

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2022

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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Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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 2021 ED PUDF is available in seven fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges, and Facility Type Data files. The sizes of the files are as follows:

First quarter, 841 facilities:

IP Base Data #1	411,804 records	156 variables	Fixed field format	305 MB	Tab-delimited	158 MB
IP Base Data #2	411,804 records	99 variables	Fixed field format	255 MB	Tab-delimited	109 MB
IP Charges	9,635,114 records	13 variables	Fixed field format	753 MB	Tab-delimited	462 MB
IP Grouper	411,804 records	21 variables	Fixed field format	26 MB	Tab-delimited	34 MB
OP Base Data	2,733,951 records	128 variables	Fixed field format	2,307 MB	Tab-delimited	1,083 MB
OP Classification Data	2,733,951 records	51 variables	Fixed field format	623 MB	Tab-delimited	281 MB
OP Charges	23,109,921 records	13 variables	Fixed field format	1,807 MB	Tab-delimited	1,187 MB
OP Grouper	23,109,921 records	18 variables	Fixed field format	2,535 MB	Tab-delimited	2,450 MB
Facility Type Data	841 records	33 variables	Fixed field format	85 KB	Tab-delimited	68 KB

Second quarter, 841 facilities:

-						
IP Base Data #1	410,848 records	156 variables	Fixed field format	304 MB	Tab-delimited	157 MB
IP Base Data #2	410,848 records	99 variables	Fixed field format	254 MB	Tab-delimited	108 MB
IP Charges	9,336,411 records	13 variables	Fixed field format	721 MB	Tab-delimited	438 MB
IP Grouper	410,848 records	21 variables	Fixed field format	25 MB	Tab-delimited	33 MB
OP Base Data	2,799,422 records	128 variables	Fixed field format	2,363 MB	Tab-delimited	1,120 MB
OP Classification Data	2,799,422 records	51 variables	Fixed field format	635 MB	Tab-delimited	288 MB
OP Charges	24,351,621 records	13 variables	Fixed field format	1,881 MB	Tab-delimited	1,227 MB
OP Grouper	24,351,621 records	18 variables	Fixed field format	2,647 MB	Tab-delimited	2,540 MB
Facility Type Data	841 records	33 variables	Fixed field format	79 KB	Tab-delimited	68 KB

Third quarter, 845 facilities:

IP Base Data #1	427,409 records	156 variables	Fixed field format	317 MB	Tab-delimited	164 MB
IP Base Data #2	427,409 records	99 variables	Fixed field format	265 MB	Tab-delimited	112 MB
IP Charges	9,681,569 records	13 variables	Fixed field format	757 MB	Tab-delimited	464 MB
IP Grouper	427,409 records	21 variables	Fixed field format	27 MB	Tab-delimited	35 MB
OP Base Data	2,937,007 records	128 variables	Fixed field format	2,482 MB	Tab-delimited	1,176 MB
OP Classification Data	2,937,007 records	51 variables	Fixed field format	669 MB	Tab-delimited	304 MB
OP Charges	25,342,183 records	13 variables	Fixed field format	1,982 MB	Tab-delimited	1,302 MB
OP Grouper	25,342,183 records	18 variables	Fixed field format	2,779 MB	Tab-delimited	2,668 MB
Facility Type Data	845 records	33 variables	Fixed field format	80 KB	Tab-delimited	70 KB

Fourth quarter, 837 facilities:

IP Base Data #1	438,056 records	156 variables	Fixed field format	325 MB	Tab-delimited	167 MB
IP Base Data #2	438,056 records	99 variables	Fixed field format	272 MB	Tab-delimited	115 MB
IP Charges	10,070,805 records	13 variables	Fixed field format	788 MB	Tab-delimited	483 MB
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Fourth quarter, 837 facilities:

IP Grouper	438,056 records	21 variables	Fixed field format	28 MB	Tab-delimited	36 MB
OP Base Data	3,150,882 records	128 variables	Fixed field format	2,662 MB	Tab-delimited	1,255 MB
OP Classification Data	3,150,882 records	51 variables	Fixed field format	718 MB	Tab-delimited	321 MB
OP Charges	26,046,303 records	13 variables	Fixed field format	2,037 MB	Tab-delimited	1,339 MB
OP Grouper	26,046,303 records	18 variables	Fixed field format	2,857 MB	Tab-delimited	2,744 MB
Facility Type Data	837 records	33 variables	Fixed field format	79 KB	Tab-delimited	69 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 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

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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.
- 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

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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

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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

www.dshs.texas.gov/THCIC

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** Field 8: SPEC UNIT 3 **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 DSHS/THCIC Page DSHS Document #25-15013

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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:**

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',

Claim

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.

cheme:

aing 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:41Data Source:Assigned; based on patient ZIP codeLength:3Type:Alphanumeric

Field 15: PUBLIC_HEALTH_REGION

Description: Coding Scheme: 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
- Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
 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
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties

- 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
- 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, 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
- 8 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:

PAT_STATUS Field 16:

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

reported

Coding Scheme:

- 01 Discharged/Transferred to a designated disaster Discharged to home or self-care (routine 69 alternate care (effective 10-1-2013) discharge) 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 Discharged/transferred to institution outpatient Center or Children's Hospital vith a Planned dmission Term General Planned Acute on (effective d Nursing ication with a ient y that are with a ient nated Cancer a Planned
 - dmission
 - inder Care of rganization I Inpatient
 - Care Hospital 0-1-2013)
 - al Health Care Hospital 0-1-2013)
 - tal-based n a Planned dmission

	Center of Children's Hospital	12	Discharged, transferred to institution
06	Discharged to care of home health service	81	Discharged to Home or Self Care wi
07	Left against medical advice		Acute Care Hospital Inpatient Read (effective 10-1-2013)
80	Discharged to care of Home IV provider	82	Discharged/Transferred to a Short 7
09	Admitted as inpatient to this hospital		Hospital for Inpatient Care with a Pl Care Hospital Inpatient Readmission
20	Expired		10-1-2013)
21	Discharged/transferred to Court/Law Enforcement	83	Discharged/Transferred to a Skilled Facility (SNF) with Medicare Certific Planned Acute Care Hospital Inpatie
30	Still patient		Readmission (effective 10-1-2013)
40	Expired at home	84	Discharged/Transferred to a Facility
41	Expired in a medical facility		Provides Custodial or Supportive Ca Planned Acute Care Hospital Inpatie
42	Expired, place unknown		Readmission (effective 10-1-2013)
43	Discharged/transferred to federal health care facility	85	Discharged/transferred to a Designa Center or Children's Hospital with a Acute Care Hospital Inpatient Readi
50	Discharged to hospice-home		(effective 10-1-2013)
51	Discharged to hospice-medical facility	86	Discharged/Transferred to Home un
61	Discharged/transferred within this institution to Medicare-approved swing bed		Organized Home Health Service Organized Home Health Service Organized Hospital Readmission (effective 10-1-2013)
62	Discharged/transferred to inpatient rehabilitation facility	87	Discharged/Transferred to Court/La Enforcement with a Planned Acute (
63	Discharged/transferred to Medicare-certified long term care hospital	0.0	Inpatient Readmission (effective 10
64	Discharged/transferred to Medicaid-certified nursing facility	88	Discharged/Transferred to a Federa Facility with a Planned Acute Care H Inpatient Readmission (effective 10
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital	89	Discharged/Transferred to a Hospita Medicare Approved Swing Bed with
66	Discharged/transferred to Critical Access Hospital (CAH)		Acute Care Hospital Inpatient Readi (effective 10-1-2013)

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- 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 Réadmission (effective 10-1-2013)
- Discharged/Transferred to a Nursing Facility 92 Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 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)
- Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-
- 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: 46 Data Source: Claim Length: **Alphanumeric** Type:

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: Male

Female U Unknown Invalid

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

Length: Alphanumeric Type:

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: American Indian/Eskimo/Aleut

2 Asian or Pacific Islander

3 Black

4 White 5 Other Invalid

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

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: Hispanic Origin 1

2 Not of Hispanic Origin

Invalid

50 **Data Source: Beginning Position:** Claim

Length: Alphanumeric Type:

Field 20: ADMIT_WEEKDAY

Description: Code indicating day of week patient is admitted

Coding Scheme: Monday Friday 1 2 Tuesday 6 Saturday 3 Wednesday Sunday 7

4 Invalid Thursday **Beginning Position:** Data Source: 51 Assigned Length:

Field 21: LENGTH_OF_STAY

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Alphanumeric

Type:

Description:	Length of stay in days e			
	Admission/start of care of 9999 days.	date. The minim	um length of st	ay is 1 day. The maximum is
Beginning Position: Length:	52 4	Data Source: Type:	Calculated Alphanumeric	
Field 22:	PAT_AGE	турсі	7 (ipriariariterie	-
Description:	Code indicating age of p	ationt in days or	vears on date	of discharge
Coding Scheme:	00 1-28 days	10 35-39	years on date	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:	2 FIRST_PAYMENT_SRC	Type:	Alphanumeric	
Description:			urco of navmon	*
Coding Scheme:	Code indicating the expension of Self Pay (Removed from			Maintenance Organization
coding Scheme.	beginning 2Q2	•	Till Health	Traintenance organization
	10 Central Certification		LI Liabilit	
	11 Other Non-federal Progr			y Medical
	12 Preferred Provider Orga13 Point of Service (POS)	inization (PPO)		are Part A are Part B
	14 Exclusive Provider Orga	nization (EPO)	MC Medica	
	15 Indemnity Insurance		TV Title V	
	16 Health Maintenance Org Medicare Risk	ganization (HMO)	OF Other	Federal Program
	AM Automobile Medical		VA Vetera	n Administration Plan
	BL Blue Cross/Blue Shield			rs Compensation Health Claim
	CH CHAMPUS			y, Indigent or Unknown
	CI Commercial Insurance DS Disability Insurance		` Invalid	09 and ZZ, combined for 2004 & 2005
Beginning Position:	58	Data Source:	Claim	'
Length:	2	Type:	Alphanumeric	
Field 24:	SECONDARY_PAYMEN			
Description:	Code indicating the expe	ected secondary	source of paym	ient.
Coding Scheme:	Same as field FIRST_PAYM	ENT_SRC		
Beginning Position:	60	Data Source:	Claim	
Length:	2	Туре:	Alphanumeric	
Field 25:	TYPE_OF_BILL			
Description: Coding Scheme:	Indicates the specific type of <i>1st digit–Type of Facility</i>	or DIII. 2 nd digit–Typ	a of Caro	3 rd digit-Sequence of claim
County Scheme:	1 Hospital		, including Medicare	
	1 110001101	Part A		. To the payment, 2010 dam.
	2 Skilled nursing		, Medicare Part B	1 Admit through discharge
	3 Home health	only 3 Outpatie	n+	claim 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		iate Care-Level I	4 Interim-last claim
	health care–Extended care 6 Intermediate care		iate Care-Level II	5 Late charge(s) only claim
	7 Clinic		e inpatient – Level	6 Adjustment of prior claim
		III	•	(Not used by Medicare)
	8 Special facility	8 Swing be	d	7 Replacement of prior claim
Beginning Position:	62	Data Source:	Claim	8 Void/cancel of prior claim
Length:	3	Type:	Alphanumeric	
Field 26:	TOTAL_CHARGES	. , , , , .	parrarrarra	
Description:		charges, non-co	vered accommo	odation charges, ancillary
- -	charges, non-covered ar			
Beginning Position:	65	Data Source:	Claim	
Length:		T	Numorio	
Delle Tiloro	12	Туре:	Numeric	
DSHS/THCIC	12		Numeric	DSHS Document #25-15013

