hospital, or FEMCF stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
- The licensee will not release nor permit others to release any information that identifies patients, 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 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 Emergency Department Public Use Data Files, [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 THSC Sections 108.014 and 108.0141 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 licensee (or PUDF user) has been informed that the potential for both civil and criminal penalties exist.

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

DATA LIMITATIONS

(Users are advised to become familiar with the data limitations.)

- THSC Section <u>108.009(h)</u> requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected from the THCIC 837 format (a modified version of the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, 837, ASC X12N 837 and Professional, ASC X12N, and the addenda).
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, or an HIV-STD diagnosis. Suppression of this data element is applied separately within inpatient and outpatient data sets.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code. The entire ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, an HIV-STD diagnosis, or if a hospital, or an FEMCF has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If the ZIP code is changed to '88888' the state abbreviation is changed to 'ZZ'. Suppression of the ZIP code is applied separately within inpatient and outpatient data sets.
- Patient race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities directly from the patient and may be subjectively captured and reported by the facilities.
- Inaccuracies in the data and incompleteness of the data would be addressed in the hospital, or FEMCF's comments if submitted by the providing facilities.

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- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Diagnosis present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long-term care hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not required and therefore not available for outpatient data.
- Admission Source as reported by hospitals and FEMCFs is suppressed, as recommended by the previous THCIC Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Comparability of inpatient length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of inpatient LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital, or FEMCF and not those who died after discharge from the hospital, or FEMCF.
- The data are a snapshot in time. Hospitals, and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, and FEMCFs' collection and billing cycles, not all inpatient discharge encounters from ED visits or outpatient ED visits may have been billed or reported during the particular quarter the patient received the services. Those services may appear in the following quarter's data. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid, Medicare, or other payment sources.
- Updates to PUDF records, if any, are available through the THCIC website, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update will be posted on it.
- DSHS collects data from all hospitals, and FEMCFs in the state not specifically exempted (and not owned by the United States of America).
 Some hospitals may be exempted for certain situations (for example,

- natural or other disasters, or other unusual conditions) for limited time periods.
- The healthcare facility patient mix (the types of patients treated at healthcare facilities vary, due to the healthcare facility's interest and specialty services availability) should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

(Users are advised to consider hospital, and freestanding emergency medical care facilities (FEMCF) comments in any analysis of the data.)

Included with the ED PUDF are two separate files ("Hospital Comments File" and (Outpatient Facility Comments File") containing the unedited comments (except for removal of individual identifying information) submitted by hospitals, and FEMCFs 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 FEMCFs (or physicians or healthcare practitioners within those hospitals) and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in two separate files called the 'Hospital Comments' (for inpatient data) and 'Outpatient Facility Comments' (for outpatient data).

CITATION

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

Texas Emergency Department Data Set, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].



Texas Department of State Health Services

Texas Emergency Department Data Set

DATA DICTIONARY

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Texas Emergency Department (ED) Data Set. The following information is provided:

Field Unique, abbreviated name of the data element.

Description Brief explanation of the data element. Descriptions of data elements are

taken from specifications manuals

Data Provided by the health care facility on the claim form (Claim)

Source

Provided to THCIC by the healthcare facility (Provider)

Assigned by DSHS (Assigned)
Calculated by DSHS (Calculated)

Note: For those data elements that have been temporarily suppressed, the

quarter of data for which the data element will be released is noted

following the Data Source. Alphanumeric or numeric

Coding Valid codes for a data field. Values taken from specifications manuals.

scheme

Type

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the "back quote" value ` (Backtick, Back quote, Grave accent mark). Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

INPATIENT BASE DATA #1 FILE

Field 1:	RECORD_ID					
Description:	Record Identification Number. Unique number assigned to identify the record. The					
	Record_ID in the ED In	patient PUDF is no	ot linkable to the	e Record_ID in the ED		
	Outpatient PUDF or ED	Research Data Fil	es (RDFs).			
Beginning Position:	1	Data Source:	Assigned			
Length:	12	Type:	Alphanumeric			
Field 2:	DISCHARGE					
Description:	Discharge Quarter. Year a	nd quarter of discha	irge. <i>yyyy</i> Qn.			
Beginning Position:	13	Data Source:	Assigned			
Length:	6	Туре:	Alphanumeric			
Field 3:	THCIC_ID					
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Description: Provider ID. Unique identifier assigned to the provider by DSHS. Suppression: Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'. **Beginning Position:** 19 **Data Source:** Assigned Length: Alphanumeric Type: Field 4: TYPE_OF_ADMISSION **Description:** Code indicating the type of admission **Coding Scheme:** Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma 9 Information not available Invalid **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 5: SOURCE_OF_ADMISSION **Description:** Code indicating source of the admission. Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) **Coding Scheme:** Clinic or Physician's Office 2 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available 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 Е Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) Born inside this hospital 6 Born outside this hospital **Beginning Position:** 26 **Data Source:** Claim Length: Alphanumeric Type: Field 6: 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. **Coding Scheme:** Coronary Care Unit Pediatric Unit D Υ Psychiatric Unit Detoxification Unit Rehabilitation Unit Intensive Care Unit R Ι Н Hospice Unit U Sub-acute Care Unit Skilled Nursing Unit Ν S Nursery В Obstetric Unit Blank Acute Care Oncology Unit O **Beginning Position:** 27 **Data Source:** Calculated Length: Alphanumeric Type: Field 7: SPEC_UNIT_2 **Description:** Specialty Units 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:** 28 **Data Source:** Calculated Length: Type: **Alphanumeric** SPEC_UNIT_3 Field 8: **Description:** Specialty Units in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code. Same as SPEC UNIT 1. **Coding Scheme: Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 9: SPEC UNIT 4 **Description:** Specialty Units 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. Data Source: **Beginning Position:** Calculated

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Length: Type: Alphanumeric

Field 10: SPEC UNIT 5

Description: Specialty Units 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: Data Source: Calculated Length: Alphanumeric Type:

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: Arkansas

LA Louisiana New Mexico NM ΩK Oklahoma ΤX Texas

ZZ All other states and American Territories

Foreign country FC

XX Foreign country **Beginning Position:** 32

Data Source: Claim Length: Alphanumeric Type:

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 discharges. 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-STD diagnosis the ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules) the ZIP code is reported as "`" (back quote). If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown',

the ZIP Code is blank.

Beginning Position: Data Source: Claim Length: Alphanumeric Type:

Field 13: **PAT COUNTRY**

Description: Country of patient's residential address. List maintained by the International

> Organization for Standardization (ISO). If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules),

the country is reported as "`" (back quote).

Suppression: Suppressed if fewer than 5 patients from one country.

Coding scheme: See www.ISO.org for complete list.

Beginning Position: Data Source: Claim

Length: Alphanumeric Type:

Field 14: PAT_COUNTY

Description: FIPS code of patient's county.

Cod

ding sch	eme:								
001	Anderson	037	Bowie		073	Cherokee	109	Culberson	
003	Andrews	039	Brazoria		075	Childress	111	Dallam	
005	Angelina	041	Brazos		077	Clay	113	Dallas	
007	Aransas	043	Brewster		079	Cochran	115	Dawson	
009	Archer	045	Briscoe		081	Coke	117	Deaf Smith	
011	Armstrong	047	Brooks		083	Coleman	119	Delta	
013	Atascosa	049	Brown		085	Collin	121	Denton	
015	Austin	051	Burleson		087	Collingsworth	123	Dewitt	
017	Bailey	053	Burnet		089	Colorado	125	Dickens	
019	Bandera	055	Caldwell		091	Comal	127	Dimmit	
021	Bastrop	057	Calhoun		093	Comanche	129	Donley	
023	Baylor	059	Callahan		095	Concho	131	Duval	
025	Bee	061	Cameron		097	Cooke	133	Eastland	
027	Bell	063	Camp		099	Coryell	135	Ector	
029	Bexar	065	Carson		101	Cottle	137	Edwards	
031	Blanco	067	Cass		103	Crane	139	Ellis	
033	Borden	069	Castro		105	Crockett	141	El Paso	
035	Bosque	071	Chambers		107	Crosby	143	Erath	
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145	Falls	239	Jackson	333	Mills	427	Starr
147	Fannin	241	Jasper	335	Mitchell	429	Stephens
149	Fayette	243	Jeff Davis	337	Montague	431	Sterling
151	Fisher	245	Jefferson	339	Montgomery	433	Stonewall
153	Floyd	247	Jim Hogg	341	Moore	435	Sutton
155	Foard	249	Jim Wells	343	Morris	437	Swisher
157	Fort Bend	251	Johnson	345	Motley	439	Tarrant
159	Franklin	253	Jones	347	Nacogdoches	441	Taylor
161	Freestone	255	Karnes	349	Navarro	443	Terrell
163	Frio	257	Kaufman	351	Newton	445	Terry
165	Gaines	259	Kendall	353	Nolan	447	Throckmorton
167	Galveston	261	Kenedy	355	Nueces	449	Titus
169	Garza	263	Kent	357	Ochiltree	451	Tom Green
171	Gillespie	265	Kerr	359	Oldham	453	Travis
173	Glasscock	267	Kimble	361	Orange	455	Trinity
175	Goliad	269	King	363	Palo Pinto	457	Tyler
177	Gonzales	271	Kinney	365	Panola	459	Upshur
179	Gray	273	Kleberg	367	Parker	461	Upton
181	Grayson	275	Knox	369	Parmer	463	Uvalde
183	Gregg	283	La Salle	371	Pecos	465	Val Verde
185	Grimes	277	Lamar	373	Polk	467	Van Zandt
187	Guadalupe	279	Lamb	375	Potter	469	Victoria
189	Hale	281	Lampasas	377	Presidio	471	Walker
191	Hall	285	Lavaca	379	Rains	473	Waller
193	Hamilton	287	Lee	381	Randall	475	Ward
195	Hansford	289	Leon	383	Reagan	477	Washington
197	Hardeman	291	Liberty	385	Real	479	Webb
199	Hardin	293	Limestone	387	Red River	481	Wharton
201	Harris	295	Lipscomb	389	Reeves	483	Wheeler
203	Harrison	297	Live Oak	391	Refugio	485	Wichita
205	Hartley	299	Llano	393	Roberts	487	Wilbarger
207	Haskell	301	Loving	395	Robertson	489	Willacy
209	Hays	303	Lubbock	397	Rockwall	491	Williamson
211	Hemphill	305	Lynn	399	Runnels	493	Wilson
213	Henderson	307	McCulloch	401	Rusk	495	Winkler
215	Hidalgo	309	McLennan	403	Sabine	497	Wise
217	Hill	311	McMullen	405	San Augustine	499	Wood
219	Hockley	313	Madison	407	San Jacinto	501	Yoakum
221	Hood	315	Marion	409	San Patricio	503	Young
223	Hopkins	317	Martin	411	San Saba	505	Zapata
225	Houston	319	Mason	413	Schleicher	507	Zavala
227	Howard	321	Matagorda	415	Scurry		
229	Hudspeth	323	Maverick	417	Shackelford	`	Invalid
231	Hunt	325	Medina	419	Shelby		
233	Hutchinson	327	Menard	421	Sherman		
235	Irion	329	Midland	423	Smith		
237	Jack	331	Milam	425	Somervell		

Beginning Position: Length:

Coding Scheme:

Data Source: Assigned; based on patient ZIP code Alphanumeric Type:

Field 15: **PUBLIC_HEALTH_REGION Description:**

Public Health Region of patient's address.

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 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, 2 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

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- 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
- Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San 5 Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- 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
- 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
- Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, 9 Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
- Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties 10
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

Beginning Position: 44 Data Source: Assigned Length: Alphanumeric Type:

Field 16: **PAT_STATUS**

Description: Code indicating patient status as of the ending date of service for the period of care

Coding Scheme:

reported 01 Discharged/Transferred to a designated disaster Discharged to home or self-care (routine discharge) alternate care (effective 10-1-2013) 02 Discharged to other short term general hospital Discharge/transfer to another type of health care institution not defined elsewhere in the 03 Discharged to skilled nursing facility code list 04 Discharged to intermediate care facility Discharged/transferred to other outpatient 71 Discharged/transferred to a Designated Cancer 05 72 Discharged/transferred to institution outpatient Center or Children's Hospital 06 Discharged to care of home health service Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission 07 Left against medical advice (effective 10-1-2013) 08 Discharged to care of Home IV provider Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute 09 Admitted as inpatient to this hospital Care Hospital Inpatient Readmission (effective 20 Expired 10-1-2013) Discharged/Transferred to a Skilled Nursing Discharged/transferred to Court/Law 21 Facility (SNF) with Medicare Certification with a Enforcement Planned Acute Care Hospital Inpatient 30 Still patient Readmission (effective 10-1-2013) Expired at home 40 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a 41 Expired in a medical facility Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) 42 Expired, place unknown Discharged/transferred to a Designated Cancer 43 Discharged/transferred to federal health care Center or Children's Hospital with a Planned facility Acute Care Hospital Inpatient Readmission 50 Discharged to hospice-home (effective 10-1-2013) 51 Discharged to hospice-medical facility Discharged/Transferred to Home under Care of Organized Home Health Service Organization 61 Discharged/transferred within this institution to with a Planned Acute Care Hospital Inpatient Medicare-approved swing bed Readmission (effective 10-1-2013) 62 Discharged/transferred to inpatient Discharged/Transferred to Court/Law rehabilitation facility Enforcement with a Planned Acute Care Hospital 63 Discharged/transferred to Medicare-certified

65

long term care hospital

nursing facility

Hospital (CAH)

Discharged/transferred to Medicaid-certified

psychiatric distinct part of a hospital

Discharged/transferred to Critical Access

Discharged/transferred to psychiatric hospital or

Inpatient Readmission (effective 10-1-2013)

Facility with a Planned Acute Care Hospital

Inpatient Readmission (effective 10-1-2013)

Discharged/Transferred to a Hospital-based

(effective 10-1-2013)

Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission

Discharged/Transferred to a Federal Health Care

- 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:46Data Source:ClaimLength:2Type:Alphanumeric

Field 17: SEX CODE

Description: Gender of the patient as recorded at date of admission or start of care.

Suppression: Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV-

STD diagnosis. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as "U" (Unknown). If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Hospital Name and

Patient ZIP Code are blank for those patients.

Coding Scheme: M Male

F Female U Unknown ` Invalid

Beginning Position: 48 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 18: RACE

Description: Code indicating the patient's race.

Suppression: If a hospital 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

5 OtherInvalid

Beginning Position: 49
Length: 1
Data Source: Claim
Type: Alphanumeric

Field 19: ETHNICITY

Description: Code indicating the Hispanic origin of the patient.

Suppression: If a hospital 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 20: ADMIT_WEEKDAY

Description: Code indicating day of week patient is admitted

 Coding Scheme:
 1
 Monday
 5
 Friday

 2
 Tuesday
 6
 Saturday

 3
 Wednesday
 7
 Sunday

3 Wednesday 7 Sunday 4 Thursday 1 Invalid 51 Data Source: Assigned

Beginning Position:51Data Source:AssignedLength:1Type:Alphanumeric

Field 21: LENGTH_OF_STAY

Description:	Length of stay in days e			
	Admission/start of care of 9999 days.	date. The minim	um length of sta	ay is 1 day. The maximum is
Beginning Position: Length:	52 4	Data Source: Type:	Calculated Alphanumeric	
Field 22:	PAT_AGE	турсі	7 apriariamene	-
Description:	Code indicating age of p	ationt in days or	vears on date o	of discharge
Coding Scheme:	00 1-28 days	10 35-39	years on date o	20 85-89
coding Scheme.	01 29-365 days	11 40-44		21 90+
	02 1-4 years ´	12 45-49		HIV-STD and drug/alcohol use
				patients:
	03 5-9	13 50-54		22 0-17
	04 10-14 05 15-17	14 55-59 15 60-64		23 18-44 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:	56	Data Source:	Assigned	
Length: Field 23:	ETPCT PAYMENT CPC	Type:	Alphanumeric	
	FIRST_PAYMENT_SRC			_
Description:	Code indicating the expension of Self Pay (Removed from			[. Maintenance Organization
Coding Scheme:	beginning 2Q2	•	rim rieditiri	Maintenance Organization
	10 Central Certification	,	LI Liability	
	11 Other Non-federal Progr			Medical
	12 Preferred Provider Orga13 Point of Service (POS)	inization (PPO)		e Part A e Part B
	14 Exclusive Provider Orga	nization (EPO)	MC Medicai	
	15 Indemnity Insurance	(,	TV Title V	
	16 Health Maintenance Organic Medicare Risk	ganization (HMO)	OF Other Fo	ederal Program
	AM Automobile Medical			Administration Plan
	BL Blue Cross/Blue Shield			s Compensation Health Claim
	CH CHAMPUS CI Commercial Insurance			, Indigent or Unknown 19 and ZZ, combined for 2004 & 2005
	DS Disability Insurance		` Invalid	,, and <u>12,</u> domestic 10, 200 ; at 2005
Beginning Position:	58	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 24:	SECONDARY_PAYMEN			
Description:	Code indicating the expe		source of payme	ent.
Coding Scheme:	Same as field FIRST_PAYMI	_		
Beginning Position:	60	Data Source:	Claim	
Length: Field 25:	TYPE OF BILL	Туре:	Alphanumeric	
Description:	TYPE_OF_BILL Indicates the specific type of	of hill		
Coding Scheme:	1 st digit-Type of Facility	2 nd digit–Typ	e of Care	3 rd digit–Sequence of claim
county benefited	1 Hospital		, including Medicare	0 Non-payment/Zero claim
		Part A		
	2 Skilled nursing		, Medicare Part B	 Admit through discharge claim
	3 Home health	only 3 Outpatie	nt	2 Interim-first claim
	4 Religious non-medical	•	nt Other, Medicare	3 Interim–continuing claim
	health care-Hospital	Part B on	,	
	5 Religious non-medical health care-Extended care		liate Care-Level I	4 Interim-last claim
	6 Intermediate care		liate Care-Level II	5 Late charge(s) only claim
	7 Clinic		e inpatient – Level	6 Adjustment of prior claim
	O Coord for allifu.	III	_	(Not used by Medicare)
	8 Special facility	8 Swing be	u	7 Replacement of prior claim8 Void/cancel of prior claim
Beginning Position:	62	Data Source:	Claim	
Length:	3	Type:	Alphanumeric	
Field 26:	TOTAL_CHARGES			
Description:		charges, non-co	vered accommo	dation charges, ancillary
	charges, non-covered ar	ncillary charges.		•
Beginning Position:	65	Data Source:	Claim	
Length:	12	Туре:	Numeric	
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Field 27: TOTAL_NON_COV_CHARGES **Description:** Sum of non-covered accommodation charges, non-covered ancillary charges. **Beginning Position: Data Source:** 77 Claim Length: 12 Numeric Type: Field 28: **TOTAL CHARGES ACCOMM Description:** Sum of covered and non-covered accommodation charges. **Beginning Position:** 89 **Data Source:** Claim Numeric Length: 12 Type: Field 29: TOTAL_NON_COV_CHARGES_ACCOMM **Description:** Sum of non-covered accommodations charges. **Beginning Position:** 101 **Data Source:** Claim Length: Type: Numeric 12 Field 30: TOTAL_CHARGES_ANCIL **Description:** Sum of covered and non-covered ancillary charges. **Beginning Position: Data Source:** 113 Claim Length: Numeric Type: 12 Field 31: TOTAL_NON_COV_CHARGES_ANCIL **Description:** Sum of non-covered ancillary charges. **Beginning Position: Data Source:** 125 Claim Length: Type: Numeric 12 Field 32: ADMITTING_DIAGNOSIS **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Claim **Beginning Position:** 137 Lenath: Type: **Alphanumeric** Field 33: PRINC_DIAG_CODE **Description:** 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:** 144 **Data Source:** Claim Alphanumeric Length: Type: Field 34: POA_PRINC_DIAG_CODE **Description:** Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital **Coding Scheme:** Yes Υ Ν No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr. 2012 only) 1 Invalid 151 **Data Source: Beginning Position:** Claim Length: Alphanumeric Type: Field 35: OTH_DIAG_CODE_1 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 152 **Data Source:** Claim Type: Lenath: Alphanumeric Field 36: POA_OTH_DIAG_CODE_1 Description: Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position:** 159 Data Source: Claim Length: Type: Alphanumeric Field 37: OTH DIAG CODE 2 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 160 Claim Length: Type: Alphanumeric Field 38: POA OTH DIAG CODE 2 **Description:** Code identifying whether Oth Diag Code 2 code was present at the time the patient was admitted to the hospital DSHS/THCIC DSHS Document #25-15013 Page

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Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 167 **Data Source:** Claim Length: Type: Alphanumeric

Field 39: OTH_DIAG_CODE_3

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: Claim

Alphanumeric Length: Type:

Field 40: POA_OTH_DIAG_CODE_3

Description: Code identifying whether Oth_Diag_Code_3 code was present at the time the patient

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 175 **Data Source:** Claim Length: Alphanumeric Type:

Field 41: OTH_DIAG_CODE_4

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: Claim 176

Length: Type: Alphanumeric

POA_OTH_DIAG_CODE_4 Field 42:

Description: Code identifying whether Oth_Diag_Code_4 code was present at the time the patient

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 183 **Data Source:** Claim

Length: Alphanumeric Type:

Field 43: OTH_DIAG_CODE_5

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: Claim

Length: Type: Alphanumeric

Field 44: POA_OTH_DIAG_CODE_5

Description: Code identifying whether Oth_Diag_Code_5 code was present at the time the patient

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Data Source: Beginning Position: 191 Claim Length: **Alphanumeric** Type:

Field 45: OTH DIAG CODE 6

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 192 **Data Source:**

Length: Alphanumeric Type:

Field 46: POA_OTH_DIAG_CODE_6

Description: Code identifying whether Oth_Diag_Code_6 code was present at the time the patient

Claim

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Data Source: Beginning Position: 199 Claim Length: Type: Alphanumeric

Field 47: OTH_DIAG_CODE_7

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Data Source: Beginning Position: 200 Claim

Length: Type: Alphanumeric

Field 48: POA_OTH_DIAG_CODE_7

Description: Code identifying whether Oth_Diag_Code_7 code was present at the time the patient

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 207 **Data Source:** Claim Length: Alphanumeric Type:

Field 49: OTH DIAG CODE 8

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

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Beginning Position: 208 Data Source: Claim

Length:7Type:Alphanumeric

Field 50: POA_OTH_DIAG_CODE_8

Description: Code identifying whether Oth Diag Code 8 code was present at the time the patient

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 215 Data Source: Claim

Length: 1 **Type:** Alphanumeric

Field 51: OTH_DIAG_CODE_9

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Beginning Position:216Data Source:ClaimLength:7Type:Alphanumeric

Field 52: POA OTH DIAG CODE 9

Description: Code identifying whether Oth Diag Code 9 code was present at the time the patient

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 223 Data Source: Claim

Length: 1 **Type:** Alphanumeric

Field 53: OTH DIAG CODE 10

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 224 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 54: POA_OTH_DIAG_CODE_10

Description: Code identifying whether Oth_Diag_Code_10 code was present at the time the

patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE

Coding Scheme:Same as Field POA_PRINC_DIAG_CODEBeginning Position:231Data Source:Claim

Length: 1 Type: Alphanumeric

Field 55: OTH_DIAG_CODE_11

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 232 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 56: POA_OTH_DIAG_CODE_11

Description: Code identifying whether Oth_Diag_Code_11 code was present at the time the

patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 239 Data Source: Claim

Length: 1 **Type:** Alphanumeric

Field 57: OTH DIAG CODE 12

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position:240Data Source:ClaimLength:7Type:Alphanumeric

Field 58: POA_OTH_DIAG_CODE_12

Description: Code identifying whether Oth_Diag_Code_12 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

Beginning Position: 247 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 59: OTH_DIAG_CODE_13

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: 248 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 60: POA_OTH_DIAG_CODE_13

Description: Code identifying whether Oth_Diag_Code_13 code was present at the time the

patient was admitted to the hospital

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Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 255 **Data Source:** Claim

Length: Type: Alphanumeric

Field 61: OTH_DIAG_CODE_14

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

> Decimal is implied following the third character. **Data Source:** Claim

Beginning Position:

Length: Alphanumeric Type:

Field 62: POA_OTH_DIAG_CODE_14

Description: Code identifying whether Oth_Diag_Code_14 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 263 **Data Source:** Claim

Length: Alphanumeric Type:

Field 63: OTH_DIAG_CODE_15

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: Claim 264

Length: Type: Alphanumeric

Field 64: POA_OTH_DIAG_CODE_15

Description: Code identifying whether Oth_Diag_Code_15 code was present at the time the

> patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE

Coding Scheme: Beginning Position: 271 **Data Source:** Claim

Length: Alphanumeric Type:

Field 65: OTH_DIAG_CODE_16

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Beginning Position: Data Source: Claim

Length: Type: Alphanumeric

Field 66: POA_OTH_DIAG_CODE_16

Description: Code identifying whether Oth_Diag_Code_16 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: Claim 279 **Data Source:**

Length: Alphanumeric Type:

Field 67: OTH_DIAG_CODE_17

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Claim

Decimal is implied following the third character.

Beginning Position: 280 **Data Source:** Length: Type:

Alphanumeric Field 68:

POA_OTH_DIAG_CODE_17

Description: Code identifying whether Oth_Diag_Code_17 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: Data Source: 287 Claim

Length: Type: Alphanumeric

Field 69: OTH_DIAG_CODE_18

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

Data Source: Beginning Position: 288 Claim

Length: Type: Alphanumeric

Field 70: POA_OTH_DIAG_CODE_18

Description: Code identifying whether Oth_Diag_Code_18 code was present at the time the

patient was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 295 **Data Source:** Claim

Type: Length: Alphanumeric

Field 71: OTH DIAG CODE 19

Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

Decimal is implied following the third character.

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Beginning Position: 296 **Data Source:** Claim Length: Alphanumeric Type: Field 72: POA OTH DIAG CODE 19 **Description:** Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 303 **Data Source:** Claim Length: Alphanumeric Type: Field 73: OTH_DIAG_CODE_20 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 304 **Data Source:** Claim Length: Alphanumeric Type: Field 74: POA_OTH_DIAG_CODE_20 **Description:** Code identifying whether Oth Diag Code 20 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position: Data Source:** Claim 311 Length: Type: Alphanumeric Field 75: OTH_DIAG_CODE_21 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** Data Source: Claim Lenath: Type: Alphanumeric Field 76: POA_OTH_DIAG_CODE_21 **Description:** Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 319 **Data Source:** Claim Length: Alphanumeric Type: Field 77: OTH_DIAG_CODE_22 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 320 **Data Source:** Claim Length: Type: Alphanumeric Field 78: POA_OTH_DIAG_CODE_22 **Description:** Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 327 **Data Source:** Claim Alphanumeric Length: Type: Field 79: OTH_DIAG_CODE_23 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 80: POA_OTH_DIAG_CODE_23 **Description:** Code identifying whether Oth Diag Code 23 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Data Source: Beginning Position:** Claim 335 Length: Type: Alphanumeric Field 81: OTH_DIAG_CODE_24 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 336 Data Source: Claim Lenath: Alphanumeric Type: Field 82: POA_OTH_DIAG_CODE_24 **Description:** Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE

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Coding Scheme:

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Beginning Position:343Data Source:ClaimLength:1Type:Alphanumeric

Field 83: E_CODE_1

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of the primary external cause of injury. A decimal is implied following the

third character.