Field 27: TOTAL_NON_COV_CHARGES **Description:** Sum of non-covered accommodation charges, non-covered ancillary charges. Data Source: **Beginning Position:** 77 Claim Length: Numeric 12 Type: Field 28: TOTAL_CHARGES_ACCOMM **Description:** Sum of covered and non-covered accommodation charges. **Beginning Position: Data Source:** Claim Length: Numeric 12 Type: Field 29: TOTAL_NON_COV_CHARGES_ACCOMM **Description:** Sum of non-covered accommodations charges. **Beginning Position:** 101 **Data Source:** Claim Length: 12 Type: Numeric Field 30: TOTAL CHARGES ANCIL **Description:** Sum of covered and non-covered ancillary charges. **Beginning Position:** 113 **Data Source:** Claim Length: 12 Type: Numeric TOTAL NON COV CHARGES ANCIL Field 31: Description: Sum of non-covered ancillary charges. **Beginning Position: Data Source:** Claim Length: 12 Type: Numeric 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. **Beginning Position: Data Source:** Claim 137 Length: 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: 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 Nο U Unknown W Clinically Undetermined 1 Space (1st & 2nd Otr. 2012 only) Invalid **Beginning Position:** 151 **Data Source:** Length: Type: Alphanumeric 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: Data Source:** 152 Claim Length: Type: 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 Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: 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. **Beginning Position:** 160 **Data Source:** Claim Length: Alphanumeric Type: 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 **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE DSHS/THCIC DSHS Document #25-15013 Page

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Beginning Position: 167 **Data Source:** Claim Length: **Alphanumeric** Type: 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. **Data Source: Beginning Position:** 168 Claim Lenath: Alphanumeric 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 Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: 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 Alphanumeric Length: Type: Field 42: POA OTH DIAG CODE 4 **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: Data Source:** 183 Claim Lenath: Type: Alphanumeric 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:** 184 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 Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 191 Data Source: Claim Length: Type: **Alphanumeric** OTH_DIAG_CODE_6 Field 45: **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 46: POA_OTH_DIAG_CODE_6 **Description:** Code identifying whether Oth Diag Code 6 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position:** 199 **Data Source:** 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. **Beginning Position:** 200 **Data Source:** Claim Length: Alphanumeric Type: 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 Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position: Data Source:** 207 Claim Lenath: Alphanumeric Type:

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Data Source:

Decimal is implied following the third character.

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

Claim

OTH_DIAG_CODE_8

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Field 49:

Description:

Beginning Position:

Length:	7	Туре:	Alphanumeric	
Field 50:	POA OTH DIAG CODI	F 8		
Description:			e_8 code was present at the time the patier	
2 c5 c p c. c	was admitted to the hosp		2_0 code was present at the time the patier	
Coding Schomo	Same as Field POA_PRINC_I			
Coding Scheme:			Claim	
Beginning Position:	215	Data Source:	Claim	
Length:	1	Туре:	Alphanumeric	
Field 51:	OTH_DIAG_CODE_9			
Description:			4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied follow	ing the third cha	racter.	
Beginning Position:	216	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 52:	POA OTH DIAG CODI			
Description:			e_9 code was present at the time the patien	
Description.			e_9 code was present at the time the patien	
	was admitted to the hosp			
Coding Scheme:	Same as Field POA_PRINC_			
Beginning Position:	223	Data Source:	Claim	
Length:	1	Туре:	Alphanumeric	
Field 53:	OTH_DIAG_CODE_10			
Description:		de, including the	4th, 5th, 6th and 7th digits if applicable.	
• • •	Decimal is implied follow			
Designing Desition.	224	Data Source:	Claim	
Beginning Position:				
Length:	7	Туре:	Alphanumeric	
Field 54:	POA_OTH_DIAG_CODI			
Description:	Code identifying whether	· Oth_Diag_Code	e_10 code was present at the time the	
	patient was admitted to	the hospital		
Coding Scheme:	Same as Field POA_PRINC_			
Beginning Position:	231	Data Source:	Claim	
Length:	1	Type:	Alphanumeric	
Field 55:	OTH_DIAG_CODE_11	турс.	Alphanumene	
		da - Caralinalta a Elecc	All The China and The district Countries in	
Description:			4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied follow		aracter.	
Beginning Position:	232	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 56:	POA_OTH_DIAG_CODI	E 11	·	
Description:			e_11 code was present at the time the	
2 c5 c p c. c			2_11 code was present at the time the	
	patient was admitted to			
Coding Scheme:	Same as Field POA_PRINC_I			
Beginning Position:	239	Data Source:	Claim	
Length:	1	Туре:	Alphanumeric	
Field 57:	OTH_DIAG_CODE_12			
Description:	ICD-10-CM diagnosis cod	de, including the	4th, 5th, 6th and 7th digits if applicable.	
·	Decimal is implied follow	ing the third cha	practer.	
Beginning Position:	240	Data Source:	Claim	
			Alphanumeric	
Length:	7	Type:	мірнаниніенс	
Field 58:	POA_OTH_DIAG_CODI			
Description:			e_12 code was present at the time the	
	patient was admitted to	the hospital		
Coding Scheme:	Same as Field POA_PRINC_I	•		
Beginning Position:	247	Data Source:	Claim	
Length:	1	Type:	Alphanumeric	
Field 59:	OTH_DIAG_CODE_13	- , , ,		
		المائية المائية المائية المائية	All The Change Till diete 10 12 12	
Description:			4th, 5th, 6th and 7th digits if applicable.	
	Decimal is implied follow			
Beginning Position:	248	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 60:	POA_OTH_DIAG_CODI			
Description:	Code identifying whether Oth_Diag_Code_13 code was present at the time the			
z cacı iptioni.				
.	patient was admitted to			
Coding Scheme:	Same as Field POA_PRINC_	DIAG_CODE		
county Scheme.				
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Beginning Position: 255 **Data Source:** Claim Length: Alphanumeric Type: 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: **Beginning Position:** 256 Claim Lenath: 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 Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: 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 Alphanumeric Length: Type: 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 **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position: Data Source:** Claim 271 Lenath: Type: Alphanumeric 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 272 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 Same as Field POA_PRINC_DIAG CODE **Coding Scheme: Beginning Position:** 279 **Data Source:** Claim 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. Decimal is implied following the third character. **Beginning Position:** Data Source: Claim 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:** 287 **Data Source:** 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. **Beginning Position:** 288 **Data Source:** Claim Length: Alphanumeric Type: 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: Data Source: Beginning Position:** Claim 295 Lenath: Alphanumeric Type: Field 71: OTH_DIAG_CODE_19 Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.

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Data Source:

Claim

Decimal is implied following the third character.

Beginning Position:

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: Type: Alphanumeric 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 Alphanumeric Length: Type: 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:** 312 **Data Source:** Claim Alphanumeric Length: Type: 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 **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE 319 **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric 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: Data Source:** Claim Length: Type: Alphanumeric POA_OTH_DIAG_CODE_22 Field 78: **Description:** Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 327 **Data Source:** Claim Length: Alphanumeric 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:** 328 **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 Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 335 **Data Source:** Claim Length: Alphanumeric Type: 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. **Data Source: Beginning Position:** 336 Claim Length: 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 **Coding Scheme: Data Source:** Claim **Beginning Position:** 343 DSHS/THCIC DSHS Document #25-15013 Page

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Length: Alphanumeric Type: 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: Alphanumeric Type: 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 Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 351 **Data Source:** Claim Alphanumeric Length: Type: 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 Lenath: **Alphanumeric** Type: 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 Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 359 **Data Source:** Claim Length: Alphanumeric Type: 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:** Claim 360 **Data Source:** Length: Alphanumeric Type: 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 Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 367 **Data Source:** Claim Alphanumeric Length: Type: 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: 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: Alphanumeric Type: 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 Alphanumeric Length: Type: 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: Data Source:** 383 Claim Length: Type: Alphanumeric DSHS/THCIC **DSHS** Document #25-15013 Page

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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: 7 **Type:** Alphanumeric

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

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 391 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

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

Length: 7 **Type:** Alphanumeric

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

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 399 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

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.

Beginning Position: 400 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

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

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 407 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

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: 7 **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: 1 **Type:** Alphanumeric

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

Length: 7 **Type:** Alphanumeric

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: 423 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 103: PRINC_SURG_PROC_CODE

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Description: Code for the principal surgical or other B performed during the period covered by the

bill. ICD-10-PCS code.

Beginning Position: 424 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

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:431Data Source:CalculatedLength:4Type:Alphanumeric

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: 435 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

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:442Data Source:CalculatedLength:4Type:Alphanumeric

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: 7 **Type:** Alphanumeric

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:453Data Source:CalculatedLength:4Type:Alphanumeric

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: 7 Type: Alphanumeric

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:464Data Source:CalculatedLength:4Type:Alphanumeric

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

Length: 7 **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: 475 Data Source: Calculated Length: 475 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.

Beginning Position: 479 **Data Source:** Claim

Length: 7 **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:486Data Source:CalculatedLength:4Type:Alphanumeric

Field 115: OTH SURG PROC CODE 6

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during the period covered by the bill. ICD-10-PCS code.
490 **Data Source:** Claim

Beginning Position:490Data Source:ClaimLength:7Type: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:523Data Source:ClaimLength:7Type: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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during the period covered by the bill. ICD-10-PCS code.

Beginning Position: 556 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

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.

Beginning Position:563Data Source:CalculatedLength:4Type:Alphanumeric

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.

Beginning Position: 567 **Data Source:** Claim

Length: 7 **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:574Data Source:CalculatedLength:4Type:Alphanumeric

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.

Beginning Position: 578 **Data Source:** Claim

Length: 7 **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.

Beginning Position:585Data Source:CalculatedLength:4Type: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

Length: 7 **Type:** Alphanumeric

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:596Data Source:CalculatedLength:4Type:Alphanumeric

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

Length: 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:607Data Source:CalculatedLength:4Type:Alphanumeric

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: 611 **Data Source:** Claim

Length: 7 **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.

Beginning Position:618Data Source:CalculatedLength:4Type:Alphanumeric

Field 139: OTH SURG PROC CODE 18

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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: 655 Data Source: Claim

Length: 7 Type: 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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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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Beginning Position:

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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 Type: Length: 12 Numeric 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 Policy 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 **Page** DSHS Document #25-15013

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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. Calculated **Beginning Position:** 417 **Data Source:** 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 DSHS/THCIC DSHS Document #25-15013 Page

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73	Self-care training		unavailable	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
71 72	Full care in unit Self-care in unit	AL	Specialized treatment/bed		Code -Inaccurate Data Entry
	management drug	AK	payment Air ambulance required	R2	Computational Mistake Request for reopening Reason
69 70	IME/DGME/N&AH Payment Only Self-administered anemia	AJ	Payer responsible for co-	R1	Request for reopening Reason Code - Mathematical or
60	time reserve (LTR) days	ΑI	Sterilization		Emergency Room
68	time reserve (LTR) days Beneficiary elects to use life	АН	social or economic reasons Elective abortion	P7	Direct Inpatient Admission from
67	Beneficiary elects not to use life	AG	of mother Abortion performed due to	P1	Comorbid Category Do not Resuscitate Order (DNI
66	Provider does not wish cost outlier payment	AF	Abortion performed due to emotional/psychological health	Н5	Comorbid Category Recurrence of Pericarditis
61	Cost outlier	^ -	is not life endangering	H4	Reoccurrence of Pneumonia
60	Day outlier	AE	Abortion performed due to physical health of mother that	Н3	Reoccurrence of GI Bleed Comorbid Category
59	organization enrollee Non-primary ESRD facility		endangering physical condition	H2	Discharge by a Hospice Provider for Cause
57 58	SNF readmission Terminated Medicare+Choice	AD	serious fatal genetic defect, deformity, or abnormality Abortion performed due to life	H0	Delayed Filing, Statement of Intent Submitted
56	Medical appropriateness	AC	Abortion performed due to	G0	Distinct Medical Visit
55	SNF bed not available	AB	Abortion performed due to incest	E0	Changes in Patient Status
	Health Agency	AA	Abortion performed due to rape	DR	Disaster related
	Billing Period. Policy Exception Documented at the Home	A9	Second opinion surgery	D9	Any Other Change
54	clinical trial or a free sample No Skilled Home Health Visits in	A6	Vaccines/Medicare 100% payment	D8	Change to Make Medicare the Primary Payer
53	Initial placement of a medical device provided as part of a	A5	Disability	D7	Change to Make Medicare the Secondary Payer
52 52	Out of Hospice Service Area	A4	Family planning	D 7	Duplicate or OIG Overpaymer
	Services	А3	Special Federal Funding	D6	Cancel Only to Repay a
51	Attestation of Unrelated Outpatient Nondiagnostic	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID or Provider ID
50	Product Replacement for Known Recall of a Product	A1	EPSDT/CHAP	<i>υ</i> 4	for diagnosis and/or procedur codes.
49	Product replacement within product lifecycle	Α0	TRICARE external partnership program	D3	PPS Bill Change in clinical codes (ICD)
	treatment centers for children and adolescents (RTCs)		Treatment with Medical Justification	D1 D3	Changes to Charges Second or Subsequent Interin
48	Psychiatric residential	86	Additional Hemodialysis	D0	Changes to Service Dates
47	Transfer from another Home Health Agency	85	Delayed Recertification of Hospice Terminal Illness	C7	Extended Authorization
	file	84	Dialysis for Acute Kidney Injury (AKI)	C6	Admission Preauthorization
46	Non-availability statement on	0.4	or greater	C5	Postpayment review applicabl
45	outpatient Ambiguous Gender Category	83	C-section/Inductions 39 weeks	C4	Admission/services denied
44	Inpatient admission changed to	82	C-section/Inductions <39 weeks-Elective	C3	Partial approval
.5	within prescribed postdischarge window	81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review
43	inpatient admission Continuing care not provided	80	Home dialysis - nursing facility	C1	Approved as billed
42	Continuing care not related to	79	CORF services provided offsite	ВР	Gulf Oil Spill of 2010
41	Partial hospitalization	78	New coverage not implemented by HMO	B4	Admission unrelated to discharge on same day
40	necessary Same day transfer		payer as payment	B1	Beneficiary is ineligible for demonstration program
39	available Private room medically		obligated/required due to a contractual arrangement or law to accept payment by a primary	B0	Medicare coordinated care demonstration claim
38	Semi-private room not	77	Provider accepts or is		required
37	Ward accommodation at patient request	76	Back-up in facility dialysis	AN	Pre-admission screening not
37		75	Home - 100% reimbursement		required

R4 R5	Code - Compu	eopening Reason uter Errors eopening Reason	R7	Request for reopening Code - Corrections of clerical errors		WO	United Mine Workers of America (UMWA) Demonstration Indicator
K3		ectly Identified	R8	R8 Request for reopening Reason Code - New and Material			Duplicate of Original Bill
R6		eopening Reason		Evidence		W3	Level I Appeal
	Code - Other	Clerical Errors or	R9	Request for reopenin		W4	Level II Appeal
	Specified in R	and Omissions not 1-R5 above		Code - Faulty Eviden	ce	W5	Level III Appeal
Beginnir	ng Position:	501		Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 69		CONDITION_					
Descript				dition relating to t	the claim.		
Coding S	scheme: ng Position:	Same as Field CO 503	DNDITIC	DN_CODE_1. Data Source:	Claim		
Length:	ig Position.	2		Type:	Alphanum	eric	
Field 70	:	CONDITION_	CODE_				
Descript				dition relating to t	he claim.		
Coding S		Same as Field 68	3.		OL :		
Beginnir Length:	ng Position:	505 2		Data Source:	Claim Alphanum	oric	
Field 71	•	CONDITION_	CODE	Type:	Aiphanum	enc	
Descript	ion:	_	_	_ · idition relating to t	he claim.		
Coding S		Same as Field CO	ONDITIO	N_CODE_1.			
	ng Position:	507		Data Source:	Claim		
Length: Field 72) .	2 CONDITION_	CODE	Type:	Alphanum	eric	
Descrip				_ _ dition relating to t	he claim		
Coding S		Same as Field CO			ine ciaiiii		
	ng Position:	509		Data Source:	Claim		
Length:	_	2	CODE	Type:	Alphanum	eric	
Field 73: Descript	=	CONDITION_	_	_6 Idition relating to t	ho claim		
Coding S		Same as Field CO			ne ciaiii.		
	ng Position:	511	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 74	=	CONDITION_			de e electro		
Descript Coding S		Same as Field CO		dition relating to t	ne ciaim.		
	ng Position:	513	JNDITIC	Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 75		CONDITION_					
Descript Coding S		Same as Field CO		dition relating to t	the claim.		
	ng Position:	515	JNDITIC	Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 76		VALUE_CODE					
Descript Coding S		Code describing	g infori	mation that may a	ffect payer	proces	ssing.
01		semi-private rate	09	Coinsurance amount calendar year	in the first	15	Worker's compensation
02	Hospital has r	no semi-private	10	Lifetime reserve amo second calendar year		16	Public health service (PHS) or other federal agency
04 Inpatient professional			11	Coinsurance amount		21	Catastrophic
	component ch combined bille	narges which are ed		second calendar year		22	Curplus
05	Professional c	omponent	12	Working aged beneficiary/spouse w	ith	22	Surplus
	included in ch billed separate	arges and also elv to carrier		employer group healt		23	Recurring monthly income
06	Blood deducti	•	13	ESRD beneficiary in a		24	Medicaid Rate Code
00	Dioou deducti			coordination period w employer group healt		25	Official to the matical
08	Life time rese first calendar	rve amount in the year	14	No fault, including au	•	25	Offset to the patient - payment amount - prescription drugs
Dave.		•		T-			Dalia D
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-11-	a Position: 517		Data Source: Claim		
52	Speech Therapy visits	A9	Patient height	Y5	Part B Deductible
51	Occupational Therapy visits	A8	Patient weight	Y4	Conventional Provider Payment
50	Physical Therapy visits	Α7	Co-payment payer A	Y3	Part B Coinsurance
49	Hematocrit reading		drugs - diagnostic study and other	Y2	Part B Demonstration Payment
48	Hemoglobin reading	A6	patient Covered self-administrable	Y1	Part A Demonstration Payment
47	Any liability insurance	. 13	drugs - administrable in form and situation furnished to	G8	Device Facility where Inpatient Hospice Service is Delivered
46	Number of grace days	A5	drugs - emergency Covered self-administrable	FD	Credit Received from the Manufacturer for a Medical
45	Accident hour	A4	Covered self-administrable		
	charges but higher than payment received	А3	Estimated responsibility payer A	D5 FC	Last Kt/V Reading Patient Paid Amount
	accept from primary payer when this amount is less than	A2	Coinsurance payer A	DE	by NLM/NIH
44	65 with LGHP Amount provider agreed to	A1	Deductible payer A	D4	Clinical Trial Number Assigned
43	Disabled beneficiary under age	Α0	Special zip code reporting	D3	Patient estimated responsibility
42	VA	84	Shorter Duration Hemodialysis	СВ	Other assessments or allowances (e.g., medical education) - payer C
41	Black lung	83	Lifetime Reserve Days		payer C
40	New coverage not implemented by HMO	82	Co-insurance Days	CA	Regulatory surcharges, assessments, allowances or health care related taxes -
39	Units of blood replaced	81	Non-covered Days	C7	Co-payment payer C
38	Blood deductible units	80	Covered Days		С
37	Units of blood furnished	69	State charity care percentage	C3	Estimated responsibility payer
- -	amount - health insurance premiums	68	EPO-drug	C2	Coinsurance payer C
35	services Offset to the patient - payment	67	Peritoneal dialysis	C1	education) - payer B Deductible payer C
34	Offset to the patient - payment amount - other medical	66	Medicaid spend down amount	ВВ	Other assessments or allowances (e.g., medical
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
32	Multiple patient ambulance	60	HHA branch MSA	ВА	Regulatory surcharges,
31	Patient Liability Amount	59	Oxygen saturation	В7	B Co-payment payer B
30	Preadmission testing	58	Arterial blood gas	В3	Estimated responsibility payer
29	Offset to the patient - payment amount - chiropractic services	57	Home health aide - home visit hours	B2	Coinsurance payer B
28	Offset to the patient - payment amount - dental services	56	Skilled nurse - home visit hours	В1	education) - payer A Deductible payer B
27	Offset to the patient - payment amount - vision and eye services	55	Eligibility threshold for charity care	АВ	Other assessments or allowances (e.g., medical
27	services	54	Newborn birth weight in grams		health care related taxes - payer A
26	Offset to the patient - payment amount - hearing and ear	53	Cardiac rehab visits	AA	Regulatory surcharges, assessments, allowances or