Beginning Position: 344 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 84: POA_E_CODE_1

Description: Code identifying whether E_Code_1 external cause of injury code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 351 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 85: E_CODE_2

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

Beginning Position: 352 Data Source: Claim

Length: 7 **Type:** Alphanumeric

Field 86: POA_E_CODE_2

Description: Code identifying whether external cause of injury E_Code_2 code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 359 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 87: E_CODE_3

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

Beginning Position: 360 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 88: POA_E_CODE_3

Description: Code identifying whether E_Code_3 external cause of injury code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 367 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 89: E_CODE_4

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

Beginning Position: 368 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 90: POA_E_CODE_4

Description: Code identifying whether E Code 4 external cause of injury code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 375 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 91: E_CODE_5

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if

applicable, of an additional external cause of injury. Decimal is implied following the

third character.

Beginning Position: 376 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 92: POA_E_CODE_5

Description: Code identifying whether E_Code_5 external cause of injury code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 383 **Data Source:** Claim

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Length: Alphanumeric Type: Field 93: E CODE 6 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 384 **Data Source:** Claim Length: Alphanumeric Type: Field 94: POA_E_CODE_6 **Description:** Code identifying whether E_Code_6 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 391 **Data Source:** Claim Alphanumeric Length: Type: Field 95: E_CODE_7 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 392 **Data Source:** Claim Lenath: **Alphanumeric** Type: Field 96: POA_E_CODE_7 **Description:** Code identifying whether E_Code_7 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 399 **Data Source:** Claim Length: Alphanumeric Type: Field 97: E CODE 8 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. Claim **Beginning Position:** 400 **Data Source:** Length: Alphanumeric Type: Field 98: POA E CODE 8 **Description:** Code identifying whether E_Code_8 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 407 **Data Source:** Claim Alphanumeric Length: Type: Field 99: E CODE 9 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 408 **Data Source:** Claim Length: Type: Alphanumeric Field 100: POA E CODE 9 **Description:** Code identifying whether E Code 9 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 415 **Data Source:** Claim Length: Alphanumeric Type: Field 101: E_CODE_10 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 416 **Data Source:** Claim Alphanumeric Length: Type: Field 102: POA E CODE 10 **Description:** Code identifying whether E Code 10 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position: Data Source:** 423 Claim Length: Type: Alphanumeric DSHS/THCIC **DSHS** Document #25-15013 Page

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Field 103: PRINC_SURG_PROC_CODE **Description:** Code for the principal surgical or other B performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 424 Claim Length: 7 Alphanumeric Type: Field 104: PRINC_SURG_PROC_DAY **Description:** Day of principal surgical or other procedure equals Principal Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 431 **Data Source:** Calculated Length: Alphanumeric Type: Field 105: OTH SURG PROC CODE 1 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 435 Claim Alphanumeric Length: Type: Field 106: OTH_SURG_PROC_DAY_1 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 442 **Data Source:** Calculated Length: Alphanumeric 4 Type: Field 107: OTH SURG PROC CODE 2 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 446 **Data Source:** Claim Length: Alphanumeric Type: Field 108: OTH_SURG_PROC_DAY_2 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 453 **Data Source:** Calculated Length: 4 Alphanumeric Type: Field 109: OTH_SURG_PROC_CODE_3 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 457 **Data Source:** Claim Length: Alphanumeric Type: Field 110: OTH SURG PROC DAY 3 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** Calculated 464 Length: Alphanumeric 4 Type: Field 111: OTH_SURG_PROC_CODE_4 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 468 **Data Source:** Claim Lenath: Type: Alphanumeric Field 112: OTH_SURG_PROC_DAY_4 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 475 Calculated Length: 4 Type: Alphanumeric Field 113: OTH_SURG_PROC_CODE_5 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. 479 **Data Source: Beginning Position:** Claim Length: Type: Alphanumeric Field 114: OTH_SURG_PROC_DAY_5 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 486 **Data Source:** Calculated Length: Type: Alphanumeric Field 115: OTH_SURG_PROC_CODE_6 DSHS/THCIC DSHS Document #25-15013 Page

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Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 490 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 116: OTH_SURG_PROC_DAY_6

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date

Beginning Position:497Data Source:CalculatedLength:4Type:Alphanumeric

Field 117: OTH_SURG_PROC_CODE_7

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 501 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 118: OTH_SURG_PROC_DAY_7

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date

Beginning Position:508Data Source:CalculatedLength:4Type:Alphanumeric

Field 119: OTH_SURG_PROC_CODE_8

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 512 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 120: OTH_SURG_PROC_DAY_8

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date

Beginning Position:519Data Source:CalculatedLength:4Type:Alphanumeric

Field 121: OTH_SURG_PROC_CODE_9

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 523 Data Source: Claim

Length: 7 Type: Alphanumeric

Field 122: OTH_SURG_PROC_DAY_9

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:530Data Source:CalculatedLength:4Type:Alphanumeric

Field 123: OTH_SURG_PROC_CODE_10

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 534 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 124: OTH_SURG_PROC_DAY_10

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:541Data Source:CalculatedLength:4Type:Alphanumeric

Field 125: OTH_SURG_PROC_CODE_11

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 545 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 126: OTH SURG PROC DAY 11

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:552Data Source:CalculatedLength:4Type:Alphanumeric

Field 127: OTH SURG PROC CODE 12

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Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Data Source: Beginning Position: 556 Claim

Length: Alphanumeric 7 Type:

Field 128: OTH_SURG_PROC_DAY_12

Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date.

Data Source: Beginning Position: 563 Calculated Alphanumeric Length: Type:

Field 129: OTH SURG PROC CODE 13

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Data Source: Beginning Position: 567 Claim

Length: Type: Alphanumeric

Field 130: OTH_SURG_PROC_DAY_13

Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date.

Beginning Position: 574 **Data Source:** Calculated Lenath: **Alphanumeric** Type:

Field 131: OTH_SURG_PROC_CODE_14

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Data Source: Beginning Position: 578 Claim

Length: Type: Alphanumeric

Field 132: OTH_SURG_PROC_DAY_14

Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date.

Data Source: Beginning Position: 585 Calculated Length: Type: Alphanumeric

Field 133: OTH_SURG_PROC_CODE_15

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 589 **Data Source:** Claim

Alphanumeric Lenath: Type:

Field 134: OTH SURG PROC DAY 15

Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date.

Beginning Position: 596 **Data Source:** Calculated Length: Alphanumeric Type:

Field 135: OTH_SURG_PROC_CODE_16

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 600 **Data Source:** Claim

Lenath: 7 Type: **Alphanumeric**

Field 136: OTH SURG PROC DAY 16

Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date.

Beginning Position: 607 **Data Source:** Calculated Alphanumeric Length: Type:

Field 137: OTH_SURG_PROC_CODE_17

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: Data Source: 611 Claim

Length: Type: Alphanumeric

Field 138: OTH SURG PROC DAY 17

Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus

Admission/Start of Care Date.

618 **Data Source: Beginning Position:** Calculated Length: Alphanumeric Type:

Field 139: OTH SURG PROC CODE 18

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Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 622 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 140: OTH_SURG_PROC_DAY_18

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:629Data Source:CalculatedLength:4Type:Alphanumeric

Field 141: OTH_SURG_PROC_CODE_19

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 633 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 142: OTH_SURG_PROC_DAY_19

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:640Data Source:CalculatedLength:4Type:Alphanumeric

Field 143: OTH_SURG_PROC_CODE_20

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 644 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 144: OTH_SURG_PROC_DAY_20

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:651Data Source:CalculatedLength:4Type:Alphanumeric

Field 145: OTH_SURG_PROC_CODE_21

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position:655Data Source:ClaimLength:7Type:Alphanumeric

Field 146: OTH_SURG_PROC_DAY_21

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:662Data Source:CalculatedLength:4Type:Alphanumeric

Field 147: OTH_SURG_PROC_CODE_22

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 666 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 148: OTH_SURG_PROC_DAY_22

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:673Data Source:CalculatedLength:4Type:Alphanumeric

Field 149: OTH_SURG_PROC_CODE_23

Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 677 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 150: OTH SURG PROC DAY 23

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:684Data Source:CalculatedLength:4Type:Alphanumeric

Field 151: OTH SURG PROC CODE 24

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Description: Code for surgical or other procedure other than the principal procedure performed

during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 688 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 152: OTH_SURG_PROC_DAY_24

Description: Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus*

Admission/Start of Care Date.

Beginning Position:695Data Source:CalculatedLength:4Type:Alphanumeric

Field 153: ATTENDING_PHYSICIAN_UNIF_ID

Description: Attending Physician Uniform Identifier. Unique identifier assigned to the licensed

physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an

individual other than a physician who admits patients to hospitals or who provides

diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists

authorized by the hospital to admit or treat patients.

Suppression: Suppressed when the number of physicians represented in a DRG for a hospital is less than the

minimum cell size of five.

Coding Scheme: 9999999998 Cell size less than 5

Beginning Position:699Data Source:AssignedLength:10Type:Alphanumeric

Field 154: OPERATING_PHYSICIAN_UNIF_ID

Description: Operating or other Physician Uniform Identifier (if applicable). Unique identifier

assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients,

including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives,

and podiatrists authorized by the hospital to admit or treat patients.

Suppression: Suppressed when the number of physicians represented in a DRG for a hospital is

less than the minimum cell size of five.

Coding Scheme: 9999999998 Cell size less than 5

9999999999 Temporary license or license number could not be matched

Beginning Position:709Data Source:AssignedLength:10Type:Alphanumeric

Field 155: ENCOUNTER INDICATOR

Description: Indicates the number of claims used to create the encounter

Beginning Position:719Data Source:CalculatedLength:2Type:Alphanumeric

Field 166: PROVIDER NAME

Description: Hospital name provided by the hospital.

Suppression: Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name

`Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular

gender, including 'unknown', Hospital Name is blank.

Beginning Position: 721 Data Source: Provider Length: 55 Type: Alphanumeric

INPATIENT BASE DATA #2 FILE

Field 1: RECORD_ID

Description: Record Identification Number. Unique number assigned to identify the record. The

Record ID in the ED Inpatient PUDF is not linkable to the Record ID in the ED

Outpatient PUDF or ED Research Data Files (RDFs).

Beginning Position:1Data Source:AssignedLength:12Type:Alphanumeric

Field 2: PRIVATE_AMOUNT

Description: Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR

algorithm. Sum of charges associated with revenue codes 0100-0219, revenue

center 011X, 014X

Beginning Position:13Data Source:CalculatedLength:12Type:Numeric

Field 3: SEMI PRIVATE AMOUNT

Description: Accommodation Charge, Semi-private Room Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 010X, 012X-014X, 016X-019X

Beginning Position:25Data Source:CalculatedLength:12Type:Numeric

Field 4: WARD AMOUNT

Description: Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm.

Sum of charges associated with revenue codes 0100-0219, revenue center 015X.

Beginning Position:37Data Source:CalculatedLength:12Type:Numeric

Field 5: ICU_AMOUNT

Description: Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 020X.

Beginning Position:49Data Source:CalculatedLength:12Type:Numeric

Field 6: CCU AMOUNT

Description: Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using

MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219,

revenue center 021X.

Beginning Position:61Data Source:CalculatedLength:12Type:Numeric

Field 7: OTHER AMOUNT

Description: 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:73Data Source:CalculatedLength:12Type:Numeric

Field 8: PHARM_AMOUNT

Description: Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR

algorithm. Sum of charges associated with revenue codes other than 0100-0219,

revenue center 025X, 026X, and 063X.

Beginning Position:85Data Source:CalculatedLength:12Type:Numeric

Field 9: MEDSURG_AMOUNT

Description: 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:97Data Source:CalculatedLength:12Type:Numeric

Field 10: DME_AMOUNT **Description:** 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: Data Source:** Calculated Length: Numeric 12 Type: Field 11: **USED DME AMOUNT** Description: 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: Data Source:** Calculated 121 Length: 12 Type: Numeric PT AMOUNT Field 12: **Description:** 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:** 133 **Data Source:** Calculated Length: Numeric 12 Type: **OT AMOUNT** Field 13: **Description:** 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:** 145 **Data Source:** Calculated Length: Numeric 12 Type: SPEECH AMOUNT Field 14: **Description:** 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:** 157 Data Source: Calculated Length: 12 Type: Numeric IT_AMOUNT Field 15: **Description:** 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:** 169 **Data Source:** Calculated Length: 12 Type: Numeric Field 16: **BLOOD_AMOUNT Description:** 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:** 181 **Data Source:** Calculated Length: Numeric Type: 12 Field 17: **BLOOD ADMIN AMOUNT Description:** 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:** 193 **Data Source:** Calculated Length: Type: Numeric 12 Field 18: OR AMOUNT **Description:** 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:** 205 **Data Source:** Calculated Length: Numeric 12 Type: Field 19: LITH AMOUNT **Description:** 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: Data Source:** Calculated 217 Length: 12 Type: Numeric

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Field 20: CARD_AMOUNT **Description:** 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:** 229 **Data Source:** Calculated Length: Type: Numeric Field 21: **ANES AMOUNT** Description: 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:** 241 **Data Source:** Calculated Length: Numeric Type: Field 22: LAB AMOUNT **Description:** 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:** 253 Data Source: Calculated Lenath: 12 Type: Numeric Field 23: RAD AMOUNT **Description:** 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. Data Source: Calculated **Beginning Position:** 265 Length: Numeric Type: Field 24: MRI_AMOUNT **Description:** 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:** Data Source: 277 Calculated Length: 12 Type: Numeric Field 25: OP_AMOUNT **Description:** 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:** 289 **Data Source:** Calculated Length: 12 Type: Numeric ER_AMOUNT Field 26: Description: 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: Data Source:** Calculated Length: 12 Type: Numeric Field 27: AMBULANCE AMOUNT **Description:** 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: Data Source:** Calculated 313 Length: Type: Numeric Field 28: PRO FEE AMOUNT **Description:** 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:** 325 **Data Source:** Calculated Length: Numeric 12 Type: Field 29: **ORGAN AMOUNT Description:** 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.

Data Source:

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Calculated

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Length: 12 Numeric Type: ESRD_AMOUNT Field 30: **Description:** 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:** 349 Data Source: Calculated Length: 12 Numeric Type: Field 31: **CLINIC_AMOUNT Description:** 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: Data Source:** 361 Calculated 12 Length: Numeric Type: Field 32: OCCUR_CODE_1 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** 01 Auto accident 27 Date Home Health Plan 47 Date cost outlier status begins Established or Last Reviewed 02 No Fault Insurance Involved -Birthdate - Insured A Α1 28 Date Comprehensive Outpatient Including Auto Accident/Other Effective Date - Insured A Rehabilitation Plan Established A2 03 Accident/ Tort Liability or Last Reviewed 04 Accident/ Employment Related Payer A benefits exhausted Α3 29 Date Outpatient PT Plan established or last reviewed 05 Other accident Α4 Split Bill Date 30 Date Outpatient ST Plan 06 Crime Victim В1 Birthdate - Insured B established or last reviewed Start of Infertility Treatment 31 Date beneficiary notified of Effective date - Insured B Policy 09 B2 intent to bill (accommodations) Cvcle ВЗ Payer B benefits exhausted 32 Date beneficiary notified of Last Menstrual Period 10 C1 Birthdate - Insured C intent to bill (procedures or 11 Onset of Symptoms/ Illness treatments) C2 Effective date - Insured C Policy 12 Date of Onset for a Chronically 37 Date of inpatient hospital C3 Payer C benefits exhausted Dependent Individual discharge for non-covered transplant patients Date of Last Therapy 16 DR Katrina disaster related Date treatment started for 38 17 Date Outpatient OT Plan E1 Birthdate - Insured D home IV therapy Established or Last Reviewed E2 Effective date - Insured D 39 Date discharged on a Date of Retirement -18 continuous course if IV therapy Policy Patient/Beneficiary E3 Payer D benefits exhausted 40 Scheduled date of admission 19 Date of Retirement - Spouse 41 Date of first test of pre-F1 Birthdate - Insured E 20 Date Guarantee of Payment admission testing F2 Effective date - Insured E Policy Began 42 Date of discharge (hospice 21 Date UR Notice Received F3 Payer E benefits exhausted 22 Date Active Care Ended Scheduled date of canceled 43 Birthdate - Insured F G1 surgery 24 Date Insurance Denied Effective date - Insured F Policy G2 44 Date treatment started - OT Date Benefits Terminated by 25 Payer F benefits exhausted G3 45 Primary Payer Date treatment started - ST Date SNF Bed Became Available 26 46 Date treatment started Cardiac rehabilitation **Beginning Position:** 373 Data Source: Claim Length: Type: Alphanumeric Field 33: OCCUR_DAY_1 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 375 **Data Source:** Calculated Length: Type: Alphanumeric Field 34: OCCUR CODE 2 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR_CODE_1. **Coding Scheme: Beginning Position:** 379 Data Source: Claim Length: Alphanumeric Type: Field 35: OCCUR DAY 2 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. DSHS/THCIC DSHS Document #25-15013 Page

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Beginning Position: 381 **Data Source:** Calculated Length: Alphanumeric Type: Field 36: OCCUR CODE 3 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 385 Data Source: Claim Length: Alphanumeric Type: Field 37: OCCUR_DAY_3 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 387 Lenath: Alphanumeric Type: Field 38: OCCUR_CODE_4 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 391 **Data Source:** Claim Length: Alphanumeric Type: Field 39: OCCUR_DAY_4 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 40: OCCUR_CODE_5 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR_CODE 1. **Coding Scheme: Beginning Position: Data Source:** 397 Claim Length: Type: Alphanumeric Field 41: OCCUR_DAY_5 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 399 Data Source: Calculated Length: Type: Alphanumeric Field 42: OCCUR CODE 6 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 403 **Data Source:** Claim Length: Type: Alphanumeric Field 43: OCCUR_DAY_6 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 405 **Data Source:** Calculated Length: Type: Alphanumeric Field 44: OCCUR_CODE_7 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR_CODE_1. **Beginning Position:** 409 Data Source: Claim Length: Alphanumeric Type: Field 45: OCCUR DAY 7 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 411 Length: 4 Type: Alphanumeric Field 46: OCCUR_CODE_8 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 415 **Data Source:** Claim Length: Alphanumeric Type: Field 47: OCCUR_DAY_8 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 417 **Data Source:** Calculated Length: Type: **Alphanumeric** Field 48: OCCUR_CODE_9 Description: Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 421 **Data Source:** Alphanumeric Length: Type: Field 49: OCCUR_DAY_9 DSHS/THCIC DSHS Document #25-15013 Page

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Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 423 **Data Source:** Calculated Alphanumeric Length: Type: Field 50: OCCUR CODE 10 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 427 Data Source: Claim Length: Alphanumeric Type: Field 51: OCCUR_DAY_10 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 429 Data Source: Calculated Length: Alphanumeric Type: Field 52: OCCUR_CODE_11 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR_CODE 1. **Coding Scheme: Beginning Position:** 433 **Data Source:** Claim Length: Type: Alphanumeric Field 53: OCCUR DAY 11 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 435 **Data Source:** Calculated Length: Type: Alphanumeric OCCUR CODE 12 Field 54: **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 439 **Data Source:** Claim Length: Alphanumeric Type: Field 55: OCCUR_DAY_12 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 441 Length: Type: Alphanumeric Field 56: OCCUR SPAN CODE 1 Description: Code describing a significant event relating to the claim that may affect payer processing. Oualifying stay dates (for SNF use only) 78 SNF prior stay dates **Coding Scheme:** 70 Prior Same SNF prior stay dates for Payment 71 Prior stay dates 80 Ban Purposes 72 First/Last Visit 81 Antepartum Days at Reduced Level of Care 73 Benefit eligibility period Μ0 QIO/UR approved stay dates 74 Noncovered level of care/Leave of absence М1 Provider liability - no utilization 75 SNF level of care M2 Inpatient respite dates 76 Patient Liability Period М3 ICF level of care 77 Provider Liability - Utilization Charged Μ4 Residential level of care **Beginning Position:** 445 **Data Source:** Claim Length: Alphanumeric Type: Field 57: OCCUR SPAN FROM 1 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position: Data Source:** 447 Calculated Length: Alphanumeric Type: Field 58: OCCUR_SPAN_THRU_1 Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 453 **Data Source:** Calculated Length: **Alphanumeric** Type: Field 59: OCCUR_SPAN_CODE_2 **Description:** Code describing a significant event relating to the claim that may affect payer processing. Same as Field OCCUR_CODE_SPAN_1. **Coding Scheme: Beginning Position:** 459 **Data Source:** Claim Length: Alphanumeric Type: Field 60: OCCUR_SPAN_FROM_2 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC DSHS Document #25-15013 Page

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Beginning Position: 461 **Data Source:** Calculated Length: Alphanumeric Type: Field 61: OCCUR SPAN THRU Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 467 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 62: OCCUR SPAN CODE 3 Description: Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR_CODE_SPAN_1. **Beginning Position:** 473 **Data Source:** Claim Length: Alphanumeric Type: Field 63: OCCUR_SPAN_FROM_3 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 475 **Data Source:** Calculated Alphanumeric Length: Type: Field 64: OCCUR SPAN THRU 3 **Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care **Beginning Position:** 481 Data Source: Calculated Length: Alphanumeric 6 Type: Field 65: OCCUR_SPAN_CODE_4 Description: Code describing a significant event relating to the claim that may affect payer processina. **Coding Scheme:** Same as Field OCCUR_CODE_SPAN_1. **Data Source: Beginning Position:** 487 Claim Length: Type: Alphanumeric Field 66: **OCCUR SPAN FROM 4 Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 489 **Data Source:** Calculated Length: 6 Type: Alphanumeric Field 67: OCCUR_SPAN_THRU_4 **Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. Data Source: **Beginning Position:** 495 Calculated Lenath: **Alphanumeric** Type: Field 68: CONDITION_CODE_1 **Description:** Code describing a condition relating to the claim. **Coding Scheme:** 01 Military service related 11 Disabled beneficiary but no 27 Patient referred to a sole community hospital for a LGHP coverage exists 02 Condition is employment diagnostic laboratory test 17 Patient is homeless related 28 Patient and/or spouse's EGHP is 03 Patient covered by insurance 18 Maiden name retained secondary to Medicare not reflected here 19 Child retains mother's name Disabled beneficiary and/or 29 04 Information only bill. family member's LGHP is 20 Beneficiary requested billing secondary to Medicare 05 Lien has been filed 21 Billing for denial notice 30 Non-research services provided 06 ESRD patient in first 18 months to patients enrolled in a of entitlement covered by EGHP 22 Patient on multiple drug qualified clinical trial regimen 07 Treatment of non-terminal 31 Patient is student (full time -23 Home care giver available condition for hospice patient day) 08 Beneficiary would not provide 24 Home IV patient also receiving Patient is student 32 information concerning other **HHA** services (cooperative/work study insurance coverage 25 Patient is non-US resident program) 09 Neither patient or spouse is Patient is student (full time -33 26 VA eligible patient chooses to employed night) receive services in a Medicare 10 Patient and/or spouse is certified facility 34 Patient is student (part-time) employed but no EGHP exists

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36	General care patient in a	74	Home	AM	Non-emergency medically
37	special unit Ward accommodation at patient	75	Home - 100% reimbursement		necessary stretcher transport required
	request	76	Back-up in facility dialysis	AN	Pre-admission screening not required
38	Semi-private room not available	77	Provider accepts or is obligated/required due to a	В0	Medicare coordinated care demonstration claim
39	Private room medically necessary		contractual arrangement or law to accept payment by a primary payer as payment	В1	Beneficiary is ineligible for demonstration program
40	Same day transfer	78	New coverage not implemented	В4	Admission unrelated to
41	Partial hospitalization		by HMO		discharge on same day
42	Continuing care not related to inpatient admission	79	CORF services provided offsite	BP	Gulf Oil Spill of 2010
43	Continuing care not provided	80	Home dialysis - nursing facility	C1	Approved as billed
	within prescribed postdischarge window	81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review
44	Inpatient admission changed to outpatient	82	C-section/Inductions <39 weeks-Elective	C3	Partial approval
45	Ambiguous Gender Category	83	C-section/Inductions 39 weeks	C4	Admission/services denied
46	Non-availability statement on		or greater	C5	Postpayment review applicable
	file	84	Dialysis for Acute Kidney Injury (AKI)	C6	Admission Preauthorization
47	Transfer from another Home Health Agency	85	Delayed Recertification of	C7	Extended Authorization
48	Psychiatric residential	0.0	Hospice Terminal Illness	D0	Changes to Service Dates
	treatment centers for children	86	Additional Hemodialysis Treatment with Medical	D1	Changes to Charges
49	and adolescents (RTCs) Product replacement within	A0	Justification TRICARE external partnership	D3	Second or Subsequent Interim PPS Bill
50	product lifecycle Product Replacement for Known		program	D4	Change in clinical codes (ICD)
	Recall of a Product	A1	EPSDT/CHAP		for diagnosis and/or procedure codes.
51	Attestation of Unrelated Outpatient Nondiagnostic	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID or Provider ID
52	Services Out of Hospice Service Area	A3	Special Federal Funding	D6	Cancel Only to Repay a
53	Initial placement of a medical	A4	Family planning	D7	Duplicate or OIG Overpayment Change to Make Medicare the
33	device provided as part of a clinical trial or a free sample	A5 A6	Disability Vaccines/Medicare 100%	D7	Secondary Payer Change to Make Medicare the
54	No Skilled Home Health Visits in		payment	Do	Primary Payer
	Billing Period. Policy Exception Documented at the Home	A9	Second opinion surgery	D9	Any Other Change
	Health Agency	AA	Abortion performed due to rape	DR	Disaster related
55	SNF bed not available	AB	Abortion performed due to incest	E0	Changes in Patient Status
56	Medical appropriateness	AC	Abortion performed due to	G0	Distinct Medical Visit
57	SNF readmission		serious fatal genetic defect, deformity, or abnormality	H0	Delayed Filing, Statement of
58	Terminated Medicare+Choice organization enrollee	AD	Abortion performed due to life	H2	Intent Submitted Discharge by a Hospice
59	Non-primary ESRD facility		endangering physical condition		Provider for Cause
60	Day outlier	AE	Abortion performed due to physical health of mother that	Н3	Reoccurrence of GI Bleed Comorbid Category
61	Cost outlier		is not life endangering	H4	Reoccurrence of Pneumonia
66	Provider does not wish cost	AF	Abortion performed due to emotional/psychological health		Comorbid Category
	outlier payment		of mother	H5	Recurrence of Pericarditis Comorbid Category
67	Beneficiary elects not to use life time reserve (LTR) days	AG	Abortion performed due to social or economic reasons	P1	Do not Resuscitate Order (DNR)
68	Beneficiary elects to use life time reserve (LTR) days	АН	Elective abortion	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only	ΑI	Sterilization	R1	Request for reopening Reason
70	Self-administered anemia management drug	AJ	Payer responsible for co- payment		Code - Mathematical or Computational Mistake
71	Full care in unit	AK	Air ambulance required	R2	Request for reopening Reason
72	Self-care in unit	AL	Specialized treatment/bed	R3	Code -Inaccurate Data Entry Request for reopening Reason
73	Self-care training		unavailable	1.5	Code - Misapplication of a Fee Schedule
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R4	Request for re	eopening Reason liter Errors	R7	Request for reopening Code - Corrections otl		WO	United Mine Workers of America (UMWA) Demonstration
R5	Request for re	eopening Reason ectly Identified	R8	clerical errors Request for reopening		W2	Indicator Duplicate of Original Bill
	Duplicate Clair		RO	Code - New and Mate		W3	Level I Appeal
R6		eopening Reason	DO.	Evidence	. D	W4	Level II Appeal
		Clerical Errors or and Omissions not	R9	Request for reopening Code - Faulty Evidence	,		
	Specified in R	1-R5 above		ŕ		W5	Level III Appeal
Beginnin Length:	g Position:	501 2		Data Source: Type:	Claim Alphanum	eric	
Field 69:		CONDITION_			•		
Descripti				dition relating to t	he claim.		
Coding S Beginnin	cneme: g Position:	Same as Field CC 503	MDITIC	Data Source:	Claim		
Length:	g Position.	2		Type:	Alphanum	eric	
Field 70:		CONDITION_	CODE_	.3	•		
Descripti				dition relating to t	he claim.		
Coding S	cheme: g Position:	Same as Field 68 505	•	Data Carrea	Claim		
ьедини Length:	g Position:	2		Data Source: Type:	Claim Alphanum	eric	
Field 71:		CONDITION_	CODE_		7 tip://aria		
Descripti	on:	Code describing	g a con	dition relating to t	he claim.		
Coding S		Same as Field CC	NDITIC		- ·		
Beginnin Length:	g Position:	507 2		Data Source: Type:	Claim Alphanum	oric	
Field 72	•	CONDITION_0	CODE		Aiphanuini	CIIC	
Descript				dition relating to t	he claim.		
Coding S		Same as Field CC	-				
	g Position:	509		Data Source:	Claim		
Length: Field 73:		CONDITION_0	CODE	Type:	Alphanum	eric	
Descripti	on:	_		dition relating to t	he claim		
Coding S		Same as Field CC			ne claim.		
Beginnin	g Position:	511		Data Source:	Claim		
Length: Field 74:		2		Type:	Alphanum	eric	
rieia 74: Descripti	on:	CONDITION_O		./ dition relating to t	ho claim		
Coding S		Same as Field CC			ne claim.		
	g Position:	513		Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 75: Descripti		CONDITION_O			h a ala:		
Coding S		Same as Field CC		dition relating to t	ne ciaim.		
	g Position:	515	, TOITIC	Data Source:	Claim		
Length:		2		Type:	Alphanum	eric	
Field 76:		VALUE_CODE			·~ .		
Descripti Coding S		Code describing	j inforr	nation that may af	fect payer	proces	ssing.
01		semi-private rate	09	Coinsurance amount i calendar year	n the first	15	Worker's compensation
	•	o semi-private	10	Lifetime reserve amousecond calendar year	unt in the	16	Public health service (PHS) or other federal agency
02	rooms			secona calendar year		21	
02 04	Inpatient prof		11	Coinsurance amount i	n tne	21	Catastrophic
	Inpatient prof	arges which are		second calendar year	n tne	22	Surplus
	Inpatient proficomponent ch combined billed Professional co included in ch	arges which are ed omponent arges and also	11 12		th		·
04	Inpatient proficomponent ch combined billed Professional co	arges which are ed omponent arges and also ely to carrier		second calendar year Working aged beneficiary/spouse wi employer group healt ESRD beneficiary in a coordination period w	th h plan Medicare ith an	22	Surplus
04 05	Inpatient proficomponent ch component ch combined billed Professional co- included in ch- billed separate Blood deductil	arges which are ed component arges and also ely to carrier ole	12	second calendar year Working aged beneficiary/spouse wi employer group healt ESRD beneficiary in a	th h plan Medicare ith an h plan	22 23	Surplus Recurring monthly income
04 05 06	Inpatient proficomponent ch component ch combined billed Professional co- included in ch billed separate Blood deductil Life time reseifirst calendar	arges which are ed component arges and also ely to carrier ole	12 13	second calendar year Working aged beneficiary/spouse wi employer group healt ESRD beneficiary in a coordination period w employer group healt	th h plan Medicare ith an h plan	22 23 24	Surplus Recurring monthly income Medicaid Rate Code Offset to the patient - payment

26	Offset to the patient - payment amount - hearing and ear services	53 54	Cardiac rehab visits Newborn birth weight in grams	AA	Regulatory surcharges, assessments, allowances or health care related taxes -
27	Offset to the patient - payment amount - vision and eye	55	Eligibility threshold for charity	AB	payer A Other assessments or
20	services	56	care Skilled nurse - home visit hours	,.5	allowances (e.g., medical education) - payer A
28	Offset to the patient - payment amount - dental services			В1	Deductible payer B
29	Offset to the patient - payment amount - chiropractic services	57	Home health aide - home visit hours	B2	Coinsurance payer B
30	Preadmission testing	58	Arterial blood gas	В3	Estimated responsibility payer
31	Patient Liability Amount	59	Oxygen saturation	В7	B Co-payment payer B
32	Multiple patient ambulance	60	HHA branch MSA	ВА	Regulatory surcharges,
33	transport Offset to the patient - payment amount - podiatric services	61	Place of Residence where service is furnished (HHA and hospice)		assessments, allowances or health care related taxes - payer B
34	Offset to the patient - payment amount - other medical services	66	Medicaid spend down amount	ВВ	Other assessments or allowances (e.g., medical
25		67	Peritoneal dialysis	C1	education) - payer B
35	Offset to the patient - payment amount - health insurance	68	EPO-drug	C1	Deductible payer C
37	premiums Units of blood furnished	69	State charity care percentage	C2	Coinsurance payer C
38	Blood deductible units	80	Covered Days	C3	Estimated responsibility payer C
39	Units of blood replaced	81	Non-covered Days	C7	Co-payment payer C
40	New coverage not implemented	82	Co-insurance Days	CA	Regulatory surcharges, assessments, allowances or
41	by HMO	83	Lifetime Reserve Days		health care related taxes - payer C
41 42	Black lung	84	Shorter Duration Hemodialysis	СВ	Other assessments or allowances (e.g., medical
	VA	Α0	Special zip code reporting		education) - payer C
43	Disabled beneficiary under age 65 with LGHP	A1	Deductible payer A	D3	Patient estimated responsibility
44	Amount provider agreed to accept from primary payer	A2	Coinsurance payer A	D4	Clinical Trial Number Assigned by NLM/NIH
	when this amount is less than	,	comparance payer	D5	Last Kt/V Reading
	charges but higher than payment received	А3	Estimated responsibility payer A	FC	Patient Paid Amount
45	Accident hour	A4	Covered self-administrable drugs - emergency	FD	Credit Received from the
46	Number of grace days	A5	Covered self-administrable		Manufacturer for a Medical Device
47	Any liability insurance		drugs - administrable in form and situation furnished to	G8	Facility where Inpatient Hospice Service is Delivered
48	Hemoglobin reading	A6	patient Covered self-administrable	Y1	Part A Demonstration Payment
49	Hematocrit reading		drugs - diagnostic study and other	Y2	Part B Demonstration Payment
50	Physical Therapy visits	A7	Co-payment payer A	Y3	Part B Coinsurance
51	Occupational Therapy visits	A8	Patient weight	Y4	Conventional Provider Payment
52	Speech Therapy visits	Α9	Patient height	Y5	Part B Deductible
	a Desition. 517		Data Saureau Claim		

Beginning Position: 517 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 77: VALUE_AMOUNT_1

Description: Dollar amount that may be affected.

Beginning Position: 519 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 78: VALUE_CODE_2

Description: Code describing information that may affect payer processing.

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Coding Scheme: Same as Field VALUE_CODE_1. **Beginning Position:** 528 **Data Source:** Claim Length: Type: Alphanumeric Field 79: **VALUE AMOUNT 2** Description: Dollar amount that may be affected. **Beginning Position:** 530 **Data Source:** Claim Length: Alphanumeric Type: Field 80: VALUE_CODE_3 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position:** 539 **Data Source:** Claim Length: Type: Alphanumeric Field 81: **VALUE AMOUNT 3 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 82: VALUE_CODE_4 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position: Data Source:** 550 Claim Length: Alphanumeric Type: Field 83: **VALUE AMOUNT 4 Description:** Dollar amount that may be affected. **Beginning Position:** 552 **Data Source:** Claim Length: Type: Alphanumeric Field 84: VALUE_CODE_5 **Description:** Code describing information that may affect payer processing. Same as Field VALUE_CODE_1. Coding Scheme: **Beginning Position:** 561 **Data Source:** Claim Length: Alphanumeric Type: Field 85: VALUE_AMOUNT_5 **Description:** Dollar amount that may be affected. **Beginning Position:** 563 **Data Source:** Claim Length: Type: Alphanumeric Field 86: VALUE_CODE_6 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position:** 572 **Data Source:** Claim Length: Alphanumeric Type: Field 87: **VALUE AMOUNT 6 Description:** Dollar amount that may be affected. **Beginning Position:** 574 **Data Source:** Claim Length: Alphanumeric Type: VALUE CODE 7 Field 88: **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position:** 583 **Data Source:** Claim Lenath: Alphanumeric Type: Field 89: VALUE_AMOUNT_7 **Description:** Dollar amount that may be affected. **Beginning Position:** 585 **Data Source:** Claim Length: Alphanumeric Type: Field 90: VALUE_CODE_8 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position: Data Source:** 594 Length: Type: Alphanumeric Field 91: **VALUE AMOUNT 8 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Alphanumeric Length: Type: Field 92: VALUE_CODE_9

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Description: Code describing information that may affect payer processing.

Coding Scheme: Same as Field VALUE_CODE_1.

Beginning Position: 605 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 93: VALUE_AMOUNT_9

Description: Dollar amount that may be affected.

Beginning Position: 607 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 94: VALUE_CODE_10

Description: Code describing information that may affect payer processing.

Coding Scheme: Same as Field VALUE_CODE_1.

Beginning Position: 616 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 95: VALUE_AMOUNT_10

Description: Dollar amount that may be affected.

Beginning Position: 618 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 96: VALUE_CODE_11

Description: Code describing information that may affect payer processing.

Coding Scheme: Same as Field VALUE_CODE_1.

Beginning Position: 627 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 97: VALUE_AMOUNT_11

Description: Dollar amount that may be affected.

Beginning Position: 629 **Data Source:** Claim

Length: 9 **Type:** Alphanumeric

Field 98: VALUE_CODE_12

Description: Code describing information that may affect payer processing.

Coding Scheme: Same as Field VALUE_CODE_1.

Beginning Position: 638 Data Source: Claim

Length: 2 **Type:** Alphanumeric

Field 99: VALUE_AMOUNT_12

Description: Dollar amount that may be affected.

Beginning Position: 640 **Data Source:** Claim

Length: 9 Type: Alphanumeric

INPATIENT 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:1Data Source:AssignedLength:12Type: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:

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0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0103	nursing home (for hospitalization)
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave Room charges for LOA -
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182 0183	Room charges for LOA - patient convenience-charges billable
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0115	Room charges for private rooms - hospice	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0114	Room charges for private rooms - psychiatric	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0164	general Room charges for other rooms - Sterile Environment
0113	Room charges for private rooms - pediatric	0127	- 3/4 beds - rooms - detoxification	0160	Room charges for other rooms -
0112	Room charges for private rooms - obstetrics	0136	- 3/4 beds - rooms - hospice Room charges for semi-private	0159	rehabilitation Room charges for ward rooms - other
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private	0158	Room charges for ward rooms
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice

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0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
0202	care - surgical Room charges for intensive	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
	care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy - nongeneric drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory - nonroutine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological - cytology
0214	- heart transplant Room charges for coronary care	0262	IV Therapy - pharmacy services	0312	Laboratory pathological - histology
	 intermediate coronary care unit (CCU) 	0263	IV Therapy - drug/supply delivery	0314	Laboratory pathological -
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0319	biopsy Laboratory pathological - other
0220	Special charges - general	0269	IV Therapy - other	0320	Radiology - diagnostic - general
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0321	Radiology - diagnostic -
0222	charge Special charges - technical	0271	Medical surgical supplies and devices - nonsterile	0322	angiocardiography Radiology - diagnostic -
0223	Special charges - UR service	0272	Medical surgical supplies and devices - sterile	0323	arthrography Radiology - diagnostic -
0224	charge Special charges - late	0273	Medical surgical supplies and devices - take-home	0324	arteriography Radiology - diagnostic - chest
0229	discharge, medically necessary Special charges - other	0274	Medical surgical supplies and		x-ray
		0275	devices - prosthetic/orthotic Medical surgical supplies and	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0276	devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery		Medical surgical supplies and devices - intraocular lens (IOL)	0331	general Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home		chemotherapy administration - chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy

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	THOIC		D.		by Member to RHC/FQHC
0389	Blood - other	0442	Speech-language pathology - hourly charge	0520 0521	Freestanding Clinic - general Freestanding Clinic - Clinic Visit
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0519	Clinic - other
0386	Blood - other components	0440	Speech-language pathology - general	0517	Clinic - family practice
0385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
0384	Blood - platelets	0434	Occupational therapy - evaluation	0515	Clinic - pediatric
0382	Blood - whole blood Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0381	Blood - packed red cells	0432	Occupational therapy - hourly charge	0512	Clinic - psychiatric
0380	Blood - general	0431	Occupational therapy - visit charge	0511 0512	Clinic - chronic pain Clinic - dental
0379	Anesthesia - other	0430	Occupational therapy - general	0510	Clinic - general
374	Anesthesia - acupuncture	0429	Physical therapy - other	0509	Outpatient services - other
372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0500	Outpatient services - general
371	Anesthesia - incident to radiology	0423	charge Physical therapy - group rate	0499	general Ambulatory surgical care - other
370	Anesthesia - general	0422	Physical therapy - hourly	0490	Ambulatory surgical care -
369	Operating room services - other	0420	Physical therapy - yisit charge	0489	Cardiology - other
367	Operating room services - kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
362	Operating room services - organ transplant other than kidney	0419	hyperbaric oxygen therapy Respiratory services - other	0481	Cardiology - cardiac cath lab Cardiology - stress test
361	Operating room services - minor surgery	0412	Respiratory services - inhalation Respiratory services -	0480 0481	Cardiology - general
360	Operating room services - general	0410	Respiratory services - general	0479	Audiology - other
359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
349	Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0460	Pulmonary function - general
344	Nuclear medicine - therapeutic radiopharmaceuticals		general	0459	Emergency room - other
343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services -	0456	EMTALA screening Emergency room - urgent care
342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	services Emergency room - beyond
341	Nuclear medicine - diagnostic procedures		processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration	0449	evaluation or reevaluation Speech-language pathology - other
	chemotherapy administration - chemotherapy - IV	0004	administration, storage and processing - general	0444	group rate Speech-language pathology -
0335	Radiology - therapeutic and/or	0390	Blood and blood component	0443	Speech-language pathology -

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic
0523	Freestanding Clinic - family practice	0569	Medical social services - other	0623	services Medical/surgical supplies -
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a	0570	Home health aide - general	0624	surgical dressings Medical/surgical supplies - FDA
	Member in a Covered Part A Stay at SNF	0571	Home health aide - visit charge	0631	investigational devices Drugs requiring specific
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a	0572	Home health aide - hourly charge		identification - single source
	Member in a SNF (not Covered Part A Stay) or NF or ICF MR or	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
0526	Other Residential Facility Freestanding Clinic - urgent	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
	care	0581	Other visits (home health) - visit charge	0634	prescription Drugs requiring specific
		0582	Other visits (home health) - hourly charge		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting Nurse Services(s) to a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0528	Member's Home when in a Home Health Shortage Area Freestanding Clinic – Visit by	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0328	RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene	0590	Units of service (home health) - general	0637	detailed coding Drugs requiring specific
0529	of Accident) Freestanding Clinic - other	0600	Oxygen (home health) - general	0007	identification - self- administrable
		0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter	0641	Home IV therapy services - nonroutine nursing, central line
0531	Osteopathic service - therapy	0603	per minute Oxygen (home health) -	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other		stat/equip/supply over 4 liters per minute	0643	Home IV therapy services - IV start/change, peripheral line
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	Home IV therapy services - nonroutine nursing, peripheral
0541	Ambulance service - supplies	0609	Oxygen (home health) - other	0645	line Home IV therapy services -
0542	Ambulance service - medical transport	0610	Magnetic Resonance Technology (MRT) - MRI -		training patient/caregiver, central line
0543	Ambulance service - heart mobile	0611	general	0646	Home IV therapy services - training, disabled patient,
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)	0647	central line Home IV therapy services -
0545	Ambulance service - air ambulance	0612	Magnetic Resonance		training, patient/caregiver, peripheral
0546	Ambulance service - neonatal		Technology (MRT) - MRI - spinal cord (including spine)	0648	Home IV therapy services - training, disabled patient,
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other	0649	peripheral Home IV therapy services -
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance	0650	other Hospice services - general
0549	Ambulance service - other		Technology (MRT) - MRA – head and neck	0651	Hospice services - routine home
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA –	0652	care Hospice services - continuous
0551	Skilled nursing - visit charge	0618	lower extremities Magnetic Resonance	0655	home care Hospice services - inpatient
0552	Skilled nursing - hourly charge		Technology (MRT) - MRA – other		respite care
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general inpatient care (nonrespite)
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - physician services
0561	Medical social services - visit charge			0658	Hospice services - room and board - nursing facility
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0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or
0660	Respite care - general	0731	EKG/ECG services - holter monitor	0822	home - composite or other rate Hemodialysis - outpatient or
0661	Respite care - hourly charge/skilled nursing	0732	EKG/ECG services - telemetry	0823	home – home supplies Hemodialysis - outpatient or
0662	Respite care - hourly	0739	EKG/ECG services - other	0824	home – home equipment Hemodialysis - outpatient or
	charge/aide/homemaker/compa nion	0740	EEG services - general		home – maintenance 100%
0663	Respite care - daily charge	0750	Gastrointestinal services - general	0825	Hemodialysis - outpatient or home - support services
0669	Respite care - other	0760	Treatment or observation room services - general	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/ Observation Room - Treatment	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based		Room	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0762	Specialty Room - Treatment/ Observation Room - Observation Room	0831	or home - general Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I			0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home - maintenance 100%
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient or home - support services
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	Peritoneal dialysis - outpatient or home - other
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	Inpatient renal dialysis services - hemodialysis	0841	general CAPD - outpatient or home -
0692	Pre-hospice/Palliative Care Services – hourly charge	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)	0842	composite or other rate CAPD - outpatient or home -
0693	Pre-hospice/Palliative Care Services - evaluation	0803	Inpatient renal dialysis services - continuous ambulatory	0843	home supplies CAPD - outpatient or home –
0694	Pre-hospice/Palliative Care Services – consultation and	0804	peritoneal dialysis (CAPD) Inpatient renal dialysis services	0844	home equipment CAPD - outpatient or home –
0695	education Pre-hospice/Palliative Care		 continuous cycling peritoneal dialysis (CAPD) 	0845	maintenance 100% CAPD - outpatient or home -
0696	Services - inpatient care	0809	Inpatient renal dialysis services		support services
	Pre-hospice/Palliative Care Services – physician services		- other	0849	CAPD - outpatient or home - other
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body components- general	0850	CCPD - outpatient or home - general
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home - home equipment
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components - unsuccessful organ search-	0854	CCPD - outpatient or home - maintenance 100%
0722	Labor/Delivery Room services - delivery	0815	donor bank charges Acquisition of body components	0855	CCPD - outpatient or home - support services
0723	Labor/Delivery Room services - circumcision		– stem cells- allogeneic	0859	CCPD - outpatient or home - other
0724	Labor/Delivery Room services - birthing center	0819	Acquisition of body components - other donor	0860	Magnetoencephalography (MEG) - General
0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general	0861	Magnetoencephalography (MEG) - MEG

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0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
0003	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play therapy	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	Behavior health	0944	Other therapeutic services - drug rehabilitation	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0945	Other therapeutic services -	0988	Professional fees - consultation
0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health	0310	complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health treatments/services -	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health treatment/services -	0951	other Other therapeutic services –	0994	Patient convenience items - TV/radio
0912	rehabilitation Behavior health	0952	athletic training Other therapeutic services -	0995	Patient convenience items - nonpatient room rentals
	treatment/services - partial hospitalization - less intensive	0953	kinesiotherapy Other therapeutic services –	0996	Patient convenience items - late discharge charge
0913	Behavior health treatment/services - partial		chemical dependency (drug and alcohol)	0997	Patient convenience items - admission kits
0914	hospitalization - intensive Behavior health	0960	Professional fees - general	0998	Patient convenience items - beauty shop/barber
	treatment/services - individual therapy	0961	Professional fees - psychiatric	0999	Patient convenience items -
0915	Behavior health treatment/services - group	0962	Professional fees - ophthalmology	1000	other Behavior health
0916	therapy Behavior health	0963	Professional fees - anesthesiologist (MD)	1001	accommodations - general Behavior health
	treatment/services - family therapy	0964	Professional fees - anesthetist (CRNA)	1001	accommodations - residential treatment - psychiatric
0917	Behavior health treatment/services - biofeedback	0969	Professional fees - other	1002	Behavior health accommodations - residential
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1003	treatment - chemical dependency Behavior health
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic	1003	accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	other diagnostic services -	0975	Professional fees - operating room	2100	accommodations - group home Alternative therapy services -
0923	electromyogram Other diagnostic services - pap	0976	Professional fees - respiratory therapy	2100	general
	smear				

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2101	Alternative thera acupuncture	py services -	2105	Alternative therapy service biofeedback	ces -	3102	Adult day care, social - hourly
2102	Alternative thera acupressure	py services -	2106	Alternative therapy service hypnosis	ces -	3103	Adult day care, medical and social - daily
2103	Alternative thera massage	py services -	2109	Alternative therapy service other	ces -	3104	Adult day care, social - daily
2104	Alternative thera	py services -	3101	Adult day care, medical a social - hourly	nd	3105	Adult foster care - daily
	renexology			Social Hourry		3109	Adult foster care - other
		4.0			.		
Begir Leng	nning Position:	13 4		Data Source: Type:	Claim Alphanu	ımeric	
Field		HCPCS_QUA	LIFI	7.1	, upriarie		•
Desci	ription:	Code identify HCPCS_PROC	ing th	e type/source of the de	escriptiv	e nui	mber used in
	nning Position:	17		Data Source:	Claim		
Lengt Field		UCDCC DDC	CEDI	Type:	Alphanu	ımeric	
	4 ription:	HCEA Commo			(HCDCS	S) cod	de applicable to ancillary
Desci	i i peroii.	services or a			(HCFCS	5) (00	de applicable to afficilially
Codir	ng Scheme:				odeSets/	ANHC	PCS/list.asp for complete list.
	nning Position:	19		Data Source:	Claim		, , ,
Leng	th:	5		Type:	Alphanu	ımeric	
Field	_	MODIFIER_					
	ription:	Identifies spe	ecial ci	ircumstances related to	the pe	rform	ance of the service
	ng Scheme:		Ε0	Distinct Dusced and Comics		01	Danach Clinical Diagnostic
22	Increased procedur		59	Distinct Procedural Service		91	Repeat Clinical Diagnostic Laboratory Test
23	Unusual Anesthesia			92	Alternative Laboratory Platform		
24 Unrelated Evaluation and Management Service by the Same		63	Procedure Performed on Infaless than 4kg	ants		Testing	
	Physician or Other	Qualified Health	66	Surgical Team		95	Synchronous Telemedicine Service Rendered Via a Real-Time
Care Professional during a Postoperative Period			73	Discontinued Outpatient			Interactive Audio and Video
25	Significant, Separat			Hospital/Ambulatory Surgery Center (ASC) Procedure prior to		99	Telecommunications System Multiple Modifiers
	Evaluation and Mar Service by the Sam			the Administration of Anesth		1P	Performance Measure Exclusion
	Other Qualified Hea	ilth Care	74	74 Discontinued Outpatient		11	Modifier due to Medical Reasons
	Professional on the the Procedure or Of	,		Hospital/Ambulatory Surger Center (ASC) Procedure after		2P	Performance Measure Exclusion
26	Professional Compo			Administration of Anesthesia		3P	Modifier due to Patient Reasons Performance Measure Exclusion
27	Multiple Outpatient		76	Repeat Procedure by Same Physician or Other Qualified	Health		Modifier due to System Reasons
32	Encounters on the S Mandated Services	Same Date		Care Professional		8P	Performance Measure Reporting Modifier- Action not performed,
33	Preventive Service		77	Repeat Procedure by Anothe Physician or Other Qualified			reason not otherwise specified
47	Anesthesia by Surg	eon		Care Professional		P1	A normal healthy patient
50	Bilateral Procedure		78	Unplanned Return to the Operating/Procedure Room	by the	P2	A patient with mild systemic disease
51	Multiple Procedures	;		Same Physician or Other Qu Health Care Professional Follogical		Р3	A patient with severe systemic
52	Reduced Services			Initial Procedure for a Relate	- 5	P4	disease A patient with severe systemic
53	Discontinued Proce	dure		Procedure During the Postoperative Period		' -	disease that is a constant threat to
54	Surgical Care Only		79	Unrelated Procedure or Serv	,	P5	life A moribund patient who is not
55	Postoperative Mana	gement Only		the Same Physician or Other Qualified Health Care Profes	sional	. 5	expected to survive without the
56	Preoperative Manag	gement Only	Ω Ω	During the Postoperative Per	riod	P6	operation A declared brain-dead patient
57	Decision for Surger	у	80	Assistant Surgeon		. 0	whose organs are being removed
58	Staged or Related F		81	Minimum Assistant Surgeon		E1	for donor purposes Upper left eyelid
	Service by the Sam Other Qualified Hea		82	Repeat procedure by same physician			, ,
	Professional During	the	90	Reference (Outside) Laborat	ory	E2	Lower left eyelid
	Postoperative Perio	a				E3	Upper right eyelid