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:

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 - 3/4 beds - rooms -	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 - medical/surgical/GYN	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	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 0185	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0165	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
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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∖ Ç∐Ç <i>™</i>	ТНСІС		Dogo		by Member to RHC/FQHC DSHS Document #25, 1501
0389	Blood - other	0442	Speech-language pathology - hourly charge	0520 0521	Freestanding Clinic - general Freestanding Clinic - Clinic Visi
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
)383	Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0381 0382	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
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	Ambulatory surgical care - other
370	Anesthesia - general	0422	Physical therapy - hourly	0490	Ambulatory surgical care -
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
1302	organ transplant other than kidney	0419	hyperbaric oxygen therapy Respiratory services - other	0482	Cardiology - stress test
)361)362	Operating room services - minor surgery Operating room services -	0413	inhalation Respiratory services -	0480 0481	Cardiology - general Cardiology - cardiac cath lab
360	Operating room services - general	0410 0412	Respiratory services - general Respiratory services -	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		screening mammography	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
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
1339	chemotherapy administration - other	0331	administration, storage and processing - administration	0449	Speech-language pathology other
0339	chemotherapy - IV Radiology - therapeutic and/or	0391	processing - general Blood and blood component	0444	Speech-language pathology evaluation or reevaluation
	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0390	Blood and blood component administration, storage and processing - general	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	0569	Medical social services - other	0633	services
practice 0524 Freestanding Clinic - Visit by	0570	Home health aide - general	0623	Medical/surgical supplies - surgical dressings
RHC/FQHC Practitioner to a Member in a Covered Part A	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FDA investigational devices
Stay at SNF 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	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
Part A Stay) or NF or ICF MR or Other Residential Facility	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0526 Freestanding Clinic - urgent care	0581	Other visits (home health) -	0624	prescription
	0582	visit charge Other visits (home health) - hourly charge	0634	Drugs requiring specific 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
Member's Home when in a Home Health Shortage Area	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0528 Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other	0590	Units of service (home health) - general	0627	detailed coding
non RHC/FQHC Site (e.g. Scene of Accident) 0529 Freestanding Clinic - other	0600	Oxygen (home health) - general	0637	Drugs requiring specific identification - self- administrable
5525 Precisioning clinic Strict	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		training patient/caregiver, central line
0543 Ambulance service - heart mobile		Technology (MRT) - MRI - 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		home care
0552 Skilled nursing - hourly charge		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 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 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 home - home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739	EKG/ECG services - other	0824	Hemodialysis - outpatient or home - maintenance 100%
0663	nion Respite care - daily charge	0740 0750	EEG services - general Gastrointestinal services -	0825	Hemodialysis - outpatient or home - support services
0669	Respite care - other	0760	general Treatment or observation room	0826	Hemodialysis - outpatient or home - shorter duration
0670	Outpatient special residence - general	0761	services - general 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 - other	0769	Observation Room Treatment or observation room	0031	or home - composite or other rate
0681	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 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 education	0804	peritoneal dialysis (CAPD) Inpatient renal dialysis services	0844	home equipment CAPD - outpatient or home -
0695	Pre-hospice/Palliative Care Services – inpatient care		- continuous cycling peritoneal dialysis (CAPD)	0845	maintenance 100% CAPD - outpatient or home -
0696	Pre-hospice/Palliative Care	0809	Inpatient renal dialysis services - other	0849	support services CAPD - outpatient or home -
0699	Services – physician services Pre-hospice/Palliative Care Services - other	0810	Acquisition of body	0850	other CCPD - outpatient or home -
0700	Cast Room services - general	0811	components- general Acquisition of body components	0851	general CCPD - outpatient or home -
0710	Recovery Room services -	0812	- living donor Acquisition of body components	0852	composite or other rate CCPD - outpatient or home -
0720	general Labor/Delivery Room services -	0813	- cadaver donor Acquisition of body components	0853	home supplies CCPD - outpatient or home -
0721	general Labor/Delivery Room services -	0814	- unknown donor Acquisition of body components	0854	home equipment CCPD - outpatient or home -
0722	labor 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 CCPD - outpatient or home -
0724	circumcision Labor/Delivery Room services -	0819	Acquisition of body components	0860	other Magnetoencephalography
0729	birthing center Labor/Delivery Room services -	0820	- other donor Hemodialysis - outpatient or	0861	(MEG) - General Magnetoencephalography
	other		home - general		(MEG) - MEG
DOTTO -	TTT CT C		_		DOTTO D

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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
	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
030.	treatments/services - activity		drug rehabilitation	0988	Professional fees - consultation
0905	therapy Behavior health	0945	Other therapeutic services - alcohol rehabilitation	0000	Drofossional food private duty
0903	treatments/services - intensive	0946	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	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	dependency 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
	rehabilitation		athletic training	0995	Patient convenience items -
0912	Behavior health treatment/services - partial	0952	Other therapeutic services - kinesiotherapy	0996	nonpatient room rentals Patient convenience items - late
0913	hospitalization - less intensive Behavior health	0953	Other therapeutic services – chemical dependency (drug and		discharge charge
	treatment/services - partial hospitalization - intensive	0960	alcohol) Professional fees - general	0997	Patient convenience items - admission kits
0914	Behavior health treatment/services - individual	0961	Professional fees - psychiatric	0998	Patient convenience items - beauty shop/barber
0015	therapy		• •	0999	Patient convenience items - other
0915	Behavior health treatment/services - group therapy	0962	Professional fees - ophthalmology	1000	Behavior health
0916	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	1000	treatment - chemical dependency
0919	Behavior health	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0920	treatment/services - other Other diagnostic services -	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	general Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	peripheral vascular lab Other diagnostic services -	0975	Professional fees - operating room		accommodations - group home
0923	electromyogram Other diagnostic services - pap	0976	Professional fees - respiratory therapy	2100	Alternative therapy services - general
	smear		анстару		

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2101	Alternative thera acupuncture	py services -	2105	Alternative therapy servious 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	9 Alternative therapy services - other			Adult day care, social - daily
2104	Alternative thera reflexology	py services -	3101	Adult day care, medical a social - hourly	ind	3105	Adult foster care - daily
	3,			,		3109	Adult foster care - other
D!-	! D!!!	10		Data Carrier	CI=:		
Lengi	nning Position:	13 4		Data Source:	Claim Alphanu	ımorio	
Field		HCPCS_QUA	ITETI	Type:	Alphanic	interic	•
	ription:			e type/source of the d	Ascrintiv	ıΔ nıır	mher used in
2000.	. iptioni	HCPCS_PROC	FDUR	PE CODE	CSCHPUV	Cilui	inder daed in
Beair	nning Position:	17 17	LDOI	Data Source:	Claim		
Lengt	•	2		Type:	Alphanu	ımeric	
Field		HCPCS_PRO	CEDL				
Desci	ription:				(HCPCS	S) cod	le applicable to ancillary
		services or ac			`	,	,
Codir	ng Scheme:	See http://www	w.cms.	hhs.gov/HCPCSReleaseC	odeSets/.	ANHC	PCS/list.asp for complete list.
Begir	nning Position:	19		Data Source:	Claim		
Lengt		5		Туре:	Alphanu	ımeric	
Field	5:	MODIFIER_	1				
	ription:	Identifies spe	cial ci	ircumstances related to	o the pe	rform	ance of the service
Codir	ng Scheme:						
22	Increased procedure	al services	59	Distinct Procedural Service		91	Repeat Clinical Diagnostic
23	Unusual Anesthesia		62	Two Surgeons		92	Laboratory Test Alternative Laboratory Platform
24			63	Procedure Performed on Infants			Testing
	Management Service Physician or Other (less than 4kg		95	Synchronous Telemedicine Service
	Care Professional de	-	66	Surgical Team			Rendered Via a Real-Time Interactive Audio and Video
	Postoperative Period		73	Discontinued Outpatient			Telecommunications System
25	<i>,</i> , ,			Hospital/Ambulatory Surger Center (ASC) Procedure price		99	Multiple Modifiers
	Evaluation and Man Service by the Sam			the Administration of Anesth		1P	Performance Measure Exclusion
	Other Qualified Hea	lth Care Same Day of	74	Discontinued Outpatient			Modifier due to Medical Reasons
	Professional on the the Procedure or Ot			Hospital/Ambulatory Surger Center (ASC) Procedure after		2P	Performance Measure Exclusion
26	Professional Compo			Administration of Anesthesia			Modifier due to Patient Reasons
27	Multiple Outpatient		76	Repeat Procedure by Same		3P	Performance Measure Exclusion Modifier due to System Reasons
21	Encounters on the S	' '		Physician or Other Qualified Care Professional	Health	8P	Performance Measure Reporting
32	Mandated Services		77	Repeat Procedure by Anothe	ar.		Modifier- Action not performed,
33	Preventive Service		,,	Physician or Other Qualified		P1	reason not otherwise specified A normal healthy patient
47	Anesthesia by Surg	eon	78	Care Professional Unplanned Return to the		P2	A patient with mild systemic
50	Bilateral Procedure		70	Operating/Procedure Room	•	FZ	disease
51	Multiple Procedures			Same Physician or Other Qu Health Care Professional Fol		Р3	A patient with severe systemic disease
52	Reduced Services			Initial Procedure for a Relate Procedure During the	ed	P4	A patient with severe systemic
53	Discontinued Proces	dure		Postoperative Period			disease that is a constant threat to life
54	Surgical Care Only		79	Unrelated Procedure or Servithe Same Physician or Other		P5	A moribund patient who is not
55	Postoperative Mana	gement Only		Qualified Health Care Profes	sional		expected to survive without the
56	Preoperative Manag	ement Only	80	During the Postoperative Pe Assistant Surgeon	riod	P6	operation A declared brain-dead patient
57	Decision for Surger	/		_		-	whose organs are being removed
58	Staged or Related P	rocedure or	81	Minimum Assistant Surgeon			for donor purposes
	Service by the Sam		82	Repeat procedure by same		E1	Upper left eyelid
	Other Qualified Hea Professional During		90	physician Reference (Outside) Laborat	orv	E2	Lower left eyelid
	Postoperative Period		50	were rence (Outside) Laborat	.O1 y	E3	Upper right eyelid