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E4 Lower right eyeli	d	GH	Diagnostic mammogram		T1	Left foot, second digit
F1 Left hand, second	d digit		converted from screening mammogram on same day		T2	Left foot, third digit
F2 Left hand, third o	ligit	LC	Left circumflex coronary art	ery	Т3	Left foot, fourth digit
F3 Left hand, fourth	digit	LD	Left anterior descending cor	onary	T4	Left foot, fifth digit
F4 Left hand, fifth d	igit		artery		T5	Right foot, great toe
F5 Right hand, thum	nb	LM	Left main coronary artery		Т6	Right foot, second digit
F6 Right hand, seco	nd digit	LT	Left side of the body proced	lure	T7	Right foot, third digit
F7 Right hand, third	diait	Q M	Ambulance service provided arrangement by a provider		T8	Right foot, fourth digit
F8 Right hand, fourt	-	111	services	O1	Т9	Right foot, fifth digit
F9 Right hand, fifth	_	QN	Ambulance service furnishe		TA	Left foot, great toe
FA Left hand, thumb	_	D.C	directly by a provider of ser	vices	XE	· -
·		RC	Right coronary artery			Separate Encounter
GG Performance and screening mamm		RI	Ramus intermedius coronar artery	У	XS	Separate Structure
diagnostic mamn	nography on	RT	Right side of the body proce	edure	XP	Separate Practitioner
same patient, sa	me day.		,,		XU	Unusual Non-Overlapping Service
Beginning Position	: 24		Data Source:	Claim	1	
Length:	2		Туре:		nume	eric
Field 6:	MODIFIER					
Description:			l circumstances related	to the	perfo	rmance of the service.
Coding Scheme: Beginning Position	Same as Fie : 26	ia MOL	Data Source:	Claim	1	
Length:	2		Type:		anume	eric
Field 7:	MODIFIER					
Description:			circumstances related	to the	perfo	rmance of the service.
Coding Scheme: Beginning Position	Same as Fie : 28	Id MOL	DIFIER_1 Data Source:	Claim	,	
Length:	2					eric
Field 8:	MODIFIER	₹_4				
Description:		Identifies special circumstances related to the performance of the service.				rmance of the service.
Coding Scheme: Beginning Position	Same as Fie : 30	Id MOE	DIFIER_1 Data Source:	Claim		
Length:	2		Type:		ı anume	eric
Field 9:		ASUR	EMENT_CODE			
Description:			the units in which a val	ue is be	eing e	xpressed.
Coding Scheme:	DA Day F2 Inte		onal unit			
	UN Uni		ondi unit			
Beginning Position		•	Data Source:	Claim	1	
Length:	2		Туре:	Alpha	nume	eric
Field 10: Description:	UNITS_OI	_				
Beginning Position:	Numeric va : 34	iiue oi	r quantity Data Source:	Claim	1	
Length:	7		Type:	Nume		
Field 11:	UNIT_RA					
Description:	Rate per u	nit	D-1-0	CI.:	_	
Beginning Positions Length:	: 41 12		Data Source: Type:	Claim Nume	•	
Field 12:	CHRGS_L	INE I		Num	CITC	
Description:	Total amou					
Beginning Position			Data Source:	Assig		
Length: Field 13:	14 CHRCC N	ON: 6	Type:	Nume	eric	
Description:	CHRGS_N		COV ed amount of the charge	2		
Beginning Position		Jovere	Data Source:	e Assig	ned	
Length:	14		Type:	Nume		

INPATIENT GROUPER DATA FILE

T2.1.1.1.	DECOND ID
Field 1:	RECORD_ID
Description:	Record Identification Number. Unique number assigned to identify the record. First available
5 1 1 5 11	1 st 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:	FROZEN_MS_DRG
Description:	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as
	assigned for hospital payment for Medicare beneficiaries.
Beginning Position:	Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 3:	FROZEN_MS_MDC
Description:	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services
	(CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for
	Medicare beneficiaries. First available 2004.
Beginning Position:	16 Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 4:	FROZEN_MS_GRP_VER
Description:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and
	previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG
	and, MS MDC codes
Beginning Position:	18 Data Source: Assigned
Length:	5 Type: Alphanumeric
Field 5:	FROZEN_MS_GRP_ERROR_CODE
Description:	Error codes identify potential variations with MS DRG code assignment
Coding Scheme:	No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid or
	exempt
	01 Diagnosis code cannot be used as principal 20 DisableHac is invalid and at least one HAC POA is N or diagnosis U
	02 21 DisableHac is invalid and at least one HAC POA is
	Record does not meet criteria for any DRG invalid or exempt
	03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt 04 DisableHac is invalid and at least one HAC POA is
	O4 Invalid Sex DisableHac is invalid and at least one HAC POA is exempt
	05 24 DisableHac = 0 and there are multiple HACs that have
	Invalid Discharge Status Invalid Discharge Status
	10 Illogical Principal Diagnosis (CMS only) 25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11 Invalid Principal Diagnosis
Beginning Position:	Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 6:	FROZEN_APR_DRG
Description:	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG
F	Grouper
Beginning Position:	25 Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 7:	FROZEN_RISK_MORTALITY
Description:	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related
F	Group (DRG) from the 3M [™] APR-DRG Grouper. Indicates the likelihood of dying.
Coding Scheme:	1 Minor
	2 Moderate
	3 Major
Daginning Dagities	4 Extreme Doto Source: Assigned
Beginning Position:	Data Source: Assigned
Length:	1 Type: Alphanumeric
Field 8:	FROZEN_ILLNESS_SEVERITY
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Description:			n the All Patient Refined (APR) Diagnosis Related ouper. Indicates the extent of physiologic
	decompensation.		
Coding Scheme:	1 Minor		
	2 Moderate		
	3 Major 4 Extreme		
	0 No class specified		
Beginning Position:	29	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 9:	FROZEN_APR_MDC	· -	
Description:		y (MDC) as assign	ed by 3M [™] APR-DRG Grouper.
Beginning Position:	30	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APR_GRP_V	ER	-
Description:			d Grouper version used to assign APR DRG codes,
•			s and, Severity of Illness rankings
Beginning Position:	32	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 11:	FROZEN_APR_GRP_E	RROR_CODE	·
Description:			n APR DRG code assignment
Coding Scheme:	00 No errors. DRG successfu		Gestational age/birth weight conflict (APR only)
count peneme.	01 Diagnosis code cannot be		DisableHac = 0 and at least one HAC POA is invalid or
	principal diagnosis		exempt
	02 Record does not meet crit DRG	eria for any 20	DisableHac is invalid and at least one HAC POA is N or U
	03 Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid
	C		or exempt
	04 Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
	05 Invalid Discharge Status06 Invalid birthweight (AP &	23 & APR only) 24	DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have
	oo mvana brarweight (711 e	c 7 ii K oiiiy) 24	different HAC POA values that are not Y, W, N, U
	09 Invalid discharge age in d	ays (AP & 25	DisableHac is invalid and there are multiple HACs that
	APR only)	:_	have different HAC POA values that are not Y or W
Beginning Position:	11 Invalid Principal Diagnos37	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 12:	MS_DRG	Type.	Tiphananere
Description:		Medicaid Services	(CMS) Diagnosis Related Group (DRG), as
Description.	centers for intentente and	Micaicaia Bei vices	
	assigned for hospital payr	nent for Medicare l	neneticiaries
Reginning Position:	assigned for hospital payr		
Beginning Position:	39	Data Source:	Assigned
Length:	39 3		
Length: Field 13:	39 3 MS_MDC	Data Source: Type:	Assigned Alphanumeric
Length:	39 3 MS_MDC Major Diagnostic Categor	Data Source: Type: y (MDC) as assign	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services
Length: Field 13:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health C	Data Source: Type: y (MDC) as assign Care Financing Adı	Assigned Alphanumeric
Length: Field 13: Description:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM Medicare beneficiaries. Fig. 1)	Data Source: Type: ry (MDC) as assign Care Financing Adı rst available 2004.	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for
Length: Field 13: Description: Beginning Position:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM Medicare beneficiaries. Fix 42	Data Source: Type: ry (MDC) as assign Care Financing Adı rst available 2004. Data Source:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned
Length: Field 13: Description: Beginning Position: Length:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM Medicare beneficiaries. Fix 42 2	Data Source: Type: ry (MDC) as assign Care Financing Adı rst available 2004.	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for
Length: Field 13: Description: Beginning Position: Length: Field 14:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM Medicare beneficiaries. Fix 42 2 MS_GRP_VER	Data Source: Type: Ty (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric
Length: Field 13: Description: Beginning Position: Length:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM Medicare beneficiaries. Fix 42 2 MS_GRP_VER CMS Medicare Severity I	Data Source: Type: y (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related C	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and
Length: Field 13: Description: Beginning Position: Length: Field 14:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CMS) Medicare beneficiaries. Fix 42 2 MS_GRP_VER CMS Medicare Severity I previously reported as HC	Data Source: Type: y (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related C	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric
Length: Field 13: Description: Beginning Position: Length: Field 14: Description:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CMS) (formerly Health CMS) Medicare beneficiaries. First 42 2 MS_GRP_VER CMS Medicare Severity Dereviously reported as HCD and, MS MDC codes	Data Source: Type: y (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related CFA_GROUPER_V	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM Medicare beneficiaries. First 42 2 MS_GRP_VER CMS Medicare Severity In previously reported as HC and, MS MDC codes 44	Data Source: Type: y (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related CFA_GROUPER_V Data Source:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG Assigned
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM Medicare beneficiaries. First 42 2 MS_GRP_VER CMS Medicare Severity In previously reported as HCM and, MS MDC codes 44 5	Data Source: Type: ry (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related C FA_GROUPER_V Data Source: Type:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM Medicare beneficiaries. Fix 42 2 MS_GRP_VER CMS Medicare Severity I previously reported as HCM and, MS MDC codes 44 5 MS_GRP_ERROR_CO	Data Source: Type: Ty (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related (CFA_GROUPER_V Data Source: Type: Data Source: Type:	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and /ERSION_NBR) version used to assign MS DRG Assigned Alphanumeric
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15: Description:	MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM) Medicare beneficiaries. First 42 MS_GRP_VER CMS Medicare Severity In previously reported as HC and, MS MDC codes 44 MS_GRP_ERROR_CO Error codes identify potention	Data Source: Type: y (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related CFA_GROUPER_V Data Source: Type: DE tial variations with	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG Assigned
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15:	39 3 MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM Medicare beneficiaries. First 42 2 MS_GRP_VER CMS Medicare Severity In previously reported as HCM and, MS MDC codes 44 5 MS_GRP_ERROR_COME Error codes identify potentials.	Data Source: Type: y (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related CFA_GROUPER_V Data Source: Type: DE tial variations with	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15: Description:	MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM) Medicare beneficiaries. First 42 MS_GRP_VER CMS Medicare Severity In previously reported as HC and, MS MDC codes 44 MS_GRP_ERROR_CO Error codes identify potention	Data Source: Type: y (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related CFA_GROUPER_V Data Source: Type: DE tial variations with	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment 9 DisableHac = 0 and at least one HAC POA is invalid or
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15: Description: Coding Scheme:	MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM) Medicare beneficiaries. First 42 MS_GRP_VER CMS Medicare Severity In previously reported as HC and, MS MDC codes 44 MS_GRP_ERROR_CO Error codes identify potention	Data Source: Type: y (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related CFA_GROUPER_V Data Source: Type: DE tial variations with ally assigned.	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment 9 DisableHac = 0 and at least one HAC POA is invalid or exempt
Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15: Description:	MS_MDC Major Diagnostic Categor (CMS) (formerly Health CM Medicare beneficiaries. First 42 MS_GRP_VER CMS Medicare Severity In previously reported as HCM and, MS MDC codes 44 5 MS_GRP_ERROR_CO Error codes identify poten No errors. DRG successful	Data Source: Type: y (MDC) as assign Care Financing Adı rst available 2004. Data Source: Type: Diagnosis Related CFA_GROUPER_V Data Source: Type: DE tial variations with	Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for Assigned Alphanumeric Grouper (formerly CMS DRG Grouper and VERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment 9 DisableHac = 0 and at least one HAC POA is invalid or

	01 Diagnosis code cannot be us	sed as principal	20	DisableHac is invalid and at least one HAC POA is N or
	diagnosis		21	U DisableHac is invalid and at least one HAC POA is
	Record does not meet criter	ia for any DRG		invalid or exempt
	03 Invalid Age 04 Invalid Age		22 23	DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is
	Invalid Sex		23	exempt
	05 Invalid Discharge Status		24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	10 Illogical Principal Diagnosi	s (CMS only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
D	11 Invalid Principal Diagnosis	D-4- C		
Beginning Position:	49 2	Data Source:		Assigned
Length: Field 16:	APR_DRG	Type:	P	Alphanumeric
Description:		Diagnosis Relat	ed G	roup (DRG) as assigned by 3M APR-DRG
Description.	Grouper	Magnosis Reiai	cu O	Toup (DRG) as assigned by SWITH R DRG
Beginning Position:	51	Data Source:	A	assigned
Length:	3	Type:		Alphanumeric
Field 17:	RISK_MORTALITY			<u> </u>
Description:		rtality score from	m the	e All Patient Refined (APR) Diagnosis Related
	Group (DRG) from the 3M	™ APR-DRG C	roup	per. Indicates the likelihood of dying.
Coding Scheme:	1 Minor			
	2 Moderate3 Major			
	4 Extreme			
Beginning Position:	54	Data Source:	A	Assigned
Length:	1	Type:	Α	Alphanumeric
Field 18:	ILLNESS_SEVERITY			
Description:				he All Patient Refined (APR) Diagnosis Related
	- ·	™ APR-DRG C	roup	per. Indicates the extent of physiologic
	decompensation.			
Coding Scheme:	1 Minor2 Moderate			
	3 Major			
	4 Extreme			
Daginning Dagition.	0 No class specified	Data Carrage		aniam ad
Beginning Position: Length:	55 1	Data Source: Type:		Assigned Alphanumeric
Field 19:	APR_MDC	Type.	F	riphanumenc
Description:		(MDC) as assig	med	by 3M [™] APR-DRG Grouper.
Beginning Position:	56	Data Source:	-	Assigned
Length:	2	Type:		Alphanumeric
Field 20:	APR_GRP_VER	J.F.		
Description:		Diagnosis Relat	ed G	rouper version used to assign APR DRG codes,
-	APR MDC codes, Risk of M	Mortality rankin	gs, a	nd Severity of Illness rankings
Beginning Position:	58	Data Source:		Assigned
Length:	5	Type:	Α	Alphanumeric
Field 21:	APR_GRP_ERROR_COI			
Description:	Error codes identify potenti	ial variations w	ith A	PR DRG code assignment
Coding Scheme:				
	00 No errors. DRG successfull			Gestational age/birth weight conflict (APR only)
	01 Diagnosis code cannot be us			DisableHac = 0 and at least one HAC POA is invalid or
		sed as)	
	01 Diagnosis code cannot be us principal diagnosis 02 Record does not meet criter DRG	ia for any 20)	DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or U
	01 Diagnosis code cannot be us principal diagnosis 02 Record does not meet criter	sed as)	DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid
	 Diagnosis code cannot be us principal diagnosis Record does not meet criter DRG Invalid Age Invalid Sex 	sed as 19 in for any 20 22) 	DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt
	 Diagnosis code cannot be us principal diagnosis Record does not meet criter DRG Invalid Age Invalid Sex Invalid Discharge Status 	20 22 22 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25) 1 2 3	DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt
	 Diagnosis code cannot be us principal diagnosis Record does not meet criter DRG Invalid Age Invalid Sex 	20 22 22 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25) 1 2 3	DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have
	 Diagnosis code cannot be us principal diagnosis Record does not meet criter DRG Invalid Age Invalid Sex Invalid Discharge Status 	20 22 22 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25) 1 2 3	DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
DSHS/THCIC	 Diagnosis code cannot be us principal diagnosis Record does not meet criter DRG Invalid Age Invalid Sex Invalid Discharge Status Invalid birthweight (AP & A 	22 APR only) Page) 1 2 3	DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DSHS Document #25-15013
DSHS/THCIC www.dshs.texas.gov/1	 Diagnosis code cannot be us principal diagnosis Record does not meet criter DRG Invalid Age Invalid Sex Invalid Discharge Status Invalid birthweight (AP & A 	22 APR only) 29 20 21 22 22 22 22 23) 1 2 3	DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U

	09 11	Invalid discharge age in days (AP & APR only) Invalid Principal Diagnosis	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
Beginning Position:	63	Data Source	:	Assigned
Length:	2	Type:		Alphanumeric

OUTPATIENT BASE DATA FILE

Field 1:	SERVICE_QUARTER			
Description:	Quarter during which se	ervice occurred. \	ear and quarter of ser	vice. vvvvOn.
Beginning Position:	1	Data Source:	Assigned	////
Length:	6	Type:	Alphanumeric	
Field 2:	RECORD_ID			
Description:	Record Identification Nu	ımber. Unique nu	mber assigned to iden	tify the record. The
	Record_ID in the ED Ou	itpatient PUDF is i	not linkable to the Rec	ord ID in the ED
	Inpatient PUDF or ED R			_
Beginning Position:	7	Data Source:	Assigned	
Length:	12	Туре:	Alphanumeric	
Field 3:	THCIC_ID			
Description:	Provider ID. Unique ide	ntifier assigned to	the provider by DSHS	5.
Suppression:	Facilities reporting fewe	r than 50 events	have been aggregated	into the Provider ID
	'999999'. If a facility re	ported fewer than	5 events for a particular	ılar gender, including
	'unknown', Provider ID	is '999998'.		
Beginning Position:	19	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 4:	SPEC_UNIT_1			
Description:	Specialty Units in which			
	Type of Bill or Revenue		•	
Coding Scheme:		Coronary Care Unit Detoxification Unit	P Y	Pediatric Unit Psychiatric Unit
		Intensive Care Unit	r R	Rehabilitation Unit
		Hospice Unit	Ü	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
		Obstetric Unit	Blank	Acute Care
Designing Desition.		Oncology Unit	Calaulatad	
Beginning Position: Length:	25 1	Data Source: Type:	Calculated Alphanumeric	
Field 5:	SPEC_UNIT_2	турс.	Alphanamenc	
Description:	Specialty Unit in which	2nd most days due	ring stay occurred has	ed on number of days
	by Type of Bill or Reven		ing stay occurred base	ed on namber of days
Coding Scheme:	Same as SPEC_UNIT_1	ac coac.		
Beginning Position:	26	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 6:	SPEC_UNIT_3			
Description:	Specialty Unit in which	3 rd most days dur	ing stay occurred base	ed on number of days
	by Type of Bill or Reven	ue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.			
Beginning Position:	27	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 7:	SPEC_UNIT_4	4+h		
Description:	Specialty Unit in which		ing stay occurred base	ed on number of days
	by Type of Bill or Reven	iue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.	Data Course	Calculated	
Beginning Position: Length:	28 1	Data Source: Type:	Calculated Alphanumeric	
Field 8:	SPEC_UNIT_5	турс.	Aiphanamene	
Description:	Specialty Unit in which	5 th most days dur	ing stay occurred base	ed on number of days
	by Type of Bill or Reven	•	ing stay occurred base	ed on number of days
Coding Scheme:	Same as SPEC_UNIT_1.			
Beginning Position:	29	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 9:	SEX_CODE			<u> </u>
Description:	Gender of the patient a	s recorded at date	e of start of care.	
Suppression:	Code is suppressed if an IO	CD-10-CM code indi	cates drug or alcohol use	
	ICD-10-CM indicates alcoh	ol or drug use or an	HIV diagnosis (patients	covered by 42 USC
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		- -		, ,

 $\S290dd-2$ and 42 CFR Part 2 rules), the Gender of the patient is reported as "U" (Unknown). 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:

Μ Male Female U Unknown Invalid

Beginning Position: 30 **Data Source:** Claim

Length: Alphanumeric Tyne:

Length:		1	Т	уре:		Alphanumeric		
Field 10:		PAT_COUNTY						
Description	:	FIPS code of pat	ient's coun	ity.				
Coding sche	eme:	·		•				
001	Anderson	097	Cooke		193	Hamilton	289	Leon
003	Andrews	099	Coryell		195	Hansford	291	Liberty
005	Angelina	101	Cottle		197	Hardeman	293	Limestone
007	Aransas	103	Crane		199	Hardin	295	Lipscomb
009	Archer	105	Crockett		201	Harris	297	Live Oak
011	Armstrong	107	Crosby		203	Harrison	299	Llano
013	Atascosa	109	Culberson		205	Hartley	301	Loving
015	Austin	111	Dallam		207	Haskell	303	Lubbock
017	Bailey	113	Dallas		209	Hays	305	Lynn
019	Bandera	115	Dawson		211	Hemphill	307	McCulloch
021	Bastrop	117	Deaf Smith		213	Henderson	309	McLennan
023	Baylor	119	Delta		215	Hidalgo	311	McMullen
025	Bee	121	Denton		217	Hill	313	Madison
027	Bell	123	Dewitt		219	Hockley	315	Marion
029	Bexar	125	Dickens		221	Hood	317	Martin
031	Blanco	127	Dimmit		223	Hopkins	319	Mason
033	Borden	129	Donley		225	Houston	321	Matagorda
035	Bosque	131	Duval		227	Howard	323	Maverick
037	Bowie	133	Eastland		229	Hudspeth	325	Medina
039	Brazoria	135	Ector		231	Hunt	327	Menard
041	Brazos	137	Edwards		233	Hutchinson	329	Midland
043	Brewster	139	Ellis		235	Irion	331	Milam
045	Briscoe	141	El Paso		237	Jack	333	Mills
047	Brooks	143	Erath		239	Jackson	335	Mitchell
049	Brown	145	Falls		241	Jasper	337	Montague
051	Burleson	147	Fannin		243	Jeff Davis	339	Montgomery
053	Burnet	149	Fayette		245	Jefferson	341	Moore
055	Caldwell	151	Fisher		247	Jim Hogg	343	Morris
057	Calhoun	153	Floyd		249	Jim Wells	345	Motley
059	Callahan	155	Foard		251	Johnson	347	Nacogdoches
061	Cameron	157	Fort Bend		253	Jones	349	Navarro
063	Camp	159	Franklin		255	Karnes	351	Newton
065	Carson	161	Freestone		257	Kaufman	353	Nolan
067	Cass	163	Frio		259	Kendall	355	Nueces
069	Castro	165	Gaines		261	Kenedy	357	Ochiltree
071	Chambers	167	Galveston		263	Kent	359	Oldham
073	Cherokee	169	Garza		265	Kerr	361	Orange
075	Childress	171	Gillespie		267	Kimble	363	Palo Pinto
077	Clay	173	Glasscock		269	King	365	Panola
079	Cochran	175	Goliad		271	Kinney	367	Parker
081	Coke	177	Gonzales		273	Kleberg	369	Parmer
083	Coleman	179	Gray		275	Knox	371	Pecos
085	Collin	181	Grayson		283	La Salle	373	Polk
087	Collingswor	rth 183	Gregg		277	Lamar	375	Potter
089	Colorado	185	Grimes		279	Lamb	377	Presidio
091	Comal	187	Guadalupe		281	Lampasas	379	Rains
093	Comanche	189	Hale		285	Lavaca	381	Randall
095	Concho	191	Hall		287	Lee	383	Reagan
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385	Real	4	119	Shelby	453	Travis	487	Wilbarger
387	Red River	4	121	Sherman	455	Trinity	489	Willacy
389	Reeves	4	123	Smith	457	Tyler	491	Williamson
391	Refugio	4	125	Somervell	459	Upshur	493	Wilson
393	Roberts	4	127	Starr	461	Upton	495	Winkler
395	Robertson	4	129	Stephens	463	Uvalde	497	Wise
397	Rockwall	4	131	Sterling	465	Val Verde	499	Wood
399	Runnels	4	133	Stonewall	467	Van Zandt	501	Yoakum
401	Rusk	4	135	Sutton	469	Victoria	503	Young
403	Sabine	4	137	Swisher	471	Walker	505	Zapata
405	San August	ine 4	139	Tarrant	473	Waller	507	Zavala
407	San Jacinto	4	141	Taylor	475	Ward		
409	San Patricio) 4	143	Terrell	477	Washington	`	Invalid
411	San Saba	4	145	Terry	479	Webb		
413	Schleicher	4	147	Throckmorton	481	Wharton		
415	Scurry	4	149	Titus	483	Wheeler		
417	Shackelford	I 4	151	Tom Green	485	Wichita		
Beginning I Length:	Position:	31 3		Data Sou Type:	rce:	Assigned; based on pa Alphanumeric	tient Z	IP code
Field 11:		PAT_STATE	E		·			
Description	ı:	State of the	patie	ent's mailing address	in Te	exas and contiguous s	states	. Standard

character Postal Service abbreviation.

Coding Scheme: AR Arkansas

> Louisiana LA NM New Mexico OK Oklahoma TX Texas

ZZ All other states and American Territories

FC Foreign country XX Foreign country

Beginning Position: 34 **Data Source:** Claim

Length: Alphanumeric Type:

PAT_ZIP Field 12:

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: Alphanumeric Type:

PAT_COUNTRY Field 13:

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: Data Source: Claim

Length: Type: Alphanumeric

Field 14: **PUBLIC_HEALTH_REGION**

Description: Public Health Region of patient's address.

Coding scheme:

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

Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, 3 Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties

Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, 4 Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood

5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

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Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, 6 Walker, Waller, Wharton counties 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 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 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, 9 Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties 10 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 43 **Beginning Position:** Data Source: Assigned Alphanumeric Length: Type: 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 1 day. The maximum is 30 days. **Beginning Position: Data Source:** 45 Calculated Lenath: 2 Type: Alphanumeric Field 16: PAT_AGE **Description:** Code indicating age of patient in days or years on date of service. 1-28 days 35-39 **Coding Scheme:** 10 20 85-89 01 29-365 days 40-44 11 21 90+ 45-49 02 1-4 years 12 HIV-STD and drug/alcohol use patients: nз 5-9 13 50-54 22 0-17 10-14 55-59 23 04 14 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 75-79 18 Invalid 30-34 80-84 09 19 **Beginning Position:** 47 **Data Source:** Assigned Length: Alphanumeric 2 Type: 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:** American Indian/Eskimo/Aleut 1 2 Asian or Pacific Islander 3 Black 4 White 5 Other Invalid **Beginning Position:** 49 **Data Source:** Claim Length: Alphanumeric Type: Field 18: **ETHNICITY Description:** Code indicating the Hispanic origin of the patient. If a facility has fewer than ten patients of one race the ethnicity of patients of that race is Suppression: suppressed (code is blank). Hispanic Origin **Coding Scheme:** 1 2 Not of Hispanic Origin Invalid **Beginning Position:** 50 **Data Source:** Claim Length: Alphanumeric Type: Field 19: FIRST PAYMENT SRC **Description:** Code indicating the expected primary source of payment. Health Maintenance Organization Self Pay (Removed from 5010 format, 09 НМ **Coding Scheme:** beginning 2Q2012 data) 10 Central Certification LI Liability Liability Medical 11 Other Non-federal Programs LM Preferred Provider Organization (PPO) 12 MA Medicare Part A Point of Service (POS) 13 MB Medicare Part B 14 Exclusive Provider Organization (EPO) MC Medicaid

DSHS/THCIC

Indemnity Insurance

Title V

				rganization (HMO)	OF (Other Fe	deral Program
		Medicare AM Automob	Risk ile Medical		VA '	Veteran A	Administration Plan
			s/Blue Shield				Compensation Health Claim
		CH CHAMPUS CI Commerc	o cial Insurance			Cnarity, I Invalid	Indigent or Unknown
			Insurance			-	
-	g Position:	51		Data Source:	Claim		
ength:		2 SECONDARY	/ DAVME	Type:	Alphanum	eric	
leia 20: Descripti	on:		_	NI_SKC ected secondary	, source of r	navmer	nt
oding S		Same as field	16, FIRST P	PAYMENT SRC	, source or t	dyllici	ic.
Beginning	g Position:	53	, –	Data Source:	Claim		
ength: ield 21:		2	.	Туре:	Alphanum	eric	
ieia 21: Descripti	on:	TYPE_OF_B		ation about the	claim data	submitt	ed. First digit = type of
cscripti	J.1.			type of care. Thi			
oding S	cheme:	1 st digit-Type		2 nd digit-Ty		cqueme	3 rd digit-Sequence of claim
		1 Hospital	,		nt, including Me	dicare	0 Non-payment/Zero claim
		2 Skilled nurs	sing		nt, Medicare Par	tВ	Admit through discharge claim
		3 Home healt		3 Outpatie			2 Interim-first claim
		4 Religious no health care		4 Outpation Part B o	ent Other, Medi	care	3 Interim-continuing claim
		5 Religious no	on-medical	5 Interme	diate Care–Lev	el I	4 Interim-last claim
		health care 6 Intermedial	–Extended ca te care		diate Care-Lev	el II	5 Late charge(s) only claim
		7 Clinic	ic care		ite inpatient – l		6 Adjustment of prior claim
		8 Special faci	lity	III 8 Swing b	ed		(Not used by Medicare)Replacement of prior clain
		•		o Swilig D	Cu		8 Void/cancel of prior claim
	g Position:	55		Data Source:	Claim		
ength: ield 22:		3 CONDITION	CODE 1	Туре:	Alphanum	enc	
icia 22i				ition relating to t	the claim.		
oding S	cheme:		,	3			
01 02	Military servi		22	Patient on multiple regimen	drug	36	General care patient in a special unit
02	related	employment	23	Home care giver av	ailable/	37	Ward accommodation at patier request
03	Patient cover not reflected	ed by insurance here	24	Home IV patient als HHA services	so receiving	38	Semi-private room not
03 04		here	24 25				Semi-private room not available
	not reflected	here only bill.		HHA services Patient is non-US ro	esident chooses to	38 39	Semi-private room not
04	not reflected Information Lien has bee ESRD patient	here only bill. n filed t in first 18 months	25 26	HHA services Patient is non-US re	esident chooses to		Semi-private room not available Private room medically
04 05 06	not reflected Information of Lien has bee ESRD patient of entitlemen	here only bill. n filed t in first 18 months t covered by EGHI	25 26	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to	esident chooses to a Medicare a sole	39	Semi-private room not available Private room medically necessary
04 05	not reflected Information of Lien has bee ESRD patient of entitlemen Treatment of	here only bill. n filed t in first 18 months	25 26 S	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital	esident chooses to a Medicare a sole I for a	39 40	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to
04 05 06	not reflected Information of Lien has bee ESRD patient of entitlemer Treatment of condition for Beneficiary w information of	here only bill. In filed It in first 18 months to covered by EGHI I non-terminal hospice patient would not provide concerning other	25 26 S	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to	esident chooses to a Medicare a sole I for a ry test use's EGHP is	39 40 41	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided
04 05 06 07 08	not reflected Information of Lien has bee ESRD patient of entitlemen Treatment of condition for Beneficiary w information of insurance con	here bonly bill. In filed It in first 18 months to covered by EGHI hospice patient would not provide concerning other verage	25 26 5 P 27	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital diagnostic laborator Patient and/or spousecondary to Medic Disabled beneficiary	esident chooses to a Medicare a sole I for a ry test use's EGHP is are y and/or	39 40 41 42	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided
04 05 06 07 08	not reflected Information of Lien has bee ESRD patient of entitlement Treatment of condition for Beneficiary w information of insurance co Neither patie employed	here only bill. In filed It in first 18 months to covered by EGHI I non-terminal hospice patient would not provide concerning other verage Int or spouse is	25 26 5 P 27	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital diagnostic laborator Patient and/or spousecondary to Medic	esident chooses to a Medicare a sole I for a ry test use's EGHP is are y and/or GHP is	39 40 41 42	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window
04 05 06 07 08	not reflected Information of Lien has bee ESRD patient of entitlement Treatment of condition for Beneficiary w information of insurance con Neither patie employed Patient and/of	here only bill. In filed It in first 18 months to covered by EGHI I non-terminal hospice patient would not provide concerning other verage Int or spouse is	25 26 5 P 27	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital diagnostic laborator Patient and/or spousecondary to Medic Disabled beneficiar family member's LC secondary to Medic Non-research services	esident chooses to a Medicare a sole I for a ry test use's EGHP is are y and/or GHP is are ces provided	39 40 41 42 43	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to
04 05 06 07 08	not reflected Information of Lien has bee ESRD patient of entitlement Treatment of condition for Beneficiary w information of insurance cor Neither patie employed Patient and/of employed bu	here bring here bring here bring hill. In filed to in first 18 months at covered by EGHI fron-terminal hospice patient would not provide concerning other overage ant or spouse is to EGHP exists eficiary but no	25 26 5 27 28 29	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital diagnostic laborator Patient and/or spousecondary to Medic Disabled beneficiar family member's LC secondary to Medic Non-research service to patients enrolled qualified clinical tria	esident chooses to a Medicare a sole I for a ry test use's EGHP is are y and/or GHP is are ces provided I in a al	39 40 41 42 43	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient
04 05 06 07 08 09	not reflected Information of Lien has bee ESRD patient of entitlemer Treatment of condition for Beneficiary w information of insurance co Neither patie employed Patient and/of employed bu Disabled ben	here only bill. In filed It in first 18 months to covered by EGHI In non-terminal hospice patient would not provide concerning other verage Int or spouse is to EGHP exists eficiary but no ge exists	25 26 SP 27 28 29	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital diagnostic laborator Patient and/or spot secondary to Medic Disabled beneficiar family member's LC secondary to Medic Non-research servicto patients enrolled	esident chooses to a Medicare a sole I for a ry test use's EGHP is are y and/or GHP is are ces provided I in a al	39 40 41 42 43 44	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home
04 05 06 07 08 09 10	not reflected Information of Lien has bee ESRD patient of entitlement Treatment of condition for Beneficiary w information of insurance cor Neither patie employed Patient and/of employed bu Disabled ben LGHP covera	here only bill. In filed It in first 18 months to covered by EGHI In non-terminal hospice patient would not provide concerning other verage Int or spouse is to EGHP exists eficiary but no ge exists meless	25 26 5 27 28 29	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital diagnostic laborator Patient and/or spot secondary to Medic Disabled beneficiar family member's LG secondary to Medic Non-research service to patients enrolled qualified clinical trial Patient is student (day) Patient is student	esident chooses to a Medicare a sole I for a ry test use's EGHP is are y and/or GHP is are ces provided I in a al full time -	39 40 41 42 43 44 45 46	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency
04 05 06 07 08 09 10 11	not reflected Information of Lien has bee ESRD patient of entitlemer Treatment of condition for Beneficiary of information of insurance cor Neither patie employed Patient and/of employed bu Disabled ben LGHP covera Patient is hon Maiden name	here only bill. In filed It in first 18 months to covered by EGHI In non-terminal hospice patient would not provide concerning other verage Int or spouse is to EGHP exists eficiary but no ge exists meless	25 26 5 27 28 29 30	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital diagnostic laborator Patient and/or spousecondary to Medic Disabled beneficiar family member's LC secondary to Medic Non-research service to patients enrolled qualified clinical trial Patient is student (reday)	esident chooses to a Medicare a sole I for a ry test use's EGHP is are y and/or GHP is are ces provided I in a al full time -	39 40 41 42 43 44 45 46	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home
04 05 06 07 08 09 10 11 17	not reflected Information of Lien has bee ESRD patient of entitlement Treatment of condition for Beneficiary w information of insurance co Neither patie employed Patient and/of employed bu Disabled ben LGHP covera Patient is how Maiden name Child retains	here only bill. In filed It in first 18 months of covered by EGHI If non-terminal hospice patient would not provide concerning other werage on the or spouse is to EGHP exists eficiary but no ge exists meless e retained	25 26 5 27 28 29 30	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital diagnostic laborator Patient and/or spousecondary to Medic Disabled beneficiar family member's LC secondary to Medic Non-research service to patients enrolled qualified clinical trial Patient is student (day) Patient is student (cooperative/work sprogram) Patient is student (family member)	esident chooses to a Medicare a sole I for a ry test use's EGHP is are y and/or GHP is are ces provided I in a al full time -	39 40 41 42 43 44 45 46 47 48	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarg window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency Psychiatric residential treatment centers for children and adolescents (RTCs)
04 05 06 07 08 09 10 11 17 18	not reflected Information of Lien has bee ESRD patient of entitlement Treatment of condition for Beneficiary w information of insurance co Neither patie employed Patient and/of employed bu Disabled ben LGHP covera Patient is how Maiden name Child retains	here bring	25 26 5 27 28 29 30 31 32	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital diagnostic laborator Patient and/or spot secondary to Medic Disabled beneficiar family member's LC secondary to Medic Non-research service to patients enrolled qualified clinical tria Patient is student (cooperative/work sprogram) Patient is student (inight)	esident chooses to a Medicare a sole I for a ry test use's EGHP is are y and/or GHP is are ces provided I in a al full time - study full time -	39 40 41 42 43 44 45 46	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarge window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency Psychiatric residential treatment centers for children
04 05 06 07 08 09 10 11 17 18 19 20 21	not reflected Information of Lien has bee ESRD patient of entitlement Treatment of condition for Beneficiary w information of insurance con Neither patie employed Patient and/of employed bu Disabled ben LGHP covera Patient is hor Maiden name Child retains Beneficiary re	here bring	25 26 5 27 28 29 30 31 32	HHA services Patient is non-US re VA eligible patient of receive services in certified facility Patient referred to community hospital diagnostic laborator Patient and/or spousecondary to Medic Disabled beneficiar family member's LC secondary to Medic Non-research service to patients enrolled qualified clinical trial Patient is student (day) Patient is student (cooperative/work sprogram) Patient is student (family member)	esident chooses to a Medicare a sole I for a ry test use's EGHP is are y and/or GHP is are ces provided I in a al full time - study full time -	39 40 41 42 43 44 45 46 47 48	Semi-private room not available Private room medically necessary Same day transfer Partial hospitalization Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarge window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency Psychiatric residential treatment centers for children and adolescents (RTCs) Product replacement within

50	Product Replacement for Known Recall of a Product	Α0	TRICARE external partnership program	D4	Change in clinical codes (ICD) for diagnosis and/or procedure
51	Attestation of Unrelated	A1	EPSDT/CHAP		codes.
	Outpatient Nondiagnostic Services	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID or Provider ID
52	Out of Hospice Service Area	А3	Special Federal Funding	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
53	Initial placement of a medical device provided as part of a	A4	Family planning	D7	Change to Make Medicare the Secondary Payer
54	clinical trial or a free sample No Skilled Home Health Visits in	A5	Disability	D8	Change to Make Medicare the
54	Billing Period. Policy Exception	A6	Vaccines/Medicare 100%	20	Primary Payer
	Documented at the Home Health Agency	A9	payment Second opinion surgery	D9	Any Other Change
55	SNF bed not available	AA	Abortion performed due to rape	DR	Disaster related
56	Medical appropriateness	AB	Abortion performed due to	E0	Changes in Patient Status
57	SNF readmission	AD	incest	G0	Distinct Medical Visit
58	Terminated Medicare+Choice	AC	Abortion performed due to	H0	Delayed Filing, Statement of
30	organization enrollee		serious fatal genetic defect, deformity, or abnormality	H2	Intent Submitted Discharge by a Hospice
59	Non-primary ESRD facility	AD	Abortion performed due to life	112	Provider for Cause
60	Day outlier	۸Ε	endangering physical condition	Н3	Reoccurrence of GI Bleed
61	Cost outlier	AE	Abortion performed due to physical health of mother that	Н4	Comorbid Category Reoccurrence of Pneumonia
66	Provider does not wish cost		is not life endangering	114	Comorbid Category
67	outlier payment Beneficiary elects not to use life	AF	Abortion performed due to emotional/psychological health of mother	H5	Reoccurrence of Pericarditis Comorbid Category
68	time reserve (LTR) days Beneficiary elects to use life	AG	Abortion performed due to	P1	Do not Resuscitate Order (DNR)
	time reserve (LTR) days	АН	social or economic reasons Elective abortion	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only			R1	Request for reopening Reason
70	Self-administered anemia management drug	AI AJ	Sterilization Payer responsible for co-		Code - Mathematical or Computational Mistake
71	Full care in unit		payment	R2	Request for reopening Reason
72	Self-care in unit	AK	Air ambulance required	כח	Code -Inaccurate Data Entry
73	Self-care training	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
74	Home	AM	Non-emergency medically	R4	Request for reopening Reason
75	Home - 100% reimbursement		necessary stretcher transport required	11.7	Code - Computer Errors
76	Back-up in facility dialysis	AN	Pre-admission screening not	R5	Request for reopening Reason Code - Incorrectly Identified
77	Provider accepts or is obligated/required due to a		required		Duplicate Claim
	contractual arrangement or law	В0	Medicare coordinated care demonstration claim	R6	Request for reopening Reason
	to accept payment by a primary payer as payment	В1	Beneficiary is ineligible for		Code - Other Clerical Errors or Minor Errors and Omissions not
78	New coverage not implemented		demonstration program		Specified in R1-R5 above
70	by HMO	B4	Admission unrelated to discharge on same day	R7	Request for reopening Reason Code - Corrections other than
79	CORF services provided offsite	BP	Gulf Oil Spill of 2010		clerical errors
80	Home dialysis - nursing facility	C1	Approved as billed	R8	Request for reopening Reason Code - New and Material
81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review		Evidence
82	C-section/Inductions <39 weeks-Elective	C3	Partial approval	R9	Request for reopening Reason Code - Faulty Evidence
83	C-section/Inductions 39 weeks	C4	Admission/services denied	WO	United Mine Workers of America (UMWA) Demonstration
84	or greater Dialysis for Acute Kidney Injury	C5	Post-payment review applicable		Indicator
04	(AKI)	C6	Admission Preauthorization	W2	Duplicate of Original Bill
85	Delayed Recertification of	C7	Extended Authorization	W3	Level I Appeal
86	Hospice Terminal Illness Additional Hemodialysis	D0	Changes to Service Dates	W4	Level II Appeal
00	Treatment with Medical	D1	Changes to Charges	W5	Level III Appeal
	Justification	D3	Second or Subsequent Interim		
			PPS Bill		

Beginning Position: 58 **Data Source:** Claim Length: Alphanumeric Type: Field 23: **CONDITION CODE 2** Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION CODE 1. **Beginning Position:** Data Source: Claim Length: Alphanumeric Type: 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: Type: Alphanumeric Field 25: CONDITION_CODE_4 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field 22. **Beginning Position: Data Source:** Claim 64 Length: 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: Data Source:** Claim Length: Alphanumeric Type: Field 27: CONDITION_CODE_6 Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position: Data Source:** Claim Type: Lenath: 2 Alphanumeric Field 28: **CONDITION CODE 7** Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position:** 70 Data Source: Claim Alphanumeric Length: Type: Field 29: CONDITION_CODE_8 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION_CODE_1. 72 **Beginning Position:** Data Source: Length: 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: 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. **Data Source: Beginning Position:** 81 Claim Lenath: 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. 88 **Data Source: Beginning Position:** Claim Length: 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: Alphanumeric Type: 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: Type: Alphanumeric DSHS/THCIC **Page DSHS** Document #25-15013 www.dshs.texas.gov/THCIC

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Field 2F:	OTH DIAC CODE 4		
Field 35:	OTH_DIAG_CODE_4 ICD-10-CM diagnosis code, inc	luding the 4th 5th 6th :	and 7th digits if applicable
	Decimal is implied following the		and the digits it applicable.
Beginning Position:		Source: Claim	
Length:	7 Type	Alphanumeric	
Field 36:	OTH_DIAG_CODE_5		
	ICD-10-CM diagnosis code, inc		and 7th digits if applicable.
Beginning Position:	Decimal is implied following the 116 Data	e third character. Source: Claim	
Length:	7 Type		
Field 37:	OTH_DIAG_CODE_6	7.19114114111	
	ICD-10-CM diagnosis code, inc	luding the 4th, 5th, 6th a	and 7th digits if applicable.
	Decimal is implied following the		
Beginning Position:		Source: Claim	
Length: Field 38:	7 Type OTH_DIAG_CODE_7	: Alphanumeric	
rielu 36.	ICD-10-CM diagnosis code, inc	luding the 4th 5th 6th :	and 7th digits if applicable
	Decimal is implied following the		and 7th digits if applicable.
Beginning Position:	•	Source: Claim	
Length:	7 Type		
Field 39:	OTH_DIAG_CODE_8		
	ICD-10-CM diagnosis code, inc	luding the 4th, 5th, 6th a	and 7th digits if applicable.
Danimalan Danisian	Decimal is implied following the		
Beginning Position: Length:	137 Data 7 Type	Source: Claim Alphanumeric	
Field 40:	OTH DIAG CODE 9	Alphanameric	
	ICD-10-CM diagnosis code, inc	luding the 4th, 5th, 6th	and 7th digits if applicable.
	Decimal is implied following the		, , , , , , , , , , , , , , , , , , ,
Beginning Position:	•	Source: Claim	
Length:	7 Type	: Alphanumeric	
Field 41:	OTH_DIAG_CODE_10	budha a tha Atha Etha Ciba	and 7th distractional sales
	ICD-10-CM diagnosis code, inc Decimal is implied following the		and /th digits if applicable.
Beginning Position:		Source: Claim	
Length:	7 Type		
Field 42:	OTH_DIAG_CODE_11		
	ICD-10-CM diagnosis code, inc	luding the 4th, 5th, 6th a	and 7th digits if applicable.
	Decimal is implied following the	e third character.	
Beginning Position:		Source: Claim Alphanumeric	
Length: Field 43:	7 Type OTH_DIAG_CODE_12	а Аірпапитіетс	
	ICD-10-CM diagnosis code, inc	luding the 4th, 5th, 6th a	and 7th digits if applicable.
	Decimal is implied following the		and you digite it applicable.
Beginning Position:	•	Source: Claim	
Length:	7 Type	: Alphanumeric	
Field 44:	OTH_DIAG_CODE_13	lada a tha Atha Etha Ciba	and 7th distractional solution
	ICD-10-CM diagnosis code, included period is implied following the		and /th digits if applicable.
Beginning Position:		Source: Claim	
Length:	7 Type		
Field 45:	OTH_DIAG_CODE_14	1	
	ICD-10-CM diagnosis code, inc		and 7th digits if applicable.
	Decimal is implied following the		
Beginning Position:		Source: Claim	
Length: Field 46:	7 Type OTH_DIAG_CODE_15	: Alphanumeric	
	ICD-10-CM diagnosis code, inc	luding the 4th, 5th, 6th,	and 7th digits if applicable
	Decimal is implied following the		and a digital in applicables
Beginning Position:		Source: Claim	
Length:	7 Туре	: Alphanumeric	
Field 47:	OTH_DIAG_CODE_16		D. G. Y. G. D
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	ICD-10-CM diagnosis co Decimal is implied follow		4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	193	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 48:	OTH_DIAG_CODE_17		
			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	wing the third cha	aracter.
Beginning Position:	200	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 49:	OTH_DIAG_CODE_18		
			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	-	
Beginning Position:	207	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 50:	OTH_DIAG_CODE_19		All File Cile and Tile distractional collection
			4th, 5th, 6th and 7th digits if applicable.
B	Decimal is implied follow	-	
Beginning Position:	214 7	Data Source:	Claim
Length: Field 51:	OTH_DIAG_CODE_20	Туре:	Alphanumeric
rieiu 51.			Ath Eth 6th and 7th digits if applicable
	Decimal is implied follow		4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	221	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 52:	OTH_DIAG_CODE_21		Apriamente
			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	228	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 53:	OTH_DIAG_CODE_22		•
	ICD-10-CM diagnosis co	de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	235	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 54:	OTH_DIAG_CODE_23		
	ICD-10-CM diagnosis co	de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	242	Data Source:	Claim
Length: Field 55:	7 OTH_DIAG_CODE_24	Туре:	Alphanumeric
rieiu 55.			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	249	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 56:	RELATED_CAUSE_CO		7 iprioritation
			of an illness, injury or an accident.
Coding Scheme:	AA Auto accident	, , ,	, , ,
-	AB Abuse		
	AP Another party responsib	le	
	EM Employment		
Beginning Position:	OA Other accident 256	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 57:	RELATED_CAUSE_CO		Alphanameric
			of an illness, injury or an accident.
Coding Scheme:	Same as Field RELATED_C	AUSE CODE 1.	decidence
Beginning Position:	258	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 58:	RELATED_CAUSE_CO		
			of an illness, injury or an accident.
Coding Scheme:	Same as Field RELATED_C	AUSE_CODE_1.	
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	THCIC	Page	
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Beginning Position: Length:	260 2	Data Source: Type:	Claim Alphanumeric
Field 59:	E_CODE_1	. , , ,	- raphananie i e
	ICD-10-CM external caus	e of injury code	, including the 4th, 5th, 6th and 7th digits if
			of injury. A decimal is implied following the
	third character.	•	, ,
Beginning Position:	262	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 60:	E_CODE_2		
			, including the 4th, 5th, 6th and 7th digits if
		al external caus	e of injury. Decimal is implied following the
	third character.		
Beginning Position:	269	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 61:	E_CODE_3		
			, including the 4th, 5th, 6th and 7th digits if
		al external caus	e of injury. Decimal is implied following the
	third character.		
Beginning Position:	276	Data Source:	Claim
Length: Field 62:	7	Туре:	Alphanumeric
rieia 62:	E_CODE_4		including the Ath Eth Cth and 7th digitalife
			, including the 4th, 5th, 6th and 7th digits if
		ai externai caus	e of injury. Decimal is implied following the
Docinaina Docitions	third character.	Data Source:	Claire
Beginning Position: Length:	283 7	Type:	Claim Alphanumeric
Field 63:	E_CODE_5	туре.	Alphanamenc
i iciu osi		o of injury code	, including the 4th, 5th, 6th and 7th digits if
			e of injury. Decimal is implied following the
	third character.	ai external caus	e of finjury. Decimal is implied following the
Beginning Position:	290	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 64:	E_CODE_6	.,,,	7 i prioritative i c
		se of injury code	, including the 4th, 5th, 6th and 7th digits if
	applicable, of an addition	al external caus	se of injury. Decimal is implied following the
		al external caus	e of injury. Decimal is implied following the
Beginning Position:	third character.	Data Source:	e of injury. Decimal is implied following the Claim
Beginning Position: Length:			
	third character. 297	Data Source:	Claim
Length:	third character. 297 7 E_CODE_7	Data Source: Type:	Claim
Length:	third character. 297 7 E_CODE_7 ICD-10-CM external caus	Data Source: Type: e of injury code	Claim Alphanumeric
Length:	third character. 297 7 E_CODE_7 ICD-10-CM external caus	Data Source: Type: e of injury code	Claim Alphanumeric , including the 4th, 5th, 6th and 7th digits if
Length:	third character. 297 7 E_CODE_7 ICD-10-CM external caus applicable, of an addition	Data Source: Type: e of injury code	Claim Alphanumeric , including the 4th, 5th, 6th and 7th digits if
Length: Field 65: Beginning Position: Length:	third character. 297 7 E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7	Data Source: Type: se of injury code al external caus	Claim Alphanumeric , including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Length: Field 65: Beginning Position:	third character. 297 7 E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7 E_CODE_8	Data Source: Type: e of injury code al external caus Data Source: Type:	Claim Alphanumeric A, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the Claim Alphanumeric
Length: Field 65: Beginning Position: Length:	third character. 297 7 E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external caus	Data Source: Type: Type: Type: Data Source: Type: Type:	Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if
Length: Field 65: Beginning Position: Length:	third character. 297 7 E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external caus applicable, of an addition	Data Source: Type: Type: Type: Data Source: Type: Type:	Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the Claim Alphanumeric
Length: Field 65: Beginning Position: Length: Field 66:	third character. 297 7 E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external caus applicable, of an addition third character.	Data Source: Type: Ge of injury code al external caus Data Source: Type: Ge of injury code al external caus	Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the
Length: Field 65: Beginning Position: Length: Field 66: Beginning Position:	third character. 297 7 E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311	Data Source: Type: Ge of injury code al external caus Data Source: Type: Ge of injury code al external caus Data Source:	Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the Claim
Length: Field 65: Beginning Position: Length: Field 66: Beginning Position: Length:	third character. 297 7 E_CODE_7 ICD-10-CM external causapplicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external causapplicable, of an addition third character. 311 7	Data Source: Type: Ge of injury code al external caus Data Source: Type: Ge of injury code al external caus	Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the
Length: Field 65: Beginning Position: Length: Field 66: Beginning Position:	third character. 297 7 E_CODE_7 ICD-10-CM external causapplicable, of an addition third character. 304 7 E_CODE_8 ICD-10-CM external causapplicable, of an addition third character. 311 7 E_CODE_9	Data Source: Type: se of injury code al external caus Data Source: Type: se of injury code al external caus Data Source: Type:	Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the Claim Alphanumeric I, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the Claim Alphanumeric
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Beginning Position:	325	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 69:	PROC_CODE_1		
			with the highest charge performed during
	the period covered by the		
Beginning Position:	332	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 70:	PROC_CODE_2		
			the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
Beginning Position:	337	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 71:	PROC_CODE_3		
	Code for surgical or other	r procedure with	the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
Beginning Position:	342	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 72:	PROC_CODE_4		
	Code for surgical or other	r procedure with	the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
Beginning Position:	347	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 73:	PROC_CODE_5		
	Code for surgical or other	r procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	352	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 74:	PROC_CODE_6		
		r procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	357	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 75:	PROC_CODE_7		F
		r procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	362	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 76:	PROC_CODE_8		-
		r procedure with	
			n the next highest charge performed during
	the period covered by the		the next highest charge performed during
Beginning Position:	the period covered by the	e bill. HCPCS or	CPT code.
	the period covered by the 367	bill. HCPCS or Data Source:	CPT code. Claim
Length:	367 5	e bill. HCPCS or	CPT code.
Length:	367 5 PROC_CODE_9	e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric
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5	Type:	Alphanumeric
PROC_CODE_13		
	procedure with	the next highest charge performed during
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5		Alphanumeric
	- , , ,	- np.nemerre
	nrocedure with	the next highest charge performed during
		Claim
	туре:	Alphanumeric
the period covered by the	bill. HCPCS or	CPT code.
402	Data Source:	Claim
5	Туре:	Alphanumeric
PROC_CODE_16		
	procedure with	the next highest charge performed during
		Claim
		Alphanumeric
	ıype:	Аірпапишенс
	bill. HCPCS or	CPT code.
412	Data Source:	Claim
5	Туре:	Alphanumeric
PROC CODE 18		
	procedure with	the next highest charge performed during
		Claim
_	ı ype:	Alphanumeric
		Alexandra Market Control of the Cont
	bill. HCPCS or	CPT code.
422	Data Source:	Claim
5	Type:	Alphanumeric
PROC_CODE_20		
	procedure with	the next highest charge performed during
		Claim
		Alphanumeric
	ı ype.	лірпапиністіс
		Alexandra Market Control of the Cont
the period covered by the		CPT code.
432	Data Source:	Claim
5	Туре:	Alphanumeric
PROC CODE 22		
	procedure with	the next highest charge performed during
		CI I COUCI
437	Data Source:	Claim
437 5		
437 5 PROC_CODE_23	Data Source: Type:	Claim Alphanumeric
437 5 PROC_CODE_23 Code for surgical or other	Data Source: Type: procedure with	Claim Alphanumeric the next highest charge performed during
437 5 PROC_CODE_23	Data Source: Type: procedure with	Claim Alphanumeric the next highest charge performed during
437 5 PROC_CODE_23 Code for surgical or other	Data Source: Type: procedure with	Claim Alphanumeric the next highest charge performed during
PROC_CODE_23 Code for surgical or other the period covered by the	Data Source: Type: procedure with be bill. HCPCS or	Claim Alphanumeric the next highest charge performed during CPT code.
PROC_CODE_23 Code for surgical or other the period covered by the 442 5	Data Source: Type: procedure with bill. HCPCS or Data Source:	Claim Alphanumeric the next highest charge performed during CPT code. Claim
PROC_CODE_23 Code for surgical or other the period covered by the 442 5 PROC_CODE_24	Data Source: Type: procedure with bill. HCPCS or Data Source: Type:	Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
PROC_CODE_23 Code for surgical or other the period covered by the 442 5 PROC_CODE_24 Code for surgical or other	Data Source: Type: procedure with bill. HCPCS or Data Source: Type: procedure with	Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during the next highest performed during the next highest performed during t
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PROC_CODE_23 Code for surgical or other the period covered by the 442 FROC_CODE_24 Code for surgical or other the period covered by the 447	procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type:	Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim CPT code. Claim
PROC_CODE_23 Code for surgical or other the period covered by the 442 FROC_CODE_24 Code for surgical or other the period covered by the	procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type:	Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
	PROC_CODE_14 Code for surgical or other the period covered by the 392 5 PROC_CODE_14 Code for surgical or other the period covered by the 397 5 PROC_CODE_15 Code for surgical or other the period covered by the 402 5 PROC_CODE_16 Code for surgical or other the period covered by the 407 5 PROC_CODE_17 Code for surgical or other the period covered by the 412 5 PROC_CODE_18 Code for surgical or other the period covered by the 417 5 PROC_CODE_19 Code for surgical or other the period covered by the 427 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 Code for surgical or other the period covered by the 432 5 Code for surgical or other the period covered by the 432 Code for surgical or other the period covered by the 432 Code for surgical or other the period covered by the 432 Code for surgical or other the period covered by the 432 Code for surgical or other the period covered by the 432 Code for surgical or other the period covered by the 432 Code for surgical or other the period covered by the 432 Code for surgical or other the period covered by the 432 Code for surgical or other the period covered by the 432 Code for surgical or other the period covered by the 432 Code for surgical or other the 432 Code for surgical or o	Code for surgical or other procedure with the period covered by the bill. HCPCS or 392 FROC_CODE_14 Code for surgical or other procedure with the period covered by the bill. HCPCS or 397 FROC_CODE_15 Code for surgical or other procedure with the period covered by the bill. HCPCS or 397 FROC_CODE_15 Code for surgical or other procedure with the period covered by the bill. HCPCS or 302 FROC_CODE_16 Code for surgical or other procedure with the period covered by the bill. HCPCS or 304 FROC_CODE_16 Code for surgical or other procedure with the period covered by the bill. HCPCS or 304 FROC_CODE_17 Code for surgical or other procedure with the period covered by the bill. HCPCS or 304 FROC_CODE_18 Code for surgical or other procedure with the period covered by the bill. HCPCS or 304 FROC_CODE_19 Code for surgical or other procedure with the period covered by the bill. HCPCS or 304 FROC_CODE_19 Code for surgical or other procedure with 304 Type: PROC_CODE_20 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type: PROC_CODE_21 Code for surgical or other procedure with 304 Type:

Field 93:	PROC_CODE_25			
- · · · · · · · · · · · ·	Code for surgical or other procedure with the next highest charge performed during			
	the period covered by th	e bill. HCPCS or	CPT code.	
Beginning Position:	452 5	Data Source: Type:	Claim Alphanumeric	
Length: Field 94:	OTHER_AMOUNT	rype:	Aiphanumenc	
		, Other Charge A	Amount. Calculated using MEDPAR algorithm.	
	Sum of charges associate	ed with revenue	codes other than 0100-0219, revenue	
		-024X, 052X-05	3X, 055X-060X, 064X-070X, 076X-078X,	
Beginning Position:	090X-095X, 099X. 457	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 95:	PHARM_AMOUNT			
			rge Amount. Calculated using MEDPAR	
	revenue center 026X, 06		th revenue codes other than 0100-0219,	
Beginning Position:	469	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 96:	MEDSURG_AMOUNT	Madian!/Com	al Complex Change Assessed Calculated as t	
			al Supply Charge Amount. Calculated using ociated with revenue codes other than 0100-	
	0219, revenue center 02		Stated with revenue codes other than 0100-	
Beginning Position:	481	Data Source:	Calculated	
Length:	DME AMOUNT	Туре:	Numeric	
Field 97:	DME_AMOUNT Ancillary Service Charge	Durable Medica	al Equipment Charge Amount. Calculated	
			s associated with revenue codes other than	
	0100-0219, revenue cen			
Beginning Position:	493	Data Source:	Calculated	
Length: Field 98:	12 USED_DME_AMOUNT	Туре:	Numeric	
. 1010 301		, Used Durable N	Medical Equipment Charge Amount.	
			n of charges associated with revenue codes	
	other than 0100-0219, r			
Beginning Position: Length:	505 12	Data Source: Type:	Calculated Numeric	
Field 99:	PT_AMOUNT	. , p = :		
	Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR			
		es associated wi	th revenue codes other than 0100-0219,	
Beginning Position:	revenue center 042X. 517	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 100:	OT_AMOUNT			
			herapy Charge Amount. Calculated using	
	0219, revenue center 04		ociated with revenue codes other than 0100-	
Beginning Position:	529	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 101:	SPEECH_AMOUNT	Chook Dathala	ogy Chargo Amount, Calculated waits	
			ogy Charge Amount. Calculated using ociated with revenue codes other than 0100-	
	0219, revenue center 04		saces mai revenue codes other than 0100-	
Beginning Position:	541	Data Source:	Calculated	
Length: Field 102:	12	Туре:	Numeric	
rielu 102;	IT_AMOUNT Ancillary Service Charge	. Inhalation The	rany Charge Amount Calculated using	
	Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-			
	0219, revenue center 04		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Beginning Position:	553	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
DSHS/THCIC		Page	DSHS Document #25-15013	
www.dshs.texas.gov	/THCIC	69	Last Updated: March, 2024	

Field 103:	BLOOD_AMOUNT				
		Ancillary Service Charge for blood provided during the patient's stay. Calculated			
Designing Desitions			es associated with revenue codes other than		
	0100-0219, revenue		3 d330clated with revenue codes other than		
	565	Data Source:	Calculated		
Beginning Position: Length:	12	Type:	Numeric		
Field 104:	BLOOD_ADMIN_AN	7:	Numeric		
icia 104.			se and processing related to the nationt's		
	Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue				
Doginalna Dogition.	codes other than 010		Calculated		
Beginning Position:	577 12	Data Source:	Numeric		
.ength: Field 105:	OR_AMOUNT	Туре:	Numeric		
rielu 105.	_	rae Operating Dee	m Charge Amount Calculated using MEDDA		
			m Charge Amount. Calculated using MEDPA		
			ith revenue codes other than 0100-0219,		
Danimulus Danitian.	revenue center 036X		Calculated		
Beginning Position:	589	Data Source:	Calculated		
_ength: Field 106:	12	Туре:	Numeric		
rieiu 100.	LITH_AMOUNT	uaa lithatuinay Cha	was Amount Calculated using MEDDAD		
			arge Amount. Calculated using MEDPAR		
	_	-	ith revenue codes other than 0100-0219,		
Doginalna Da-Iti	revenue center 079X		Calculated		
Beginning Position:	601	Data Source:	Calculated		
_ength: Field 107:	CARD AMOUNT	Туре:	Numeric		
-ieia 107:	CARD_AMOUNT	0 11 1 01	4		
	Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR				
	algorithm. Sum of charges associated with revenue codes other than 0100-0219,				
	revenue center 048X	•			
Beginning Position:	613	Data Source:	Calculated		
ength:	12	Туре:	Numeric		
Field 108:	ANES_AMOUNT				
	Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR				
			ith revenue codes other than 0100-0219,		
	revenue center 037X				
Beginning Position:	625	Data Source:	Calculated		
	12	Туре:	Numeric		
	LAB_AMOUNT				
	LAB_AMOUNT Ancillary Service Cha		arge Amount. Calculated using MEDPAR		
	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch	arges associated w	ith revenue codes other than 0100-0219,		
Field 109:	LAB_AMOUNT Ancillary Service Cha	arges associated w	ith revenue codes other than 0100-0219,		
Field 109: Beginning Position:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637	arges associated wi -031X, 074X-075X. Data Source:	ith revenue codes other than 0100-0219, Calculated		
Field 109: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12	arges associated w -031X, 074X-075X.	ith revenue codes other than 0100-0219,		
Field 109: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT	arges associated wi -031X, 074X-075X. Data Source: Type:	ith revenue codes other than 0100-0219, Calculated Numeric		
Field 109: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Chai	Calculated Numeric rge Amount. Calculated using MEDPAR		
Field 109: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi	Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Field 109: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi	Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
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Field 109: Beginning Position: Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 028X 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges asso- center 061X. 661 12 OP_AMOUNT Ancillary Service Cha MEDPAR algorithm. Service Cha MEDPAR algorithm. Service Cha	arges associated wi-031X, 074X-075X. Data Source: Type: rge, Radiology Charanges associated wi, 032X-035X, 040X Data Source: Type: rge, MRI Charge Arciated with revenue Data Source: Type: rge, Outpatient Sersum of charges associated with sersum of charges associated with revenue	Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric Calculated Numeric nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue Calculated Numeric Calculated Numeric Calculated Numeric Calculated Numeric		
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Beginning Position: Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position: Length: Field 112:	LAB_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch revenue center 028X 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges asso- center 061X. 661 12 OP_AMOUNT Ancillary Service Cha MEDPAR algorithm. S 0219, revenue center 673	arges associated wi-031X, 074X-075X. Data Source: Type: rge, Radiology Character of the second with revenue of the second with	Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric Calculated Numeric nount. Calculated using MEDPAR algorithm. a codes other than 0100-0219, revenue Calculated Numeric Calculated Numeric vices Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric		
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Field 113:	ER_AMOUNT				
		om 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	Туре:	Numeric		
Field 114:	AMBULANCE_AMOUNT				
			arge Amount. Calculated using MEDPAR		
	algorithm. Sum of charges associated with revenue codes other than 0100-02				
	revenue center 054X.				
Beginning Position:	697	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 115:	PRO_FEE_AMOUNT				
	Ancillary Service Charge	, Professional Fe	ee Charge Amount. Calculated using MEDPAR		
	algorithm. Sum of charg	es associated w	ith revenue codes other than 0100-0219,		
	revenue center 096X-09	8X.			
Beginning Position:	709	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 116:	ORGAN_AMOUNT				
	Ancillary Service Charge	, Organ Acquisit	ion Charge Amount. Calculated using		
			ociated with revenue codes other than 0100-		
	0219, revenue center 08				
Beginning Position:	721	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 117:	ESRD_AMOUNT				
	<u>—</u>	. End Stage Ren	al Dialysis Charge Amount. Calculated using		
			ociated with revenue codes other than 0100-		
	0219, revenue center 08				
Beginning Position:	733	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 118:	CLINIC_AMOUNT				
	Ancillary Service Charge	, Clinic Visit Cha	rge Amount. Calculated using MEDPAR		
			ith 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 ar		5 . ,		
Beginning Position:	757 ·	Data Source:	Claim		
Length:	12	Type:	Numeric		
Field 120:	TOTAL_NON_COV_CH	ARGES			
			arges, non-covered ancillary charges.		
Beginning Position:	769	Data Source:	Claim		
Length:	12	Туре:	Numeric		
Field 121:	TOTAL_CHARGES_ANG	CIL			
	Sum of covered and non		ry charges.		
Beginning Position:	781	Data Source:	Claim		
Length:	12	Туре:	Numeric		
Field 122:	TOTAL_NON_COV_CH				
	Sum of non-covered and				
Beginning Position:	793	Data Source:	Claim		
Length:	12	Туре:	Numeric		
Field 123:	PHYSICIAN1_INDEX_	NUMBER			

Description: 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 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 midwife 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

9999999999 Temporary license or license number could not be matched

Beginning Position:805Data Source:AssignedLength:10Type:Alphanumeric

Field 124: PHYSICIAN2_INDEX_NUMBER

Description: 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 midwife 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

999999999 Temporary license or license number could not be matched

Beginning Position:815Data Source:AssignedLength:10Type:Alphanumeric

Field 125: INPUT_FORMAT

Format in which the outpatient data file was submitted by the facility

Coding Scheme: 0 837 Professional 1 837 Institutional

Beginning Position:825Data Source:AssignedLength:1Type:Alphanumeric

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)

2 Clinic or Physician's Office

4 Transfer from a hospital

5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility

6 Transfer from another health care facility

8 Court/Law Enforcement

Information not available

D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital

Alphanumeric

Resulting in a Separate Claim to the Payer

E Transfer from Ambulatory Surgery Center

F Transfer from a Hospice Facility

Invalid

If Type of Admission=4 (Newborn)

5 Born inside this hospital

6 Born outside this hospital

Beginning 826 **Data Source:** Claim **Position:**

Length: 1
Field 127: PAT STATUS

Description: Code indicating patient status as of the ending date of service for the period of care

Type:

reported

Coding Scheme:

01 Discharged to home or self-care (routine

discharge)

Discharged/transferred to a short term general

hospital for inpatient care

03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care

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04	Discharged/transferred to a facility that provides custodial or supportive care		Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1- 2007)	83	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care	84	Readmission (effective 10-1-2013) Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned
07	Left against medical advice		Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
80	Admitted as inpatient to this hospital	85	Discharged/Transferred to Home under Care of
09	Expired		Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient
20	Discharged/transferred to Court/Law Enforcement	86	Readmission (effective 10-1-2013) Discharged/Transferred to Court/Law
21	Still patient		Enforcement with a Planned Acute Care Hospital
30	Expired at home	87	Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Federal Health Care
40	Expired in a medical facility	67	Facility with a Planned Acute Care Hospital
41	Expired, place unknown	20	Inpatient Readmission (effective 10-1-2013)
42	Discharged/transferred to federal government operated health facility	88	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission
43	Hospice-home		(effective 10-1-2013)
50	Hospice–medical facility (Certified) providing hospice level of care	89	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital
51	Discharged/transferred within this institution to Medicare-approved swing bed		with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
61	Discharged/transferred to inpatient rehabilitation facility	90	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned
62	Discharged/transferred to Medicare-certified long term care hospital		Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
63	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare	91	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital
64	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital	92	Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Psychiatric Hospital
65	Discharged/transferred to Critical Access Hospital (CAH)	92	or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient
66	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)	93	Readmission (effective 10-1-2013) Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care
69	Discharge/transfer to another type of health care institution not defined elsewhere in the code list		Hospital Inpatient Readmission (effective 10-1-2013)
70	Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)	94	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-
81	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective	95	2013) Discharged to home or self-care (routine
	10-1-2013)		discharge)
82	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a		Invalid

Beginning Position: Data Source: 827 Claim Length: Alphanumeric Type: Field 128: PROVIDER_NAME

Description: Name provided by the facility.

Facilities reporting fewer than 50 events (Provider ID equals '999999') are assigned the name Suppression:

'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

OUTPATIENT CHARGES DATA FILE

Field 1: RECORD_ID

Description: Record Identification Number. Unique number assigned to identify the record. The

Record_ID in the ED Outpatient PUDF is not linkable to the Record_ID in the ED

Inpatient PUDF or ED Research Data Files (RDFs).

Beginning Position:1Data Source:AssignedLength:12Type: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:

0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0158	Room charges for ward rooms - rehabilitation
0112	Room charges for private rooms - obstetrics	0136	Room charges for semi-private	0159	Room charges for ward rooms - other
0113	Room charges for private rooms - pediatric	0137	detoxification Room charges for semi-private	0160	Room charges for other rooms - general
0114	Room charges for private rooms - psychiatric	0138	- 3/4 beds - rooms - oncology Room charges for semi-private	0164	Room charges for other rooms – Sterile Environment
0115	Room charges for private rooms - hospice		- 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
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0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
	care - surgical	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
0202	Room charges for intensive care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy – non-generic drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory – non-routine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological -
0214	- heart transplant	0262	IV Therapy - pharmacy services	0312	cytology Laboratory pathological -
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0263	IV Therapy - drug/supply delivery	0314	histology Laboratory pathological -
0219	Room charges for coronary care - other	0264	IV Therapy - supplies		biopsy
0220	Special charges - general	0269	IV Therapy - other	0319	Laboratory pathological - other
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0320	Radiology - diagnostic - general
0222	charge Special charges - technical	0271	Medical surgical supplies and	0321	Radiology - diagnostic - angiocardiography
	support charge	0272	devices - nonsterile Medical surgical supplies and	0322	Radiology - diagnostic - arthrography
0223	Special charges - UR service charge	0273	devices - sterile Medical surgical supplies and	0323	Radiology - diagnostic - arteriography
0224	Special charges - late discharge, medically necessary		devices - take-home	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other	0274	Medical surgical supplies and devices - prosthetic/orthotic	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home	-551	chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy

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>0110 #	PHOIC		D.		by Member to RHC/FQHC
0389	Blood - other	0442	Speech-language pathology - hourly charge	0520 0521	Freestanding Clinic - general Freestanding Clinic - Clinic Visit
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0519	Clinic - other
386	Blood - other components	0440	Speech-language pathology - general	0517	Clinic - family practice
385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
384	Blood - platelets	0434	Occupational therapy - evaluation	0515	Clinic - pediatric
)382)383	Blood - whole blood Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
381	Blood - packed red cells Blood - whole blood	0432	Occupational therapy - hourly charge	0512	Clinic - psychiatric
0380	Blood - general	0431	Occupational therapy - visit charge	0511 0512	Clinic - chronic pain Clinic - dental
379	Anesthesia - other	0430	Occupational therapy - general	0510	Clinic sprenis pain
374	Anesthesia - acupuncture	0429	Physical therapy - other	0509	Outpatient services - other
372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0500	Outpatient services - general
371	Anesthesia - incident to radiology	0423	charge Physical therapy - group rate	0499	Ambulatory surgical care - other
370	Anesthesia - general	0422	Physical therapy - hourly	0490	Ambulatory surgical care - general
369	Operating room services - other	0421	Physical therapy - visit charge	0489	Cardiology - other
367	Operating room services - kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
JU2	organ transplant other than kidney	0419	hyperbaric oxygen therapy Respiratory services - other	0482	Cardiology - stress test
361	minor surgery Operating room services -	0413	inhalation Respiratory services -	0480 0481	Cardiology - general Cardiology - cardiac cath lab
361	Operating room services - general Operating room services -	0410	Respiratory services -	0479	Audiology - other
359 360	CT scan - other	0409 0410	Other imaging services - other Respiratory services - general	0472	Audiology - treatment
352	CT scan - body			0471	Audiology - diagnostic
351	CT scan - head	0404	screening mammography Other imaging services - PET	0470	Audiology - general
350	CT scan - general	0403	ultrasound Other imaging services -	0469	Pulmonary function - other
349	Nuclear medicine - other	0402	diagnostic mammography Other imaging services -	0460	Pulmonary function - general
344	Nuclear medicine - therapeutic radiopharmaceuticals	0401	Other imaging services -	0459	Emergency room - other
343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	0456	EMTALA screening Emergency room - urgent car
342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	services Emergency room - beyond
341	Nuclear medicine - diagnostic procedures	0200	processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
333	chemotherapy administration - other		administration, storage and processing - administration	0449	Speech-language pathology - other
)339	chemotherapy - IV Radiology - therapeutic and/or	0391	processing - general Blood and blood component	0444	Speech-language pathology - evaluation or reevaluation
0335	Radiology - therapeutic and/or chemotherapy administration -	0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic
0523	Freestanding Clinic - family practice	0569	Medical social services - other	0623	services Medical/surgical supplies -
0524	Freestanding Clinic - Visit by	0570	Home health aide - general		surgical dressings
	RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FDA investigational devices
0525	Freestanding Clinic - Visit by	0572	Home health aide - hourly charge	0631	Drugs requiring specific identification - single source
	RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
0526	Other Residential Facility Freestanding Clinic - urgent	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
	care	0581	Other visits (home health) - visit charge	0634	prescription Drugs requiring specific
		0582	Other visits (home health) - hourly charge		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting Nurse Services(s) to a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0528	Member's Home when in a Home Health Shortage Area Freestanding Clinic – Visit by	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0326	RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene	0590	Units of service (home health) - general	0637	detailed coding Drugs requiring specific
0529	of Accident) Freestanding Clinic - other	0600	Oxygen (home health) - general	0037	identification - self- administrable
0323	Treestanding clinic outci	0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute	0641	Home IV therapy services – non-routine nursing, central line
0531	Osteopathic service - therapy	0603	Oxygen (home health) - stat/equip/supply over 4 liters	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other	0604	per minute	0643	Home IV therapy services - IV
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	start/change, peripheral line Home IV therapy services –
0541	Ambulance service - supplies	0609	Oxygen (home health) - other		non-routine nursing, peripheral line
0542	Ambulance service - medical transport	0610	Magnetic Resonance Technology (MRT) - MRI -	0645	Home IV therapy services - training patient/caregiver,
0543	Ambulance service - heart mobile		general	0646	central line Home IV therapy services -
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain		training, disabled patient, central line
0545	Ambulance service - air ambulance	0612	(including brain stem) Magnetic Resonance Technology (MRT) - MRI -	0647	Home IV therapy services - training, patient/caregiver,
0546	Ambulance service - neonatal		spinal cord (including spine)	0648	peripheral Home IV therapy services -
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other		training, disabled patient, peripheral
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance	0649	Home IV therapy services - other
0549	Ambulance service - other	0015	Technology (MRT) - MRA - head and neck	0650	Hospice services - general
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA –	0651	Hospice services - routine home care
0551	Skilled nursing - visit charge	0618	lower extremities Magnetic Resonance	0652	Hospice services - continuous home care
0552	Skilled nursing - hourly charge	-010	Technology (MRT) - MRA - other	0655	Hospice services - inpatient respite care
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	inpatient care (non-respite) Hospice services - physician
0561	Medical social services - visit charge		including to radiology		services