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Left hand, second digit Left hand, flurt digit Left side of the body procedure To Right foot, second digit Left side of the body procedure To Right foot, second digit Left side of the body procedure To Right foot, second digit Left side of the body procedure To Right foot, second digit Left side of the body procedure To Right foot, second digit Left side of the body procedure To Right foot, second digit Left side of the body procedure To Right foot, fourth digit Services To Right foot, fourth digit Services To Right foot, fourth digit To Right hand, flurth digit									
Left hand, second digit Left hand, second digit Left hand, firth digit Left hand, second digit Left hand, firth digit Left hand,	E4	Lower right eyelid		GH				T1	Left foot, second digit
F3 Left hand, fourth digit Left hand, fifth digit Left hand, humb Left main coronary artery T5 Right foot, great toe Right hand, second digit Left hand, second digit Right hand, fourth digit Right hand, fourth digit Right hand, fourth digit Right hand, fifth digit Right hand, fif	F1	Left hand, second di	git					T2	Left foot, third digit
Left hand, fifth digit	F2	Left hand, third digit	:	LC	Left circu	umflex coronary arte	ery	T3	Left foot, fourth digit
Left hand, fluth girth Left side of the body procedure To Right foot, second digit	F3	Left hand, fourth dig	it	LD	Left anterior descending coronary			T4	Left foot, fifth digit
Fig. Right hand, second digit CT Left side of the body procedure To Right foot, third digit Right hand, second digit Processing Right hand, second digit Processing Right hand, stand digit Processing Processing Right hand, stand digit Right hand, st	F4	Left hand, fifth digit		LM	•	n		T5	Right foot, great toe
Right hand, second digit Ambulance service provided under arrangement by a provider of service. T8 Right host, third digit Services T8 Right host, firth digit T8 Right host, furth digit T8 Right host digit T8 Right host, furth digit T8 Right host, furth digit T8 Right host,	F5	Right hand, thumb						T6	Right foot, second digit
Figure 1	F6	Right hand, second	digit			, .		T7	Right foot, third digit
Fig. Right hand, fifth digit QN Ambulance service furnished directly by a provider of services TA Left toot, great toe	F7	Right hand, third dig	jit					T8	Right foot, fourth digit
Right hand, inthin dight	F8	Right hand, fourth d	igit					Т9	Right foot, fifth digit
FA Left hand, thumb RC Right coronary artery XE Separate Encounter Separate Processing mammography and diagnostic m	F9	Right hand, fifth digi	t	QN				TA	Left foot, great toe
Screening mammorgraphy and diagnostic mammorgraphy on same patient, same day. RT Right side of the body procedure Same patient, same day. RT Right side of the body procedure RT Right side of the service RT Right side of the body procedure RT Right side of the service RT Right side of the body procedure RIght side of the service RIght side of the	FA	Left hand, thumb		RC	•			XE	Separate Encounter
diagnostic mammography on same patient, same day. RT Right side of the body procedure RXU Unusual Non-Overlapping Service Beginning Position: 24	GG			RI	Ramus ii	ntermedius coronary		XS	Separate Structure
Beginning Position: Length: 2					•			XP	Separate Practitioner
Type: Alphanumeric				RT	Right sid	le of the body proced	dure	XU	Unusual Non-Overlapping Service
Type: Alphanumeric									
Field 6: Description: Coding Scheme: Beginning Position: Length: Pield 8: Description: Coding Scheme: Beginning Position: Length: Description: Coding Scheme: Description: Description: Description: Length: Description: Data Source: Data Source: Data Source: Claim Numeric Claim Alphanumeric Claim Numeric Claim Numeric Claim Alphanumeric Claim Alphanumeric Claim									ric
Description:				2		туре.	Аірпа	Hullie	TIC
Data Source: Claim Clai			-	_	circums	tances related t	o the r	erfor	mance of the service
Beginning Position: Length: 2		•				starices related t	o the p	CITOI	mance of the service.
Type: Alphanumeric				1100	/II ILI_I	Data Source:	Claim		
Field 7: MODIFIER_3 Identifies special circumstances related to the performance of the service. Same as Field MODIFIER_1 Same as Field MODIFIER_4 Identifies special circumstances related to the performance of the service. Same as Field MODIFIER_1 S	_	_	2			Type:	Alpha	nume	ric
Coding Scheme: Same as Field MODIFIER_1 Data Source: Claim Length: 2 Type: Alphanumeric Field 8: MODIFIER_4 Type: Alphanumeric Coding Scheme: Same as Field MODIFIER_1 Type: Claim Beginning Position: 30 Data Source: Claim Length: 2 Type: Alphanumeric Field 9: UNIT_MEASUREMENT_CODE Code specifying the units in which a value is being expressed. Coding Scheme: DA Days F2 International unit unit unit unit unit unit unit unit	Field	7:	MODIFIER	_3					
Beginning Position: Length: 28 Data Source: Type: Alphanumeric	Desc	ription:	Identifies sp	ecial	circums	stances related t	o the p	erfor	mance of the service.
Length: 2 Type: Alphanumeric Field 8: MODIFIER_4				MOD	IFIER_1				
Field 8:									
Description:				4		туре:	Aipna	nume	ric
Coding Scheme: Same as Field MODIFIER_1 Data Source: Claim Length: 2 Type: Alphanumeric Field 9: UNIT_MEASUREMENT_CODE Description: Code specifying the units in which a value is being expressed. Coding Scheme: DA Days F2 International unit UN Unit Beginning Position: 32 Data Source: Claim Length: 2 Data Source: Claim Field 10: UNITS_OF_SERVICE Numeric Description: Numeric value of quantity Data Source: Claim Beginning Position: Rate per unit Post Source: Claim Beginning Position: Rate per unit Post Source: Claim Beginning Position: Length: Total amount of the charge: Assigned Beginning Position: Length: Total non-covered amount of the charge: Assigned Beginning Position: Total non-covered amount of the charge: Assigned Beginning Position: Total non-covered amount of the charge: Assigned		_	_		circums	stances related t	o the r	oerfor	mance of the service
Beginning Position: Length: 2 Type: Alphanumeric Claim Alphanumeric		•				starices related t	o the p	CITOI	mance of the service.
Field 9:						Data Source:	Claim		
Description: Code specifying the units in which a value is being expressed. Coding Scheme: DA Days F2 International unit UN Unit Beginning Position: 32 Data Source: Claim Length: 2 Type: Alphanumeric Field 10: UNITS_OF_SERVICE Description: Numeric value of quantity Beginning Position: 1 7 Type: Numeric Field 11: UNIT_RATE Description: Rate per unit Beginning Position: 41 Data Source: Claim Length: 12 Type: Numeric Field 12: CHRGS_LINE_ITEM Description: Source: Claim Length: 12 Type: Numeric Field 13: Data Source: Claim Type: Numeric Assigned Numeric Field 13: CHRGS_NON_COV Description: Total non-covered amount of the charge Beginning Position: Assigned							Alpha	nume	ric
Coding Scheme: DA Days F2 International unit UN Unit Beginning Position: Length: DA Days F2 International unit UN Unit Data Source: Claim Alphanumeric Description: Data Source: Data Source: Data Source: Assigned Numeric Description: Data Source: Assigned Numeric Description: Description: Description: Description: Description: Description: Description: Data Source: Assigned Numeric Assigned Assigned Assigned		_			_				
F2		•			he units	s in which a valu	e is be	ing e	xpressed.
Beginning Position: Length: Field 10: Description: Beginning Position: Length: Type: Numeric value of quantity Beginning Position: Length: Field 11: Description: Rate per unit Beginning Position: Length: Type: Description: Beginning Position: Length: Type: Claim Numeric Claim Assigned Numeric Claim Numeric Claim Numeric Assigned Numeric Field 12: Description: Beginning Position: Length: Field 13: CHRGS_NON_COV Description: Total non-covered amount of the charge Beginning Position: Field 13: Data Source: Assigned Numeric Assigned Numeric Assigned Numeric	Codir	ng Scheme:	,						
Beginning Position: Length:32Data Source: Type:Claim AlphanumericField 10: Description: Beginning Position: Length:Numeric value of quantityBeginning Position: Length:34Data Source: Type:Claim NumericField 11: Description: Beginning Position: Length:UNIT_RATEBeginning Position: Length:41Data Source: Type:Claim NumericField 12: Beginning Position: Beginning Position: Length:CHRGS_LINE_ITEM Total amount of the chargeNumericBeginning Position: Field 13: Description: Total non-covered amount of the chargeAssigned NumericField 13: Description: Beginning Position: Total non-covered amount of the charge Beginning Position:Assigned				natio	nai unit				
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Beginning Position: 34 Data Source: Claim Length: 7 Type: Numeric Field 11: UNIT_RATE Description: Rate per unit Beginning Position: 41 Data Source: Claim Length: 12 Type: Numeric Field 12: CHRGS_LINE_ITEM Description: Total amount of the charge Beginning Position: 53 Data Source: Assigned Length: 14 Type: Numeric Field 13: CHRGS_NON_COV Description: Total non-covered amount of the charge Beginning Position: 67 Data Source: Assigned									
Length:7Type:NumericField 11:UNIT_RATEDescription:Rate per unitBeginning Position:41Data Source:ClaimLength:12Type:NumericField 12:CHRGS_LINE_ITEMDescription:Total amount of the chargeAssignedBeginning Position:53Data Source:AssignedLength:14Type:NumericField 13:CHRGS_NON_COVDescription:Total non-covered amount of the chargeBeginning Position:67Data Source:Assigned		-		ue of	quantit	•			
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Description: Beginning Position: Length: 12 Type: Numeric Field 12: CHRGS_LINE_ITEM Description: Total amount of the charge Beginning Position: Length: 14 Type: Assigned Length: Total non-covered amount of the charge Beginning Position: CHRGS_NON_COV Total non-covered amount of the charge Beginning Position: Assigned Assigned Assigned				-		туре:	Nume	eric .	
Beginning Position: 41 Data Source: Claim Length: 12 Type: Numeric Field 12: CHRGS_LINE_ITEM Description: Total amount of the charge Beginning Position: 53 Data Source: Assigned Length: 14 Type: Numeric Field 13: CHRGS_NON_COV Description: Total non-covered amount of the charge Beginning Position: 67 Data Source: Assigned									
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Field 12: CHRGS_LINE_ITEM Total amount of the charge Beginning Position: 53 Data Source: Assigned Length: 14 Type: Numeric Field 13: CHRGS_NON_COV Description: Total non-covered amount of the charge Beginning Position: 67 Data Source: Assigned Assigned Assigned									
Description:Total amount of the chargeBeginning Position:53Data Source:AssignedLength:14Type:NumericField 13:CHRGS_NON_COVDescription:Total non-covered amount of the chargeBeginning Position:67Data Source:Assigned				NE I	TEM	, r -			
Beginning Position:53Data Source:AssignedLength:14Type:NumericField 13:CHRGS_NON_COVDescription:Total non-covered amount of the chargeBeginning Position:67Data Source:Assigned				_		ge			
Length:14Type:NumericField 13:CHRGS_NON_COVDescription:Total non-covered amount of the chargeBeginning Position:67Data Source:Assigned	Begir	nning Position:				-	Assign	ned	
Description: Total non-covered amount of the charge Beginning Position: 67 Data Source: Assigned	Leng	th:				Туре:	Nume	ric	
Beginning Position: 67 Data Source: Assigned									
		-		vere	d amour				
Lengtn: 14 Type: Numeric									
	Leng	tn:	14			ıype:	Nume	riC	