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0658	Hospice services - room and board - nursing facility	0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general
0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate
0660	Respite care - general	0731	EKG/ECG services - Holter monitor	0822	Hemodialysis - outpatient or home – home supplies
0661	Respite care - hourly charge/skilled nursing	0732	EKG/ECG services - telemetry	0823	Hemodialysis - outpatient or
0662	Respite care - hourly charge/aide/homemaker/compa	0739	EKG/ECG services - other	0824	home – home equipment Hemodialysis - outpatient or
0660	nion	0740	EEG services - general	0825	home – maintenance 100% Hemodialysis - outpatient or
0663	Respite care - daily charge	0750	Gastrointestinal services - general		home - support services
0669	Respite care - other	0760	Treatment or observation room services - general	0826	Hemodialysis - outpatient or home - shorter duration
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/	0829	(effective 7/1/17) Hemodialysis - outpatient or
0671	Outpatient special residence - hospital based		Observation Room - Treatment Room	0830	home - other Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0762	Specialty Room - Treatment/ Observation Room -	0831	or home - general Peritoneal dialysis - outpatient
0679	Outpatient special residence -	0769	Observation Room Treatment or observation room	0031	or home - composite or other rate
0681	other Trauma response - level I		services - other	0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	or home – home equipment Peritoneal dialysis - outpatient
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	or home – maintenance 100% Peritoneal dialysis - outpatient
0689	Trauma response - other	0790	Extra-corporeal shockwave		or home - support services
0690	Pre-hospice/Palliative Care	0800	therapy - general Inpatient renal dialysis services	0839	Peritoneal dialysis - outpatient or home - other
0691	Services - general Pre-hospice/Palliative Care		- general	0840	CAPD - outpatient or home - general
0692	Services – visit charge Pre-hospice/Palliative Care	0801	Inpatient renal dialysis services - hemodialysis	0841	CAPD - outpatient or home - composite or other rate
	Services – hourly charge	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)	0842	CAPD - outpatient or home -
0693	Pre-hospice/Palliative Care Services - evaluation	0803	Inpatient renal dialysis services - continuous ambulatory	0843	home supplies CAPD - outpatient or home –
0694	Pre-hospice/Palliative Care Services – consultation and	0804	peritoneal dialysis (CAPD) Inpatient renal dialysis services	0844	home equipment CAPD - outpatient or home -
0695	education Pre-hospice/Palliative Care		- continuous cycling peritoneal dialysis (CAPD)	0845	maintenance 100%
0696	Services – inpatient care Pre-hospice/Palliative Care	0809	Inpatient renal dialysis services - other		CAPD - outpatient or home - support services
	Services – physician services		- other	0849	CAPD - outpatient or home - other
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body components- general	0850	CCPD - outpatient or home - general
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home -
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components	0854	home equipment CCPD - outpatient or home -
0722	Labor/Delivery Room services -		 unsuccessful organ search- donor bank charges 	0855	maintenance 100% CCPD - outpatient or home -
0723	delivery Labor/Delivery Room services -	0815	Acquisition of body components – stem cells- allogeneic	0859	support services
0724	circumcision Labor/Delivery Room services -	0819	Acquisition of body components		CCPD - outpatient or home - other
	birthing center		- other donor	0860	Magnetoencephalography (MEG) - General

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0861	Magnetoencephalography (MEG) - MEG	0923	Other diagnostic services - pap smear	0976	Professional fees - respiratory therapy
0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	therapy Behavior health	0944	Other therapeutic services -	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0945	drug rehabilitation Other therapeutic services -	0988	Professional fees - consultation
0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	treatments/services - community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health		other	0994	Patient convenience items -
0911	treatment/services - rehabilitation	0951	Other therapeutic services – athletic training	0995	TV/radio Patient convenience items -
0912	Behavior health	0952	Other therapeutic services -	0,55	nonpatient room rentals
	treatment/services - partial hospitalization - less intensive	0953	kinesiotherapy Other therapeutic services –	0996	Patient convenience items - late discharge charge
0913	Behavior health treatment/services - partial hospitalization - intensive	2252	chemical dependency (drug and alcohol)	0997	Patient convenience items - admission kits
0914	Behavior health treatment/services - individual	0960	Professional fees - general	0998	Patient convenience items - beauty shop/barber
0015	therapy	0961	Professional fees - psychiatric	0999	Patient convenience items - other
0915	Behavior health treatment/services - group	0962	Professional fees - ophthalmology	1000	Behavior health
0916	therapy Behavior health	0963	Professional fees -	1001	accommodations - general
0910	treatment/services - family therapy	0964	anesthesiologist (MD) Professional fees - anesthetist	1001	Behavior health accommodations - residential treatment - psychiatric
0917	Behavior health treatment/services -	0969	(CRNA) Professional fees - other	1002	Behavior health accommodations - residential
	biofeedback				treatment - chemical
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1003	dependency Behavior health
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic		accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	peripheral vascular lab Other diagnostic services - electromyogram	0975	Professional fees - operating room		accommodations - group home
	 <i>, - 3</i> . ∞				

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2100 Alternative therapy services - general 2101 Alternative therapy services - biofeedback 2101 Alternative therapy services - acupuncture 2102 Alternative therapy services - acupuncture 2103 Alternative therapy services - 3104 Adult day care, social - daily hypnosis 2104 Alternative therapy services - 3105 Alternative therapy services - 3105 Adult foster care - daily other 2105 Alternative therapy services - 3106 Adult day care, medical and 3109 Adult foster care - other	
acupuncture hypnosis 2102 Alternative therapy services - 2109 Alternative therapy services - 3105 Adult foster care - daily other	
acupressure other	
2103 Alternative therapy services - 3101 Adult day care, medical and 3109 Adult foster care - other	
massage social - hourly	
2104 Alternative therapy services - 3102 Adult day care, social - hourly reflexology	
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	f
Level II HCPCS codes.	
Beginning Position:19Data Source:ClaimLength:5Type:Alphanumeric	
Field 5: MODIFIER 1	
110011111111111111111111111111111111111	
Description: Identifies special circumstances related to the performance of the service Coding Scheme:	
-	
22 Increased procedural services 58 Staged or Related Procedure or Professional During the Service by the Same Physician Postoperative Period	
23 Unusual Anesthesia or Other Qualified Health Care 80 Assistant Surgeon	
24 Unrelated Evaluation and Professional During the Management Service by the Postoperative Period 81 Minimum Assistant Surgeon	
Same Physician or Other 59 Distinct Procedural Service 82 Repeat procedure by same	
Qualified Health Care Professional during a 62 Two Surgeons physician	
Postoperative Period 63 Procedure Performed on Infants 90 Reference (Outside) Laborator	,
25 Significant, Separately less than 4kg 91 Repeat Clinical Diagnostic Identifiable Evaluation and 66 Surgical Toom Laboratory Test	
Management Service by the 92 Alternative Laboratory Platform	1
Same Physician or Other 73 Discontinued Outpatient Testing Qualified Health Care Hospital/Ambulatory Surgery	
Professional on the Same Day Center (ASC) Procedure prior to 95 Synchronous Telemedicine Service Rendered Via a Real-	
Service Anesthesia Time Interactive Audio and	
26 Professional Component 74 Discontinued Outpatient System	
Hospital/Ambulatory Surgery	
E/M Encounters on the Same Administration of Anesthesia 1P Performance Measure Evolusion	,
Date 76 Repeat Procedure by Same Modifier due to Medical Reaso	
32 Mandated Services Physician or Other Qualified 2P Performance Measure Exclusion 33 Preventive Service Health Care Professional Modifier due to Patient Reason	
47 Aperthesia by Surgeon 77 Repeat Procedure by Another 3P Performance Measure Exclusion	
Physician or Other Qualified Modifier due to System Reason 50 Bilateral Procedure Health Care Professional	
51 Multiple Procedures 78 Unplanned Return to the Modifier- Action not performed	
Operating/Procedure Room by reason not otherwise specified the Same Physician or Other	
53 Discontinued Procedure Qualified Health Care P1 A normal healthy patient Professional Following Initial P2 A patient with mild systemic	
54 Surgical Care Only Procedure for a Related disease Procedure During the	
55 Postoperative Management Postoperative Period P3 A patient with severe systemic	
79 Unrelated Procedure or Service P4 A patient with source systemic	
by the Same Physician or Other disease that is a constant	
57 Decision for Surgery Qualified Health Care threat to life	

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P5	expected to surv		FA	Lert	nana, tnumb		ΚI	procedure
	operation	ive without the	GG		ormance and payment		T1	Left foot, second digit
P6	A declared brain whose organs ar			diagr	ening mammography nostic mammography e patient, same day.		T2	Left foot, third digit
	removed for don	-	GH				Т3	Left foot, fourth digit
E1 Upper left eyelid			GΠ	conv	nostic mammogram erted from screening Imogram on same da	v	T4	Left foot, fifth digit
E2	Lower left eyelid		LC		circumflex coronary a	•	T5	Right foot, great toe
E3	Upper right eyeli	d			•	,	T6	Right foot, second digit
E4	Lower right eyeli		LD	coro	anterior descending nary artery		T7	Right foot, third digit
F1	Left hand, secon	d digit	LM	Left	main coronary artery		T8	Right foot, fourth digit
F2	Left hand, third		LT	Left	side of the body proce	edure	Т9	Right foot, fifth digit
F3	Left hand, fourth	digit	Q		ulance service provide	ed	TA	Left foot, great toe
F4	Left hand, fifth d	igit	М		r arrangement by a ider of services		XE	Separate Encounter
F5	Right hand, thun	nb	QN	•	ulance service furnish	ied	XS	Separate Structure
F6	Right hand, seco	nd digit	-		tly by a provider of		XP	Separate Practitioner
F7	Right hand, third	l diait	D.C	servi				·
F8	Right hand, four	_	RC	-	t coronary artery		XU	Unusual Non-Overlapping Service
F9	Right hand, fifth	-	RI	arter	us intermedius corona v	ary		
F9	Right hand, hith	aigit		u	,			
_	ning Position:	24			Data Source:	Claim		
Length Field 6		MODIFIER 2			Туре:	Alphanur	neric	
Descri		—	al circ	rume	tances related to	the nerf	nrm a	nce of the service.
	Scheme:	Same as Field MC			tarices related to	the perio	Jiiia	nee of the service.
	ning Position:	26			Data Source:	Claim		
Length		2			Туре:	Alphanur	neric	
Field 7	=	MODIFIER_3						
Descri	ption:	Identifies specia	al circ	cums	tances related to	the nerta	orma.	nce at the service
	· Cahamai				tarrees related to	the perio	Jiiiia	rice of the service.
Coding	Scheme:	Same as Field MC					Jima	nee of the service.
Coding	ning Position:				Data Source: Type:	Claim Alphanur		nee of the service.
Coding Beginn	ning Position: n:	Same as Field MC 28			Data Source:	Claim		The of the service.
Coding Beginn Length Field 8 Descri	ning Position: 1: 3: ption:	Same as Field MC 28 2 MODIFIER_4 Identifies specia	DDIFIE	ER_1 cums	Data Source: Type:	Claim Alphanur	meric	nce of the service.
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FA Left hand, thumb

RT Right side of the body

P5 A moribund patient who is not

Lenath:	14	Type:	Numeric	

OUTPATIENT CLASSIFICATION DATA FILE

Field 1:	RECORD_ID	
Description:		number assigned to identify the record. The
Description.		
		s not linkable to the Record_ID in the ED
Danimulus Danitians	Inpatient PUDF or ED Research Data F	
Beginning Position:	1 Data Source:	3
Length: Field 2:	12 Type:	Alphanumeric
rieia 2:	CCSR_PRIN_DIAG_CODE	
		classification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis category.	
Beginning Position:	Data Source:	
Length:	4 Type:	Alphanumeric
Field 3:	CCSR_OTH_DIAG_CODE_1	
		classification of OTH_DIAG_CODE_1 into
	clinically meaningful diagnosis categor	
Beginning Position:	17 Data Source:	3
Length:	4 Type:	Alphanumeric
Field 4:	CCSR_OTH_DIAG_CODE_2	
	Clinical Classifications Software (CCS)	classification of OTH_DIAG_CODE_2 into
	clinically meaningful diagnosis categor	
Beginning Position:	21 Data Source:	
Length:	4 Type:	Alphanumeric
Field 5:	CCSR_OTH_DIAG_CODE_3	
		classification of OTH DIAG CODE 3 into
	clinically meaningful diagnosis categor	
Beginning Position:	25 Data Source:	
Length:	4 Type:	Alphanumeric
Field 6:	CCSR_OTH_DIAG_CODE_4	
		classification of OTH_DIAG_CODE_4 into
	clinically meaningful diagnosis categor	
Beginning Position:	29 Data Source:	
Length:	4 Type:	Alphanumeric
Field 7:	CCSR_OTH_DIAG_CODE_5	Alphanamenc
riela 7.		classification of OTH_DIAG_CODE_5 into
	• • • • • • • • • • • • • • • • • • • •	
Danima Danistan	clinically meaningful diagnosis categor	
Beginning Position:	33 Data Source:	5
Length:	4 Type:	Alphanumeric
Field 8:	CCSR_OTH_DIAG_CODE_6	L IC II COTH DIAG CODE C'I
		classification of OTH_DIAG_CODE_6 into
	clinically meaningful diagnosis categor	
Beginning Position:	37 Data Source:	5
Length:	4 Type:	Alphanumeric
Field 9:	CCSR_OTH_DIAG_CODE_7	
		classification of OTH_DIAG_CODE_7 into
	clinically meaningful diagnosis categor	/.
Beginning Position:	41 Data Source:	
Length:	4 Type:	Alphanumeric
Field 10:	CCSR_OTH_DIAG_CODE_8	
	Clinical Classifications Software (CCS)	classification of OTH_DIAG_CODE_8 into
	clinically meaningful diagnosis categor	
Beginning Position:	45 Data Source:	
Length:	4 Type:	Alphanumeric
Field 11:	CCSR_OTH_DIAG_CODE_9	·
		classification of OTH_DIAG_CODE_9 into
	Cillical Classifications software it is a re-	
Reginning Positions	clinically meaningful diagnosis categor	/.
Beginning Position:	clinically meaningful diagnosis categor 49 Data Source:	y. Assigned
Beginning Position: Length:	clinically meaningful diagnosis categor	/.
	clinically meaningful diagnosis categor 49 Data Source:	y. Assigned

Field 12:	CCSR_OTH_DIAG_CODE_10	
		assification of OTH_DIAG_CODE_10 into
	clinically meaningful diagnosis category.	
Beginning Position:	53 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 13:	CCSR_OTH_DIAG_CODE_11	
		assification of OTH_DIAG_CODE_11 into
	clinically meaningful diagnosis category.	
Beginning Position:	57 Data Source: 4 Type:	Assigned Alphanumeric
Length: Field 14:	4 Type: CCSR_OTH_DIAG_CODE_12	Alphanumenc
icia 14.		assification of OTH DIAG CODE 12 into
	clinically meaningful diagnosis category.	
Beginning Position:	61 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 15:	CCSR_OTH_DIAG_CODE_13	·
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_13 into
	clinically meaningful diagnosis category.	
Beginning Position:	65 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 16:	CCSR_OTH_DIAG_CODE_14	
		assification of OTH_DIAG_CODE_14 into
n	clinically meaningful diagnosis category.	
Beginning Position:	69 Data Source: 4 Type:	Assigned
Length: Field 17:	CCSR_OTH_DIAG_CODE_15	Alphanumeric
rieiu 17.		assification of OTH_DIAG_CODE_15 into
	clinically meaningful diagnosis category.	
Beginning Position:	73 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 18:	CCSR_OTH_DIAG_CODE_16	
		assification of OTH_DIAG_CODE_16 into
	clinically meaningful diagnosis category.	
Beginning Position:	77 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 19:	CCSR_OTH_DIAG_CODE_17	
		assification of OTH_DIAG_CODE_17 into
Danimalan Danisian	clinically meaningful diagnosis category.	
Beginning Position: Length:	81 Data Source: 4 Type:	Assigned Alphanumeric
Field 20:	CCSR_OTH_DIAG_CODE_18	Alphanamenc
		assification of OTH_DIAG_CODE_18 into
	clinically meaningful diagnosis category.	
Beginning Position:	85 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 21:	CCSR_OTH_DIAG_CODE_19	
		assification of OTH_DIAG_CODE_19 into
	clinically meaningful diagnosis category.	
Beginning Position:	89 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 22:	CCSR_OTH_DIAG_CODE_20	and the state of OTH DIAC CODE CO.
		assification of OTH_DIAG_CODE_20 into
Poginning Dockley	clinically meaningful diagnosis category.	
Beginning Position: Length:	93 Data Source: 4 Type:	Assigned Alphanumeric
Lengtn: Field 23:	CCSR_OTH_DIAG_CODE_21	лірпаниністіс
c.u 25.		assification of OTH_DIAG_CODE_21 into
	clinically meaningful diagnosis category.	
Beginning Position:	97 Data Source:	Assigned
	4 Type:	Alphanumeric
tengin:		
	CCSR OTH DIAG CODE 22	
Length: Field 24: DSHS/THCIC	CCSR_OTH_DIAG_CODE_22 Page	DSHS Document #25-15013

	Clinical Classifications Software (CCS) cla	essification of OTH_DIAG_CODE_22 into
Beginning Position:	clinically meaningful diagnosis category. 101 Data Source:	Assigned
Length:	4 Type:	Assigned Alphanumeric
Field 25:	CCSR_OTH_DIAG_CODE_23	Alphanamene
	Clinical Classifications Software (CCS) cla	essification of OTH_DIAG_CODE_23 into
	clinically meaningful diagnosis category.	
Beginning Position:	Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 26:	CCSR_OTH_DIAG_CODE_24	
	Clinical Classifications Software (CCS) cla	ssification of OTH_DIAG_CODE_24 into
	clinically meaningful diagnosis category.	
Beginning Position:	109 Data Source:	Assigned
Length: Field 27:	4 Type: CCS_PROC_CODE_1	Alphanumeric
rieiu 27.		Services and Procedures classification of
	PROC_CODE_1 into clinically meaningful	
Beginning Position:	113 Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Field 28:	CCS_PROC_CODE_2	·
		Services and Procedures classification of
	PROC_CODE_2 into clinically meaningful	
Beginning Position:	116 Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Field 29:	CCS_PROC_CODE_3	
		Services and Procedures classification of
Doginalna Dogition	PROC_CODE_3 into clinically meaningful 119 Data Source:	
Beginning Position: Length:	119 Data Source: Type:	Assigned Alphanumeric
Field 30:	CCS_PROC_CODE_4	Aphanamene
		Services and Procedures classification of
	PROC_CODE_4 into clinically meaningful	
Beginning Position:	122 Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Length: Field 31:	CCS_PROC_CODE_5	·
	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for	Services and Procedures classification of
Field 31:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful	Services and Procedures classification of procedure category.
Field 31: Beginning Position:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source:	Services and Procedures classification of procedure category. Assigned
Field 31: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type:	Services and Procedures classification of procedure category.
Field 31: Beginning Position:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6	Services and Procedures classification of procedure category. Assigned Alphanumeric
Field 31: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of
Field 31: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category.
Field 31: Beginning Position: Length: Field 32: Beginning Position:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type: CCS_PROC_CODE_7	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category.
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 3	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 3	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category.
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: Type: CCS_PROC_CODE_8	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Assigned Alphanumeric
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for Type:	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: Type: CCS_PROC_CODE_8	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category.
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 3	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_9	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34: Beginning Position: Length:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Type:	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category.
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34: Beginning Position: Length: Field 35:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for PROC_CODE_9 into clinically meaningful	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category.
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34: Beginning Position: Length: Field 35:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: 3 Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: 3 Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: 3 Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for PROC_CODE_9 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for PROC_CODE_9 into clinically meaningful 137 Data Source:	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category.
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34: Beginning Position: Length: Field 35:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for PROC_CODE_9 into clinically meaningful 137 Data Source: Type: CCS_PROC_CODE_9 into clinically meaningful 137 Data Source: Type:	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category.
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34: Beginning Position: Length: Field 35:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 Data Source: 3 Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 Data Source: 3 Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: 3 Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for PROC_CODE_9 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for PROC_CODE_9 into clinically meaningful 137 Data Source:	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category.
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34: Beginning Position: Length: Field 35:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 3 Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 3 Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: 3 Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for PROC_CODE_9 into clinically meaningful 137 Data Source: Type: CCS_PROC_CODE_10	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric
Field 31: Beginning Position: Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34: Beginning Position: Length: Field 35:	CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for PROC_CODE_5 into clinically meaningful 125 3 Type: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for PROC_CODE_6 into clinically meaningful 128 3 Type: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for PROC_CODE_7 into clinically meaningful 131 Data Source: Type: CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_8 into clinically meaningful 134 Data Source: Type: CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for PROC_CODE_9 into clinically meaningful 137 Data Source: Type: CCS_PROC_CODE_10 Page	Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category. Assigned Alphanumeric Services and Procedures classification of procedure category.

	Clinical Classifications Sc	oftware (CCS) for	Services and Procedures classification of
	PROC_CODE_10 into clin		
Beginning Position:	140	Data Source:	Assigned
Length: Field 37:	3 CCS_PROC_CODE_11	Туре:	Alphanumeric
riela 37.		oftware (CCS) for	Services and Procedures classification of
	PROC_CODE_11 into clin		
Beginning Position:	143	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 38:	CCS_PROC_CODE_12	(666) (-	Coming and Durandous along Continues
	PROC_CODE_12 into clin		Services and Procedures classification of
Beginning Position:	146	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 39:	CCS_PROC_CODE_13		
			Services and Procedures classification of
	PROC_CODE_13 into clin		
Beginning Position: Length:	149 3	Data Source: Type:	Assigned Alphanumeric
Field 40:	CCS_PROC_CODE_14	туре.	Alphanumenc
-		oftware (CCS) for	Services and Procedures classification of
	PROC_CODE_14 into clin	ically meaningfu	
Beginning Position:	152	Data Source:	Assigned
Length: Field 41:	3 CCC DDCC CODE 15	Туре:	Alphanumeric
rieid 41:	CCS_PROC_CODE_15 Clinical Classifications So	oftware (CCS) for	Services and Procedures classification of
	PROC_CODE_15 into clin		
Beginning Position:	155	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 42:	CCS_PROC_CODE_16	. ()	
			Services and Procedures classification of
Beginning Position:	PROC_CODE_16 into clin 158	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 43:	CCS_PROC_CODE_17	-	
			Services and Procedures classification of
Danimalan Danislan	PROC_CODE_17 into clin		
Beginning Position: Length:	161 3	Data Source: Type:	Assigned Alphanumeric
Field 44:	CCS_PROC_CODE_18	1 4 p c 1	Alphanameric
		oftware (CCS) for	Services and Procedures classification of
	PROC_CODE_18 into clin		
Beginning Position:	164	Data Source:	Assigned
Length: Field 45:	3 666 PROG CORE 10	Туре:	Alphanumeric
rielu 45:	CCS_PROC_CODE_19 Clinical Classifications So	oftware (CCS) for	Services and Procedures classification of
	PROC_CODE_19 into clin		
Beginning Position:	167	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 46:	CCS_PROC_CODE_20	(000) (
	Clinical Classifications So PROC_CODE_20 into clin		Services and Procedures classification of
Beginning Position:	170	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 47:	CCS_PROC_CODE_21		
			Services and Procedures classification of
Designing Desitions	PROC_CODE_21 into clin		
Beginning Position: Length:	173 3	Data Source: Type:	Assigned Alphanumeric
Field 48:	CCS_PROC_CODE_22	- / F	
	- 		
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Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC_CODE_22 into clinically meaningful procedure category.

176 **Data Source:** Assigned **Beginning Position:** Length: 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.

179 **Beginning Position: Data Source:** Assigned Length: Alphanumeric Type:

CCS_PROC_CODE_24 Field 50:

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: Alphanumeric Type: 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 Alphanumeric Type:

OUTPATIENT GROUPER DATA FILE

Field 1:	RECORD_ID				
Description:	Record Identification Number. Unique number assigned to identify the record. First				
			match the RECORD_ID in THCIC Research		
	Data Files (RDF's	s).			
Beginning	1	Data	Assigned		
Position:		Source:			
Length:	12	Type:	Alphanumeric		
Field 2:	REVENUE_CODE	_SEQUENCE_NUMB	ER		
	Assignment of nur	mbers to indicate the	order of submission of the revenue codes.		
Beginning	13	Data	Source: Assigned		
Position:			_		
Length:	3	Type:	Alphanumeric		
Field 3:	FROZEN_EAPG_0	GRP_VER			
	Enhanced Ambulat	tory Patient Group Ve	rsion Number, as assigned by 3M EAPG		
	Grouper.				
Beginning	16	Data 9	Source: Assigned		
Position:			_		
Length:	12	Type:	Alphanumeric		
Field 4:	FROZEN_FINAL	_EAPG_CAT_CODE			
	Enhanced Ambul	atory Patient Group (EAPG) category code, as assigned by 3M™		
	EAPG Grouper. N	ot available 4Q09.			
Beginning	28	Data	Assigned		
Position:		Source:			
Length:	2	Type:	Alphanumeric		
Field 5:	FROZEN_FINAL	_EAPG_TYPE_COD	E		
	Enhanced Ambula	atory Patient Group (EAPG) type code, as assigned by 3M™ EAPG		
	Grouper. Not ava	ilable 4Q09.			
Beginning	30	Data	Assigned		
Position:		Source:			
Length:	2	Type:	Alphanumeric		
Field 6:	FROZEN_FINAL	_EAPG			
	Final Enhanced A	mbulatory Patient Gr	oup (EAPG), as assigned by 3M™ EAPG		
	Grouper. Not ava	ilable 4Q09.			
Beginning	32	Data	Assigned		
Position:		Source:			
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Length:	5	Туре:	Alphanumeric
Field 7:	FROZEN_APC_GRF		
			APC) Version Number as assigned by 3M APC
	Grouper. Not availab	le 4Q09.	
Beginning	47	Data	Assigned
Position:		Source:	-
Length:	12	Type:	Alphanumeric
Field 8:	FROZEN_APC_PR		
			APC) procedure code as assigned by 3M [™] APC
	Grouper. Not availa		.,,,,,,
Beginning	59	Data	Assigned
Position:	33	Source:	, isolytica
Length:	5	Type:	Alphanumeric
Field 9:	FROZEN_APC_PX		
ricia 3.			APC) procedure status indicator as assigned by
	3M TM APC Grouper.		
Beginning	64	Data	Assigned
Position:	04	Source:	Assigned
	2		Alphanumaria
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APC_WI		ADC) weighting as assigned by CMTM ADC
			APC) weighting as assigned by 3M [™] APC
D	Grouper. Not availa	-	Andread
Beginning	66	Data	Assigned
Position:		Source:	
Length:	9	Туре:	Alphanumeric
Field 11:	EAPG_GRP_VER		
		ry Patient Group \	Version Number, as assigned by 3M EAPG
	Grouper		
Beginning	80	Data	Source: Assigned
Position:			
Length:	12	Туре:	Alphanumeric
Field 12:	FINAL_EAPG_CA		
			(EAPG) category code, as assigned by $3M^{TM}$
	EAPG Grouper. Not	available 4Q09.	
Beginning	92	Data	Assigned
Position:		Source:	
Length:	2	Type:	Alphanumeric
Field 13:	FINAL_EAPG_TY	PE_CODE	
	Enhanced Ambulate	ory Patient Group	(EAPG) type code, as assigned by 3M™ EAPG
	Grouper. Not availa	ble 4Q09.	
Beginning	94	Data	Assigned
Position:		Source:	-
Length:	2	Type:	Alphanumeric
Field 14:	FINAL_EAPG		
		bulatory Patient (Group (EAPG), as assigned by 3M™ EAPG
	Grouper. Not availa		
Beginning	96	Data	Assigned
Position:		Source:	5
Length:	5	Type:	Alphanumeric
Field 15:	APC GRP VER	.,,,.	, upmanamene
i icia 15.		t Classification (A	APC) Version Number as assigned by 3M APC
	Grouper. Not availab		a c) version wantber as assigned by 31174 c
Beginning	111	Data	Assigned
Position:	111	Source:	, was gricu
Length:	12		Alphanumeric
		Type:	Aiphanamenc
Field 16:	APC_PROCEDURE		ADC) procedure code as assigned by 2MTM ADC
			APC) procedure code as assigned by 3M [™] APC
	Grouper. Not availa	IDIE 4QU9.	
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Beginning	123	Data Assigned			
Position:		Source:			
Length:	5	Type:	Alphanumeric		
Field 17:	APC_PX_STATU	JS_IND_CODE			
	Ambulatory Payn	nent Classification (A	APC) procedure status indicator as assigned by		
	3M [™] APC Groupe	er. Not available 4Q0	9.		
Beginning	128	Data	Assigned		
Position:		Source:			
Length:	2	Type:	Alphanumeric		
<u> Lengtin</u>	2	· ypc:	Alphanameric		
Field 18:	APC_WEIGHT	.,,,	Alphanameric		
	_	71	APC) weighting as assigned by 3M [™] APC		
	_	nent Classification (A			
	Ambulatory Payn	nent Classification (A			
Field 18:	Ambulatory Payn Grouper. Not ava	nent Classification (A	APC) weighting as assigned by 3M [™] APC		
Field 18: Beginning	Ambulatory Payn Grouper. Not ava	nent Classification (A iilable 4Q09. Data	APC) weighting as assigned by 3M [™] APC		

FACILITY TYPE DATA FILE

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

Field 1:	THCIC_ID		
Description:	Provider ID. Unique id	lentifier assigned	to the provider by DSHS. The THCIC_ID is
			data and generally throughout a full year. A
			during the middle of a year. This will be
			are of those mid-year name changes.
Beginning Position:	1	Data Source:	Assigned
Length:	6	Type:	Alphanumeric
Field 2:	FACILITY_TYPE	.,,,,,,,	тирианинене
Description:	Types of healthcare fa	scilitios	
Beginning Position:		Data Source:	Duovidos
Length:	7	Type:	Provider
	4		Alphanumeric
Field 3:	FAC_TEACHING_IN		
Description:	Teaching Facility Indic		
Suppression:			discharges (Provider ID equals '999999').
Coding Scheme:	A Member, Council of Te	aching Hospitals	
	X Other teaching facility		
Beginning Position:	11	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 4:	FAC_PSYCH_IND		
Description:	Psychiatric Facility Ind		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:	12	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 5:	FAC_REHAB_IND		
Description:	Rehabilitation Facility		
Suppression:		with fewer than 50	discharges (Provider ID equals '999999').
Beginning Position:	13	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 6:	FAC_ACUTE_CARE_		
Description:	Acute Care Facility In	dicator.	
Suppression:	Suppressed for hospitals	with fewer than 50	discharges (Provider ID equals '999999').
Beginning Position:	14	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 7:	FAC_SNF_IND		
Description:	Skilled Nursing Facilit		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:	15	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 8:	FAC_LONG_TERM_A		
Description:	Long Term Acute Care	e Facility Indicator	•.
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:	16	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 9:	FAC_OTHER_LTC_I	ND	
Description:	Other Long Term Care	e Facility Indicator	- .
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:	17	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 10:	FAC_PEDS_IND		
Description:	Pediatric Facility Indic	ator.	
Suppression:			discharges (Provider ID equals '999999').
Coding Scheme:			s Hospitals and Related Institutions (NACHRI)
5	,		,
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X Facilities that also treat children

Beginning Position: 18 **Data Source:** Provider Length: Type: Alphanumeric Field 11: FAC CARDIOVASCULAR IND **Description:** Cardiovascular facility indicator. **Beginning Position:** 19 **Data Source:** Provider Length: Alphanumeric Type: Field 12: FAC_CHIROPRACTIC_IND **Description:** Chiropractic care facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric Field 13: FAC_ENDOSCOPY_IND **Description:** Endoscopy facility indicator. **Beginning Position: Data Source:** 21 Provider Lenath: Type: Alphanumeric Field 14: **FAC FOOT IND Description:** Foot care facility indicator. **Beginning Position:** 22 **Data Source:** Provider Length: Alphanumeric Type: FAC GASTROENTEROLOGY IND Field 15: **Description:** Gastroenterology facility indicator. **Beginning Position:** 23 **Data Source:** Provider Length: Type: Alphanumeric **FAC GENERAL IND** Field 16: **Description:** General care facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric FAC_NEUROLOGICAL_IND Field 17: **Description:** Neurological care facility indicator. **Beginning Position:** 25 Data Source: Provider Length: Type: Alphanumeric Field 18: FAC_OB_GYN_IND **Description:** Obstetric and gynecology facility indicator. **Beginning Position:** 26 Data Source: Provider Lenath: Type: Alphanumeric FAC OPTHAMOLOGY_IND Field 19: **Description:** Ophthalmology facility indicator. **Beginning Position:** 27 **Data Source:** Provider Type: Length: Alphanumeric Field 20: **FAC ORAL IND Description:** Oral health care facility indicator. **Beginning Position:** 28 **Data Source:** Provider Alphanumeric Length: Type: FAC ORTHOPEDIC IND Field 21: **Description:** Orthopedic care facility indicator. **Beginning Position:** 29 **Data Source:** Provider Length: Type: Alphanumeric FAC_OTOLARYNGOLOGY_IND Field 22: **Description:** Otolaryngology facility indicator. **Beginning Position:** 30 **Data Source:** Provider Alphanumeric Length: 1 Type: Field 23: FAC_ PAIN_MNGMT _IND **Description:** Pain management facility indicator. **Beginning Position:** 31 **Data Source:** Provider Length: Alphanumeric Type: **FAC PLASTIC IND** Field 24: Plastic surgery facility indicator. **Description: Beginning Position: Data Source:** Provider 32 Length: Alphanumeric Type: Field 25: FAC_THORACIC_IND **Description:** Thoracic care facility indicator.

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Beginning Position: 1				
Field 26: FAC_UROLOGY_IND Description: Beginning Position: For interval in				
Description: Beginning Position: 12				Alphanumeric
Beginning Position: 34				
Feiled 27: FAC_OTHER_IND Other facility indicator. Provider Alphanumeric Alphanumeri	•			Providor
Field 27: Description: Beginning Position: Field 28: Description: Field 29: FAC_EMERGENCY_DEPARTMENT_IND FIEDROF's names are available at https://dshs.texas.gov/thcic/ (downloadable Excel sheet ammed Current Facility Contact), under "Facility Reporting Requirement". The provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider and			_	
Description: Other facility indicators Data Source: Provider Alphanumeric			турсі	Alphanamene
Beginning Position: Field 28: FAC_EMERGENCY_DEPARTMENT_IND Facility indicator for Hospitals and FEMCEs, including Hospital-owned FEMCFs, starting with the 4th Quarter 2020 Facility Type Data File. Note: The FEMCEs names are available at https://dshs.texas.gov/thcip (downloadable Excel sheet named Current Facility Contact), under "Facility Reporting Requirement". The provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider file dataset. For the first quarterly implementation, 4th Quarter 2020, the facility indicator has incomplete data due to implementation timing. Beginning Position: Length: Field 29: Description: Beginning Position: Length: Field 30: PROVIDER_NAME PROVIDER_NAME PROVIDER_NAME PROVIDER_NAME Possiplat name provided by the hospital. Beginning Position: S5 Type: Alphanumeric Provider			r	
Length: 1 Type: Alphanumeric	•			Provider
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Coding Scheme:	1	Certified, without comment				
_	2	Certified, with comment				
	3	Certified, with comment, comment not received by deadline				
	4	Hospital elected not to certify				
	5	Hospital closed, data not certified				
	6	Hospital out of compliance, did not of	ertify data			
	7	Data not certified. Facility affected b	y natural or man-made disaster (4Q2016)			
	8	No Emergency Department data sub	mitted			
Beginning Position:	95	Data Source:	Assigned			
Length:	1	Type: Alphanumeric				

Texas Department of State Health Services

Texas Hospital Emergency Department Data Set DATA FILE LAYOUTS

Inpatient Base Data #1 File

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	DISCHARGE	13	6	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	TYPE_OF_ADMISSION	25	1	Alphanumeric
5	SOURCE_OF_ADMISSION	26	1	Alphanumeric
6	SPEC_UNIT_1	27	1	Alphanumeric
7	SPEC_UNIT_2	28	1	Alphanumeric
8	SPEC_UNIT_3	29	1	Alphanumeric
9	SPEC_UNIT_4	30	1	Alphanumeric
10	SPEC_UNIT_5	31	1	Alphanumeric
11	PAT_STATE	32	2	Alphanumeric
12	PAT_ZIP	34	5	Alphanumeric
13	PAT_COUNTRY	39	2	Alphanumeric
14	PAT_COUNTY	41	3	Alphanumeric
15	PUBLIC_HEALTH_REGION	44	2	Alphanumeric
16	PAT_STATUS	46	2	Alphanumeric
17	SEX_CODE	48	1	Alphanumeric
18	RACE	49	1	Alphanumeric
19	ETHNICITY	50	1	Alphanumeric
20	ADMIT_WEEKDAY	51	1	Alphanumeric
21	LENGTH_OF_STAY	52	4	Alphanumeric
22	PAT_AGE	56	2	Alphanumeric
23	FIRST_PAYMENT_SRC	58	2	Alphanumeric
24	SECONDARY_PAYMENT_SRC	60	2	Alphanumeric
25	TYPE_OF_BILL	62	3	Alphanumeric
26	TOTAL_CHARGES	65	12	Numeric

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Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
27	TOTAL_NON_COV_CHARGES	77	12	Numeric
28	TOTAL_CHARGES_ACCOMM	89	12	Numeric
29	TOTAL_NON_COV_CHARGES_ACCOMM	101	12	Numeric
30	TOTAL_CHARGES_ANCIL	113	12	Numeric
31	TOTAL_NON_COV_CHARGES_ANCIL	125	12	Numeric
32	ADMITTING_DIAGNOSIS	137	7	Alphanumeric
33	PRINC_DIAG_CODE	144	7	Alphanumeric
34	POA_PRINC_DIAG_CODE	151	1	Alphanumeric
35	OTH_DIAG_CODE_1	152	7	Alphanumeric
36	POA_OTH_DIAG_CODE_1	159	1	Alphanumeric
37	OTH_DIAG_CODE_2	160	7	Alphanumeric
38	POA_OTH_DIAG_CODE_2	167	1	Alphanumeric
39	OTH_DIAG_CODE_3	168	7	Alphanumeric
40	POA_OTH_DIAG_CODE_3	175	1	Alphanumeric
41	OTH_DIAG_CODE_4	176	7	Alphanumeric
42	POA_OTH_DIAG_CODE_4	183	1	Alphanumeric
43	OTH_DIAG_CODE_5	184	7	Alphanumeric
44	POA_OTH_DIAG_CODE_5	191	1	Alphanumeric
45	OTH_DIAG_CODE_6	192	7	Alphanumeric
46	POA_OTH_DIAG_CODE_6	199	1	Alphanumeric
47	OTH_DIAG_CODE_7	200	7	Alphanumeric
48	POA_OTH_DIAG_CODE_7	207	1	Alphanumeric
49	OTH_DIAG_CODE_8	208	7	Alphanumeric
50	POA_OTH_DIAG_CODE_8	215	1	Alphanumeric
51	OTH_DIAG_CODE_9	216	7	Alphanumeric
52	POA_OTH_DIAG_CODE_9	223	1	Alphanumeric
53	OTH_DIAG_CODE_10	224	7	Alphanumeric
54	POA_OTH_DIAG_CODE_10	231	1	Alphanumeric
55	OTH_DIAG_CODE_11	232	7	Alphanumeric
56	POA_OTH_DIAG_CODE_11	239	1	Alphanumeric
57	OTH_DIAG_CODE_12	240	7	Alphanumeric
58	POA_OTH_DIAG_CODE_12	247	1	Alphanumeric
59	OTH_DIAG_CODE_13	248	7	Alphanumeric
60	POA_OTH_DIAG_CODE_13	255	1	Alphanumeric
61	OTH_DIAG_CODE_14	256	7	Alphanumeric
62	POA_OTH_DIAG_CODE_14	263	1	Alphanumeric
63	OTH_DIAG_CODE_15	264	7	Alphanumeric
64	POA_OTH_DIAG_CODE_15	271	1	Alphanumeric
65	OTH_DIAG_CODE_16	272	7	Alphanumeric
66	POA_OTH_DIAG_CODE_16	279	1	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
67	OTH_DIAG_CODE_17	280	7	Alphanumeric
68	POA_OTH_DIAG_CODE_17	287	1	Alphanumeric
69	OTH_DIAG_CODE_18	288	7	Alphanumeric
70	POA_OTH_DIAG_CODE_18	295	1	Alphanumeric
71	OTH_DIAG_CODE_19	296	7	Alphanumeric
72	POA_OTH_DIAG_CODE_19	303	1	Alphanumeric
73	OTH_DIAG_CODE_20	304	7	Alphanumeric
74	POA_OTH_DIAG_CODE_20	311	1	Alphanumeric
75	OTH_DIAG_CODE_21	312	7	Alphanumeric
76	POA_OTH_DIAG_CODE_21	319	1	Alphanumeric
77	OTH_DIAG_CODE_22	320	7	Alphanumeric
78	POA_OTH_DIAG_CODE_22	327	1	Alphanumeric
79	OTH_DIAG_CODE_23	328	7	Alphanumeric
80	POA_OTH_DIAG_CODE_23	335	1	Alphanumeric
81	OTH_DIAG_CODE_24	336	7	Alphanumeric
82	POA_OTH_DIAG_CODE_24	343	1	Alphanumeric
83	E_CODE_1	344	7	Alphanumeric
84	POA_E_CODE_1	351	1	Alphanumeric
85	E_CODE_2	352	7	Alphanumeric
86	POA_E_CODE_2	359	1	Alphanumeric
87	E_CODE_3	360	7	Alphanumeric
88	POA_E_CODE_3	367	1	Alphanumeric
89	E_CODE_4	368	7	Alphanumeric
90	POA_E_CODE_4	375	1	Alphanumeric
91	E_CODE_5	376	7	Alphanumeric
92	POA_E_CODE_5	383	1	Alphanumeric
93	E_CODE_6	384	7	Alphanumeric
94	POA_E_CODE_6	391	1	Alphanumeric
95	E_CODE_7	392	7	Alphanumeric
96	POA_E_CODE_7	399	1	Alphanumeric
97	E_CODE_8	400	7	Alphanumeric
98	POA_E_CODE_8	407	1	Alphanumeric
99	E_CODE_9	408	7	Alphanumeric
100	POA_E_CODE_9	415	1	Alphanumeric
101	E_CODE_10	416	7	Alphanumeric
102	POA_E_CODE_10	423	1	Alphanumeric
103	PRINC_SURG_PROC_CODE	424	7	Alphanumeric
104	PRINC_SURG_PROC_DAY	431	4	Alphanumeric
105	OTH_SURG_PROC_CODE_1	435	7	Alphanumeric
106	OTH_SURG_PROC_DAY_1	442	4	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
107	OTH_SURG_PROC_CODE_2	446	7	Alphanumeric
108	OTH_SURG_PROC_DAY_2	453	4	Alphanumeric
109	OTH_SURG_PROC_CODE_3	457	7	Alphanumeric
110	OTH_SURG_PROC_DAY_3	464	4	Alphanumeric
111	OTH_SURG_PROC_CODE_4	468	7	Alphanumeric
112	OTH_SURG_PROC_DAY_4	475	4	Alphanumeric
113	OTH_SURG_PROC_CODE_5	479	7	Alphanumeric
114	OTH_SURG_PROC_DAY_5	486	4	Alphanumeric
115	OTH_SURG_PROC_CODE_6	490	7	Alphanumeric
116	OTH_SURG_PROC_DAY_6	497	4	Alphanumeric
117	OTH_SURG_PROC_CODE_7	501	7	Alphanumeric
118	OTH_SURG_PROC_DAY_7	508	4	Alphanumeric
119	OTH_SURG_PROC_CODE_8	512	7	Alphanumeric
120	OTH_SURG_PROC_DAY_8	519	4	Alphanumeric
121	OTH_SURG_PROC_CODE_9	523	7	Alphanumeric
122	OTH_SURG_PROC_DAY_9	530	4	Alphanumeric
123	OTH_SURG_PROC_CODE_10	534	7	Alphanumeric
124	OTH_SURG_PROC_DAY_10	541	4	Alphanumeric
125	OTH_SURG_PROC_CODE_11	545	7	Alphanumeric
126	OTH_SURG_PROC_DAY_11	552	4	Alphanumeric
127	OTH_SURG_PROC_CODE_12	556	7	Alphanumeric
128	OTH_SURG_PROC_DAY_12	563	4	Alphanumeric
129	OTH_SURG_PROC_CODE_13	567	7	Alphanumeric
130	OTH_SURG_PROC_DAY_13	574	4	Alphanumeric
131	OTH_SURG_PROC_CODE_14	578	7	Alphanumeric
132	OTH_SURG_PROC_DAY_14	585	4	Alphanumeric
133	OTH_SURG_PROC_CODE_15	589	7	Alphanumeric
134	OTH_SURG_PROC_DAY_15	596	4	Alphanumeric
135	OTH_SURG_PROC_CODE_16	600	7	Alphanumeric
136	OTH_SURG_PROC_DAY_16	607	4	Alphanumeric
137	OTH_SURG_PROC_CODE_17	611	7	Alphanumeric
138	OTH_SURG_PROC_DAY_17	618	4	Alphanumeric
139	OTH_SURG_PROC_CODE_18	622	7	Alphanumeric
140	OTH_SURG_PROC_DAY_18	629	4	Alphanumeric
141	OTH_SURG_PROC_CODE_19	633	7	Alphanumeric
142	OTH_SURG_PROC_DAY_19	640	4	Alphanumeric
143	OTH_SURG_PROC_CODE_20	644	7	Alphanumeric
144	OTH_SURG_PROC_DAY_20	651	4	Alphanumeric
145	OTH_SURG_PROC_CODE_21	655	7	Alphanumeric
146	OTH_SURG_PROC_DAY_21	662	4	Alphanumeric

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	ATTENDING_PHYSICIAN_UNIF_ID	699	10	Alphanumeric
154	OPERATING_PHYSICIAN_UNIF_ID	709	10	Alphanumeric
155	ENCOUNTER_INDICATOR	719	2	Alphanumeric
156	PROVIDER_NAME	721	55	Alphanumeric
	Record_Length		775	

Inpatient Base Data #2 File

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF			
1	or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	PRIVATE_AMOUNT	13	12	Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC_AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric
37	OCCUR_DAY_3	387	4	Alphanumeric
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric
54	OCCUR_CODE_12	439	2	Alphanumeric
55	OCCUR_DAY_12	441	4	Alphanumeric
56	OCCUR_SPAN_CODE_1	445	2	Alphanumeric
57	OCCUR_SPAN_FROM_1	447	6	Alphanumeric
58	OCCUR_SPAN_THRU_1	453	6	Alphanumeric
59	OCCUR_SPAN_CODE_2	459	2	Alphanumeric
60	OCCUR_SPAN_FROM_2	461	6	Alphanumeric
61	OCCUR_SPAN_THRU_2	467	6	Alphanumeric
62	OCCUR_SPAN_CODE_3	473	2	Alphanumeric
63	OCCUR_SPAN_FROM_3	475	6	Alphanumeric

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric
77	VALUE_AMOUNT_1	519	9	Numeric
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
	Record_Length		648	

Inpatient Charges Data File

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	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
	Record_Length		80	

Inpatient Grouper Data File

Number	Field Name	Position	Length	Field Type
1	RECORD_ID	1	12	Alphanumeric
2	FROZEN_MS_DRG	13	3	Alphanumeric
3	FROZEN_MS_MDC	16	2	Alphanumeric
4	FROZEN_MS_GRP_VER	18	5	Alphanumeric
5	FROZEN_MS_GRP_ERROR_CODE	23	2	Alphanumeric
6	FROZEN_APR_DRG	25	3	Alphanumeric
7	FROZEN_RISK_MORTALITY	28	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	29	1	Alphanumeric
9	FROZEN_APR_MDC	30	2	Alphanumeric
10	FROZEN_APR_GRP_VER	32	5	Alphanumeric
11	FROZEN_APR_GRP_ERROR_CODE	37	2	Alphanumeric
12	MS_DRG	39	3	Alphanumeric
13	MS_MDC	42	2	Alphanumeric
14	MS_GRP_VER	44	5	Alphanumeric
15	MS_GRP_ERROR_CODE	49	2	Alphanumeric
16	APR_DRG	51	3	Alphanumeric
17	RISK_MORTALITY	54	1	Alphanumeric
18	ILLNESS_SEVERITY	55	1	Alphanumeric
19	APR_MDC	56	2	Alphanumeric
20	APR_GRP_VER	58	5	Alphanumeric
21	APR_GRP_ERROR_CODE	63	2	Alphanumeric
	Record_Length		64	

Outpatient Base Data File

Number	Field Name (OP Base Data File)	Position	Length	Field Type
1	SERVICE_QUARTER	1	6	Alphanumeric
2	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	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

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Number	Field Name (OP Base Data File)	Position	Length	Field Type
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
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

Number	Field Name (OP Base Data File)	Position	Length	Field Type
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
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

Number	Field Name (OP Base Data File)	Position	Length	Field Type
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
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
	Record_Length		883	

Outpatient Charges Data File

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	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
	Record_Length		80	

Outpatient Classification Data File

Number	Field Name (OP Classification File)	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	CCSR_PRINC_DIAG_CODE	13	4	Alphanumeric
3	CCSR_OTH_DIAG_CODE_1	17	4	Alphanumeric
4	CCSR_OTH_DIAG_CODE_2	21	4	Alphanumeric
5	CCSR_OTH_DIAG_CODE_3	25	4	Alphanumeric
6	CCSR_OTH_DIAG_CODE_4	29	4	Alphanumeric
7	CCSR_OTH_DIAG_CODE_5	33	4	Alphanumeric
8	CCSR_OTH_DIAG_CODE_6	37	4	Alphanumeric
9	CCSR_OTH_DIAG_CODE_7	41	4	Alphanumeric
10	CCSR_OTH_DIAG_CODE_8	45	4	Alphanumeric
11	CCSR_OTH_DIAG_CODE_9	49	4	Alphanumeric
12	CCSR_OTH_DIAG_CODE_10	53	4	Alphanumeric
13	CCSR_OTH_DIAG_CODE_11	57	4	Alphanumeric
14	CCSR_OTH_DIAG_CODE_12	61	4	Alphanumeric
15	CCSR_OTH_DIAG_CODE_13	65	4	Alphanumeric
16	CCSR_OTH_DIAG_CODE_14	69	4	Alphanumeric
17	CCSR_OTH_DIAG_CODE_15	73	4	Alphanumeric
18	CCSR_OTH_DIAG_CODE_16	77	4	Alphanumeric
19	CCSR_OTH_DIAG_CODE_17	81	4	Alphanumeric
20	CCSR_OTH_DIAG_CODE_18	85	4	Alphanumeric
21	CCSR_OTH_DIAG_CODE_19	89	4	Alphanumeric
22	CCSR_OTH_DIAG_CODE_20	93	4	Alphanumeric
23	CCSR_OTH_DIAG_CODE_21	97	4	Alphanumeric
24	CCSR_OTH_DIAG_CODE_22	101	4	Alphanumeric
25	CCSR_OTH_DIAG_CODE_23	105	4	Alphanumeric
26	CCSR_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

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Number	Field Name (OP Classification File)	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
	Record_Length		237	

Outpatient Grouper 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_SEQUENCE_NUMBER	13	3	Alphanumeric
3	FROZEN_EAPG_GRP_VER	16	12	Alphanumeric
4	FROZEN_APC_GRP_VER	28	12	Alphanumeric
5	FROZEN_FINAL_EAPG_CATEGORY_CODE	40	2	Alphanumeric
6	FROZEN_FINAL_EAPG_TYPE_CODE	42	2	Alphanumeric
7	FROZEN_FINAL_EAPG	44	5	Alphanumeric
8	FROZEN_APC_PROCEDURE_CODE	49	5	Alphanumeric
9	FROZEN_APC_PX_STATUS_IND_CODE	54	2	Alphanumeric
10	FROZEN_APC_WEIGHT	56	9	Alphanumeric
11	EAPG_GRP_VER	65	12	Alphanumeric
12	APC_GRP_VER	77	12	Alphanumeric
13	FINAL_EAPG_CATEGORY_CODE	89	2	Alphanumeric
14	FINAL_EAPG_TYPE_CODE	91	2	Alphanumeric
15	FINAL_EAPG	93	5	Alphanumeric
16	APC_PROCEDURE_CODE	98	5	Alphanumeric
17	APC_PX_STATUS_IND_CODE	103	2	Alphanumeric
18	APC_WEIGHT	105	9	Alphanumeric
	Record_Length		113	

Facility Type Data File

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	FACILITY_TYPE	7	4	Alphanumeric
3	FAC_TEACHING_IND	11	1	Alphanumeric
4	FAC_PSYCH_IND	12	1	Alphanumeric
5	FAC_REHAB_IND	13	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	14	1	Alphanumeric
7	FAC_SNF_IND	15	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	16	1	Alphanumeric
9	FAC_OTHER_LTC_IND	17	1	Alphanumeric
10	FAC_PEDS_IND	18	1	Alphanumeric
11	FAC_CARDIOVASCULAR_IND	19	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	20	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	21	1	Alphanumeric
14	FAC_FOOT_IND	22	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	23	1	Alphanumeric
16	FAC_GENERAL_IND	24	1	Alphanumeric
17	FAC_NEUROLOGICAL_IND	25	1	Alphanumeric
18	FAC_OB_GYN_IND	26	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	27	1	Alphanumeric
20	FAC_ORAL_IND	28	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	29	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	30	1	Alphanumeric
23	FAC_PAIN_MNGMT_IND	31	1	Alphanumeric
24	FAC_PLASTIC_IND	32	1	Alphanumeric
25	FAC_THORACIC_IND	33	1	Alphanumeric
26	FAC_UROLOGY_IND	34	1	Alphanumeric
27	FAC_OTHER_IND	35	1	Alphanumeric
28	FAC_EMERGENCY_DEPARTMENT_IND	36	1	Alphanumeric
29	FAC_ONCOLOGY_IND	37	1	Alphanumeric
30	PROVIDER_NAME	38	55	Alphanumeric
31	POA_PROVIDER_INDICATOR	93	1	Alphanumeric
32	CERT_STATUS_IP	94	1	Alphanumeric
33	CERT_STATUS_OP	95	1	Alphanumeric
	Record_Length		95	