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INPATIENT GROUPER DATA FILE

Etald 1.	DECORD ID
Field 1:	RECORD_ID Decord Identification Number Unique number essioned to identify the record First qualible
Description:	Record Identification Number. Unique number assigned to identify the record. First available
Danimuina Danisian.	1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1 Data Source: Assigned 12 Type: Alphanumeric
Length:	VI I
Field 2:	FROZEN_MS_DRG
Description:	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as
D ' ' D ''	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:	Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 4:	FROZEN_MS_GROUPER_VERSION_NBR
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_GROUPER_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
	O1 Diagnosis code cannot be used as principal 20 DisableHac is invalid and at least one HAC POA is N or diagnosis U
	02 Disable Hac is invalid and at least one HAC POA is
	Record does not meet criteria for any DRG Record does not meet criteria for any DRG invalid or exempt
	O3 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt
	O4 Invalid Sex DisableHac is invalid and at least one HAC POA is exempt
	05 24 Disable Hac = 0 and there are multiple HACs that have
	Invalid Discharge Status
	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
2 colliption.	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
Description.	Group (DRG) from the 3M [™] APR-DRG Grouper. Indicates the likelihood of dying.
Coding Scheme:	1 Minor
coung seneme.	2 Moderate
	3 Major
n	4 Extreme
Beginning Position:	Data Source: Assigned
Length:	1 Type: Alphanumeric
Field 8:	FROZEN_ILLNESS_SEVERITY
Delle/Tilere	DOI: 0
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Description:			the All Patient Refined (APR) Diagnosis Related uper. Indicates the extent of physiologic
	decompensation.	I K DKG GIO	uper. Indicates the extent of physiologic
Coding Scheme:	1 Minor		
coung seneme.	2 Moderate		
	3 Major		
	4 Extreme		
Beginning Position:	0 No class specified Da	ta Source:	Assigned
Length:		pe:	Alphanumeric
Field 9:	FROZEN_APR_MDC	pc.	7 ii piidii diile ii
Description:	Major Diagnostic Category (MD	C) as assione	ed by 3M™ APR-DRG Grouper
Beginning Position:		ta Source:	Assigned
Length:	2 Ty		Alphanumeric
Field 10:	FROZEN_APR_GROUPER_V	_	•
Description:			Grouper version used to assign APR DRG codes,
Description			and, Severity of Illness rankings
Beginning Position:		ta Source:	Assigned
Length:		pe:	Alphanumeric
Field 11:	FROZEN_APR_GROUPER_I		
Description:	Error codes identify potential va		
Coding Scheme:	00 No errors. DRG successfully assign		Gestational age/birth weight conflict (APR only)
Couning Scheme.	01 Diagnosis code cannot be used as		DisableHac = 0 and at least one HAC POA is invalid or
	principal diagnosis		exempt
	02 Record does not meet criteria for DRG	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
	04 Invalid Sex	22	or exempt DisableHac = 0 and at least one HAC POA is exempt
	05 Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
	06 Invalid birthweight (AP & APR o	only) 24	DisableHac = 0 and there are multiple HACs that have
	09 Invalid discharge age in days (AP	· & 25	different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that
	0) invalid discharge age in days (Ai	& 23	•
	APR only) 11 Invalid Principal Diagnosis		have different HAC POA values that are not Y or W
Beginning Position:	11 Invalid Principal Diagnosis	ta Source:	Assigned
Beginning Position: Length:	11 Invalid Principal Diagnosis 37 Da 2 Ty	ta Source: pe:	
Length: Field 12:	11 Invalid Principal Diagnosis 37 Da 2 Ty MS_DRG	pe:	Assigned Alphanumeric
Length:	11 Invalid Principal Diagnosis 37 Da 2 Ty MS_DRG Centers for Medicare and Medic	pe:	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as
Length: Field 12: Description:	11 Invalid Principal Diagnosis 37 Da 2 Ty MS_DRG Centers for Medicare and Medic assigned for hospital payment for	pe: aid Services (or Medicare be	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries.
Length: Field 12: Description: Beginning Position:	11 Invalid Principal Diagnosis 37 Da 2 Ty MS_DRG Centers for Medicare and Medicassigned for hospital payment for 39 Da	pe: aid Services or Medicare botta Source:	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned
Length: Field 12: Description: Beginning Position: Length:	11 Invalid Principal Diagnosis 37 Da 2 Ty MS_DRG Centers for Medicare and Medic assigned for hospital payment fo 39 Da 3 Ty	pe: aid Services (or Medicare be	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries.
Length: Field 12: Description: Beginning Position: Length: Field 13:	11 Invalid Principal Diagnosis 37 Da 2 Ty MS_DRG Centers for Medicare and Medic assigned for hospital payment fo 39 Da 3 Ty MS_MDC	pe: aid Services (or Medicare bo ta Source: pe:	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric
Length: Field 12: Description: Beginning Position: Length:	11 Invalid Principal Diagnosis 37 Da 2 Ty MS_DRG Centers for Medicare and Medic assigned for hospital payment fo 39 Da 3 Ty MS_MDC Major Diagnostic Category (MD	pe: aid Services (or Medicare be ta Source: pe: OC) as assigne	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services
Length: Field 12: Description: Beginning Position: Length: Field 13:	11 Invalid Principal Diagnosis 37 Da 2 Ty MS_DRG Centers for Medicare and Medic assigned for hospital payment fo 39 Da 3 Ty MS_MDC Major Diagnostic Category (MD (CMS) (formerly Health Care Fi	pe: raid Services or Medicare beta Source: pe: OC) as assigned nancing Adm	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric
Length: Field 12: Description: Beginning Position: Length: Field 13: Description:	11 Invalid Principal Diagnosis 37 Da 2 Ty MS_DRG Centers for Medicare and Medic assigned for hospital payment for 39 Da 3 Ty MS_MDC Major Diagnostic Category (MD (CMS) (formerly Health Care Fi Medicare beneficiaries. First ava	pe: raid Services of Medicare botta Source: pe: OC) as assigned nancing Admitable 2004.	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for
Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position:	Invalid Principal Diagnosis 37	raid Services or Medicare botta Source: pe: OC) as assigned nancing Admilable 2004. ta Source:	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned
Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length:	Invalid Principal Diagnosis 37	pe: raid Services of Medicare botta Source: pe: OC) as assigned nancing Admilable 2004. ta Source: pe:	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ministration (HCFA)) for hospital payment for
Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length: Field 14:	Invalid Principal Diagnosis 37	raid Services or Medicare botta Source: pe: OC) as assigned nancing Admilable 2004. ta Source: pe: NBR	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned Alphanumeric
Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length:	Invalid Principal Diagnosis 37	raid Services of Medicare botta Source: pe: OC) as assigned nancing Adminished 2004. ta Source: pe: NBR sis Related G	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned Alphanumeric rouper (formerly CMS DRG Grouper and
Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length: Field 14: Description:	Invalid Principal Diagnosis 37	raid Services of Medicare botta Source: pe: OC) as assigned nancing Admilable 2004. ta Source: pe: NBR sis Related GEROUPER_V	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned Alphanumeric rouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG
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Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 14: Description:	Invalid Principal Diagnosis 37	pe: raid Services (or Medicare be ta Source: pe: OC) as assigned nancing Adm ailable 2004. ta Source: pe: NBR sis Related G ROUPER_V ta Source: pe:	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned Alphanumeric rouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG
Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15:	Invalid Principal Diagnosis 37	pe: raid Services of Medicare botta Source: pe: OC) as assigned nancing Admilable 2004. ta Source: pe: NBR sis Related GEROUPER_V. ta Source: pe: DDE	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned Alphanumeric rouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG Assigned Alphanumeric
Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15: Description:	Invalid Principal Diagnosis 37	raid Services of Medicare botta Source: pe: OC) as assigned nancing Admilable 2004. ta Source: pe: NBR sis Related Gerouper_V ta Source: pe: DDE riations with	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned Alphanumeric rouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment
Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15:	Invalid Principal Diagnosis 37	raid Services of Medicare botta Source: pe: OC) as assigned nancing Admilable 2004. ta Source: pe: NBR sis Related GEROUPER_V. ta Source: pe: DDE riations with	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned Alphanumeric rouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment
Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15: Description: Coding Scheme:	Invalid Principal Diagnosis 37	raid Services of Medicare botta Source: pe: OC) as assigned nancing Admilable 2004. ta Source: pe: NBR sis Related GEROUPER_V. ta Source: pe: DDE riations with gned.	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned Alphanumeric rouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment DisableHac = 0 and at least one HAC POA is invalid or exempt
Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length: Field 14: Description: Beginning Position: Length: Field 15: Description:	Invalid Principal Diagnosis 37	raid Services of Medicare botta Source: pe: OC) as assigned nancing Admilable 2004. ta Source: pe: NBR sis Related GROUPER_V ta Source: pe: DDE riations with gned.	Assigned Alphanumeric (CMS) Diagnosis Related Group (DRG), as eneficiaries. Assigned Alphanumeric ed by Centers for Medicare and Medicaid Services ninistration (HCFA)) for hospital payment for Assigned Alphanumeric rouper (formerly CMS DRG Grouper and ERSION_NBR) version used to assign MS DRG Assigned Alphanumeric MS DRG code assignment DisableHac = 0 and at least one HAC POA is invalid or

	01	Diagnosis code cannot be us	sed as principal	1 20	
	02	diagnosis		, 21	U DisableHac is invalid and at least one HAC POA is
	02	Record does not meet criteri	ia for any DRG	j 21	invalid or exempt
	03	Invalid Age		22	
	04	Invalid Sex		23	DisableHac is invalid and at least one HAC POA is exempt
	05	Invalid Discharge Status		24	•
	10	Illogical Principal Diagnosis	s (CMS only)	25	
	11	Invalid Principal Diagnosis			have different first 1 of values that are not 1 of v
Beginning Position:	49		Data Sour	rce:	Assigned
Length:	2		Type:		Alphanumeric
Field 16:		R_DRG			G (DDG) : 11 OM ADD DDG
Description:			Jiagnosis Re	elated	Group (DRG) as assigned by 3M APR-DRG
Beginning Position:	51	ouper	Data Sour	rce•	Assigned
Length:	3		Type:	icc.	Alphanumeric
Field 17:		SK_MORTALITY	турс.		Triphanameric
Description:			rtality score	from t	the All Patient Refined (APR) Diagnosis Related
F					uper. Indicates the likelihood of dying.
Coding Scheme:	1				
G	2				
	3 4	J			
Beginning Position:	54	Lattenie	Data Sour	rce:	Assigned
Length:	1		Type:		Alphanumeric
Field 18:		NESS_SEVERITY	-JF		
Description:			illness score	e from	the All Patient Refined (APR) Diagnosis Related
•		•			uper. Indicates the extent of physiologic
		ompensation.			
a 11 a 1	1				
Coding Scheme:	1				
Coding Scheme:	2	Moderate			
Coding Scheme:		Moderate Major			
	2 3 4 0	Moderate Major Extreme			
Beginning Position:	2 3 4 0 55	Moderate Major Extreme	Data Sour	rce:	Assigned
Beginning Position: Length:	2 3 4 0 55 1	Moderate Major Extreme No class specified	Data Sour	rce:	Assigned Alphanumeric
Beginning Position: Length: Field 19:	2 3 4 0 55 1 AP]	Moderate Major Extreme No class specified R_MDC	Type:		Alphanumeric
Beginning Position: Length: Field 19: Description:	2 3 4 0 55 1 AP I Maj	Moderate Major Extreme No class specified R_MDC	Type: (MDC) as a	ssigne	Alphanumeric d by 3M™ APR-DRG Grouper.
Beginning Position: Length: Field 19: Description: Beginning Position:	2 3 4 0 55 1 AP I Maj 56	Moderate Major Extreme No class specified R_MDC	Type: (MDC) as a Data Sour	ssigne	Alphanumeric d by 3M™ APR-DRG Grouper. Assigned
Beginning Position: Length: Field 19: Description: Beginning Position: Length:	2 3 4 0 55 1 AP Maj 56 2	Moderate Major Extreme No class specified R_MDC for Diagnostic Category	Type: (MDC) as a Data Sour Type:	ssigne	Alphanumeric d by 3M™ APR-DRG Grouper.
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20:	2 3 4 0 55 1 AP Maj 56 2 AP	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI	Type: (MDC) as a Data Sour Type: ON_NBR	ssigne	Alphanumeric d by 3M [™] APR-DRG Grouper. Assigned Alphanumeric
Beginning Position: Length: Field 19: Description: Beginning Position: Length:	2 3 4 0 55 1 AP Maj 56 2 AP	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI ITM All Patient Refined I	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Ro	ssignerce:	Alphanumeric d by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes,
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description:	2 3 4 0 55 1 API Maj 56 2 API 3M API	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI ITM All Patient Refined I	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Re Mortality ran	ssignerce:	Alphanumeric d by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position:	2 3 4 0 55 1 AP Maj 56 2 AP	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI ITM All Patient Refined I	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Ro Mortality ran Data Sour	ssignerce:	Alphanumeric d by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description:	2 3 4 0 55 1 AP I 56 2 AP I 3M API 58 5	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI TM All Patient Refined I R MDC codes, Risk of M	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Refortality ran Data Sour Type:	ssignerce:	Alphanumeric d by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	2 3 4 0 55 1 AP 56 2 AP 3M API 58 5 AP	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI [TM All Patient Refined I R MDC codes, Risk of M	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Refortality ran Data Sour Type: R_CODE	ssigne rce: elated ikings,	Alphanumeric d by 3M™ APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 3 4 0 55 1 AP I 56 2 AP I 3M API 58 5	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI [IM All Patient Refined II] R MDC codes, Risk of Market Mar	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Refortality ran Data Sour Type: R_CODE ial variations	ssigne rce: elated akings, rce:	Alphanumeric d by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	2 3 4 0 55 1 AP 56 2 AP 3M API 58 5 AP	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI [IM All Patient Refined In Major Codes, Risk of Major Codes identify potentian No errors. DRG successfully Diagnosis code cannot be used.	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Refortality ran Data Sour Type: R_CODE ial variations y assigned.	ssigne rce: elated ikings,	Alphanumeric d by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 3 4 0 55 1 AP] Maj 56 2 AP] 3M API 58 5 AP] Err 00	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI ITM All Patient Refined II R MDC codes, Risk of M R_GROUPER_ERROI For codes identify potenti No errors. DRG successfully	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Reformed for a Sour Type: R_CODE ial variations y assigned.	ssigne rce: elated akings, rce:	Alphanumeric d by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only)
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 3 4 0 55 1 API 56 2 API 3M API 58 5 API 00 01	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI TM All Patient Refined I R MDC codes, Risk of N R_GROUPER_ERROI For codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteri DRG	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Reformed for a Sour Type: R_CODE ial variations y assigned.	elated akings, rce: s with 12 19 20	Alphanumeric d by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) 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
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 3 4 0 55 1 Maj 56 2 API 3M API 58 5 API 00 01 02	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI TM All Patient Refined I R MDC codes, Risk of N R_GROUPER_ERROI For codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteri DRG Invalid Age	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Reformed for a Sour Type: R_CODE ial variations y assigned.	elated akings, rce: s with 12 19 20 21	Alphanumeric d by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 3 4 0 55 1 Maj 56 2 API 3M API 58 5 API 60 01 02 03 04	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI ITM All Patient Refined I R MDC codes, Risk of N R_GROUPER_ERROI For codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteri DRG Invalid Age Invalid Sex	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Reformed for a Sour Type: R_CODE ial variations y assigned.	elated akings, rce: s with 12 19 20 21	Alphanumeric d by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 3 4 0 55 1 Maj 56 2 API 3M API 58 5 API 00 01 02	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI ITM All Patient Refined I R MDC codes, Risk of N R_GROUPER_ERROI For codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteri DRG Invalid Age Invalid Sex Invalid Discharge Status	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Reformed Sour Type: R_CODE ial variations y assigned. sed as ia for any	elated akings, rce: s with 12 19 20 21	Alphanumeric d by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 3 4 0 55 1 Maj 56 2 API 3M API 58 5 API 00 01 02 03 04 05	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI ITM All Patient Refined I R MDC codes, Risk of N R_GROUPER_ERROI For codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteri DRG Invalid Age Invalid Sex	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Reformed Sour Type: R_CODE ial variations y assigned. sed as ia for any	elated akings, rce: s with 12 19 20 21 22 23	Alphanumeric d by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: Coding Scheme:	2 3 4 0 55 1 Maj 56 2 API 3M API 58 5 API 00 01 02 03 04 05	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI ITM All Patient Refined I R MDC codes, Risk of N R_GROUPER_ERROI For codes identify potenti No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteri DRG Invalid Age Invalid Sex Invalid Discharge Status	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Reformed for a Sour Type: R_CODE ial variations y assigned. sed as ia for any	elated akings, rce: s with 12 19 20 21 22 23	Alphanumeric d by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is nor U DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid 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
Beginning Position: Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	2 3 4 0 55 1 AP 56 2 AP 3M API 58 5 AP 00 01 02 03 04 05 06	Moderate Major Extreme No class specified R_MDC for Diagnostic Category R_GROUPER_VERSI [TM All Patient Refined If MDC codes, Risk of Market Major Codes identify potential of the principal diagnosis code cannot be used principal diagnosis Record does not meet criterion DRG Invalid Age Invalid Sex Invalid Discharge Status Invalid birthweight (AP & A	Type: (MDC) as a Data Sour Type: ON_NBR Diagnosis Reformed Sour Type: R_CODE ial variations y assigned. sed as ia for any	elated akings, rce: s with 12 19 20 21 22 23	Alphanumeric d by 3M TM APR-DRG Grouper. Assigned Alphanumeric Grouper version used to assign APR DRG codes, and Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have

	09	Invalid discharge age in days (AP & APR only)	5	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:	63	Data Source:	;	Assigned
Length:	2	Type:		Alphanumeric

Last Updated: Au

OUTPATIENT BASE DATA FILE

Field 1:	SERVICE_QUARTER			
Description:	Quarter during which s	ervice occurred. \	ear and quarter of se	ervice. <i>yyyy</i> Qn.
Beginning Position:	1	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 2:	RECORD_ID			
Description:	Record Identification N			
	Record_ID in the ED O	utpatient PUDF is i	not linkable to the Re	ecord_ID in the ED
	Inpatient PUDF or ED F	Research Data Files	s (RDFs).	
Beginning Position:	7	Data Source:	Assigned	
Length:	12	Туре:	Alphanumeric	
Field 3:	THCIC_ID			
Description:	Provider ID. Unique ide			
Suppression:	Facilities reporting few			
	'999999'. If a facility re		5 events for a partic	cular gender, including
	'unknown', Provider ID	is '999998'.		
Beginning Position:	19	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 4:	SPEC_UNIT_1			
Description:				d on number of days by
	Type of Bill or Revenue		number of days in t	
Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	I H	Intensive Care Unit Hospice Unit	R U	Rehabilitation Unit Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
	0	Oncology Unit		
Beginning Position:	25	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 5:	SPEC_UNIT_2			
Description:			ring stay occurred ba	sed on number of days
	by Type of Bill or Reve	nue Code.		
Coding Scheme:	Same as SPEC_UNIT_1	D. I. G.		
Beginning Position:	26	Data Source:	Calculated	
Length: Field 6:	SPEC_UNIT_3	Туре:	Alphanumeric	
Description:	Specialty Unit in which	3rd most days dur	ing ctay occurred had	sod on number of days
Description:	by Type of Bill or Reve		ing stay occurred bas	sed on number of days
Coding Scheme:	Same as SPEC_UNIT_1.	nue Coue.		
Beginning Position:	27	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 7:	SPEC_UNIT_4	7,5		
Description:		4th most days dur	ing stay occurred bas	sed on number of days
•	by Type of Bill or Reve		J	,
Coding Scheme:	Same as SPEC_UNIT_1.			
Beginning Position:	28	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 8:	SPEC_UNIT_5			
Description:	Specialty Unit in which	5th most days dur	ing stay occurred bas	sed on number of days
	by Type of Bill or Reve	nue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.			
Beginning Position:	29	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 9:	SEX_CODE		_	
Description:	Gender of the patient a			
Suppression:	Code is suppressed if an I			
	ICD-10-CM indicates alco			
	§290dd-2 and 42 CFR Par	τ z rules), the Gende	er of the patient is repo	rted as "U" (Unknown). If
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		20	24	- F

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:

www.dshs.texas.gov/THCIC

M Male F Female U Unknown ` Invalid

Beginning Position: 30 Data Source: Claim

Length:		1	T	уре:		Alphanumeric		
Field 10:		PAT_COUNTY						
Description	:	FIPS code of pat	ient's cour	ity.				
Coding sche	eme:	·		•				
001	Anderson	099	Coryell		197	Hardeman	295	Lipscomb
003	Andrews	101	Cottle		199	Hardin	297	Live Oak
005	Angelina	103	Crane		201	Harris	299	Llano
007	Aransas	105	Crockett		203	Harrison	301	Loving
009	Archer	107	Crosby		205	Hartley	303	Lubbock
011	Armstrong	109	Culberson		207	Haskell	305	Lynn
013	Atascosa	111	Dallam		209	Hays	307	McCulloch
015	Austin	113	Dallas		211	Hemphill	309	McLennan
017	Bailey	115	Dawson		213	Henderson	311	McMullen
019	Bandera	117	Deaf Smith		215	Hidalgo	313	Madison
021	Bastrop	119	Delta		217	Hill	315	Marion
023	Baylor	121	Denton		219	Hockley	317	Martin
025	Bee	123	Dewitt		221	Hood	319	Mason
027	Bell	125	Dickens		223	Hopkins	321	Matagorda
029	Bexar	127	Dimmit		225	Houston	323	Maverick
031	Blanco	129	Donley		227	Howard	325	Medina
033	Borden	131	Duval		229	Hudspeth	327	Menard
035	Bosque	133	Eastland		231	Hunt	329	Midland
037	Bowie	135	Ector		233	Hutchinson	331	Milam
039	Brazoria	137	Edwards		235	Irion	333	Mills
041	Brazos	139	Ellis		237	Jack	335	Mitchell
043	Brewster	141	El Paso		239	Jackson	337	Montague
045	Briscoe	143	Erath		241	Jasper	339	Montgomery
047	Brooks	145	Falls		243	Jeff Davis	341	Moore
049	Brown	147	Fannin		245	Jefferson	343	Morris
051	Burleson	149	Fayette		247	Jim Hogg	345	Motley
053	Burnet	151	Fisher		249	Jim Wells	347	Nacogdoches
055	Caldwell	153	Floyd		251	Johnson	349	Navarro
057	Calhoun	155	Foard		253	Jones	351	Newton
059	Callahan	157	Fort Bend		255	Karnes	353	Nolan
061	Cameron	159	Franklin		257	Kaufman	355	Nueces
063	Camp	161	Freestone		259	Kendall	357	Ochiltree
065	Carson	163	Frio		261	Kenedy	359	Oldham
067	Cass	165	Gaines		263	Kent	361	Orange
069	Castro	167	Galveston		265	Kerr	363	Palo Pinto
071	Chambers	169	Garza		267	Kimble	365	Panola
073	Cherokee	171	Gillespie		269	King	367	Parker
075	Childress	173	Glasscock		271	Kinney	369	Parmer
073	Clay	175	Goliad		271	Kleberg	371	Pecos
077	Cochran	173	Gonzales		275	Knox	373	Polk
081	Coke	179	Gray		283	La Salle	375 375	Potter
083	Coke	181	Grayson		203 277	Lamar	373 377	Presidio
085	Collin	183	Grayson		277	Lamb	379	Rains
087	Collingswor		Gregg		281	Lampasas	381	Randall
089	Colorado	187	Guadalupe		285	Lavaca	383	
089	Colorado	187	•		285 287		383	Reagan
091	Comanche	189	Hale Hall		287 289	Lee Leon	385	Real Red River
095	Concho	191	наш Hamilton		209	Liberty	389	Reeves
095	Cooke	195	Hansford		291	,	391	Refugio
		195	110115101U		293	Limestone		-
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393	Roberts	423	Smith	453	Travis	483	Wheeler
395	Robertson	425	Somervell	455	Trinity	485	Wichita
397	Rockwall	427	Starr	457	Tyler	487	Wilbarger
399	Runnels	429	Stephens	459	Upshur	489	Willacy
401	Rusk	431	Sterling	461	Upton	491	Williamson
403	Sabine	433	Stonewall	463	Uvalde	493	Wilson
405	San Augustine	435	Sutton	465	Val Verde	495	Winkler
407	San Jacinto	437	Swisher	467	Van Zandt	497	Wise
409	San Patricio	439	Tarrant	469	Victoria	499	Wood
411	San Saba	441	Taylor	471	Walker	501	Yoakum
413	Schleicher	443	Terrell	473	Waller	503	Young
415	Scurry	445	Terry	475	Ward	505	Zapata
417	Shackelford	447	Throckmorton	477	Washington	507	Zavala
419	Shelby	449	Titus	479	Webb		
421	Sherman	451	Tom Green	481	Wharton	•	Invalid

Beginning Position: **Data Source:** Assigned; based on patient ZIP code

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: AR Arkansas

> LA Louisiana NM New Mexico OK Oklahoma TX Texas

All other states and American Territories 77

FC Foreign country XX Foreign country

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

Length: Alphanumeric Type:

Field 12: PAT_ZIP

Description: Patient's five-digit ZIP code.

Last two digits are blank if a ZIP code has fewer than 30 patients. If state equals 'ZZ', ZIP code Suppression:

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:

Field 13: PAT_COUNTRY

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.

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

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, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties 3

4 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

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

Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties

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- 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
- 8 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
- 9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, 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
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

Beginning Position:	43	Data Source:	Assigned
Length:	2	Type:	Alphanumeric

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:	45	3	Data So	,	Calculated		,
Length:	2		Type:		Alphanumeric		
Field 16:	PAT	_AGE					
Description:	Code	e indicating age of	of patient in (days or	years on date of	servi	ce.
Coding Scheme:	00	1-28 days	. 10	35-39	•	20	85-89
	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	14	55-59		23	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+
	80	25-29	18	75-79		`	Invalid
	09	30-34	19	80-84			
Beginning Position:	47		Data So	urce:	Assigned		
Length:	2		Type:		Alphanumeric		
E' 114 E							

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: 1 American Indian/Eskimo/Aleut

- 2 Asian or Pacific Islander
- 3 Black4 White
- 5 Other
 - Invalid

Beginning Position:49Data Source:ClaimLength:1Type:Alphanumeric

Field 18: ETHNICITY

Description: Code indicating the Hispanic origin of the patient.

Suppression: If a facility 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 19: FIRST_PAYMENT_SRC

16

Description: Code indicating the expected primary source of payment.

Coding Scheme:

09 Self Pay (Removed from 5010 format, beginning 2Q2012 data)

10 Central Certification LI Liability Medical

11 Other Non-federal Programs LM Liability Medical

12 Preferred Provider Organization (PPO) MA Medicare Part A Point of Service (POS) Medicare Part B 13 MB Exclusive Provider Organization (EPO) 14 MC Medicaid 15 Indemnity Insurance TV Title V

Health Maintenance Organization (HMO) OF Other Federal Program

Medicare Risk

Automobile Medical VA Veteran Administration Plan AM BL Blue Cross/Blue Shield WC Workers Compensation Health Claim CH CHAMPUS ZZ Charity, Indigent or Unknown Commercial Insurance CI Invalid DS Disability Insurance **Beginning Position:** 51 **Data Source:** Claim Length: Alphanumeric Type: Field 20: SECONDARY PAYMENT SRC **Description:** Code indicating the expected secondary source of payment. Same as field 16, FIRST PAYMENT SRC **Coding Scheme: Beginning Position:** 53 **Data Source:** Claim Alphanumeric Length: Type: Field 21: TYPE_OF_BILL **Description:** Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim. 2nd digit-Type of Care **Coding Scheme:** 1st digit-Type of Facility 3rd digit-Sequence of claim Inpatient, including Medicare Non-payment/Zero claim 1 Hospital Part A 2 Skilled nursing Inpatient, Medicare Part B 1 Admit through discharge claim only 3 3 Home health Outpatient 2 Interim-first claim Outpatient Other, Medicare Religious non-medical 3 Interim-continuing claim health care-Hospital Part B only 5 5 Intermediate Care-Level I Religious non-medical 4 Interim-last claim health care-Extended care 6 Intermediate care 6 Intermediate Care-Level II 5 Late charge(s) only claim Clinic Sub-acute inpatient - Level Adjustment of prior claim 6 (Not used by Medicare) 8 Special facility 8 Swing bed Replacement of prior claim 8 Void/cancel of prior claim **Beginning Position:** 55 **Data Source:** Claim Length: Type: Alphanumeric **CONDITION CODE 1** Field 22: Code describing a condition relating to the claim. **Coding Scheme:** 01 Military service related 23 Home care giver available Semi-private room not 38 available 02 Condition is employment 24 Home IV patient also receiving Private room medically 39 related HHA services necessary Patient covered by insurance 25 Patient is non-US resident 0.3 40 Same day transfer not reflected here 26 VA eligible patient chooses to 04 Information only bill. 41 Partial hospitalization receive services in a Medicare certified facility Lien has been filed 05 42 Continuing care not related to Patient referred to a sole 27 inpatient admission 06 ESRD patient in first 18 months community hospital for a 43 Continuing care not provided of entitlement covered by EGHP diagnostic laboratory test within prescribed postdischarge Treatment of non-terminal 07 28 Patient and/or spouse's EGHP is window condition for hospice patient secondary to Medicare Inpatient admission changed to 44 Beneficiary would not provide 08 29 Disabled beneficiary and/or outpatient information concerning other family member's LGHP is 45 Ambiguous Gender Category insurance coverage secondary to Medicare 09 Neither patient or spouse is 46 Non-availability statement on Non-research services provided 30 employed to patients enrolled in a Patient and/or spouse is Transfer from another Home 10 qualified clinical trial 47 employed but no EGHP exists Health Agency 31 Patient is student (full time -Disabled beneficiary but no Psychiatric residential 11 day) 48 LGHP coverage exists treatment centers for children 32 Patient is student and adolescents (RTCs) 17 Patient is homeless (cooperative/work study 49 Product replacement within program) 18 Maiden name retained product lifecycle 33 Patient is student (full time -19 Child retains mother's name 50 Product Replacement for Known night) Recall of a Product 20 Beneficiary requested billing 34 Patient is student (part-time) 51 Attestation of Unrelated General care patient in a 21 Billing for denial notice 36 **Outpatient Nondiagnostic** special unit Services 22 Patient on multiple drug 37 Ward accommodation at patient 52 Out of Hospice Service Area regimen request DSHS/THCIC DSHS Document #25-15013 Page

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53		ent of a medical ed as part of a	А3	Special Federal Fundi	ng	D5	Cancel to correct Insured's ID or Provider ID
	clinical trial or	a free sample	A4	Family planning		D6	Cancel Only to Repay a
54	Billing Period. Documented a		A5 A6	Disability Vaccines/Medicare 10 payment	0%	D7	Duplicate or OIG Overpayment Change to Make Medicare the Secondary Payer
55	Health Agency SNF bed not a		A9	Second opinion surge	ry	D8	Change to Make Medicare the
56	Medical appro		AA	Abortion performed d	ue to rape	D9	Primary Payer Any Other Change
57	SNF readmiss	•	AB	Abortion performed dincest	ue to	DR	Disaster related
58		edicare+Choice	AC	Abortion performed d	ue to	E0	Changes in Patient Status
59	organization e			serious fatal genetic of deformity, or abnormation	lefect,	G0	Distinct Medical Visit
60	Non-primary I Day outlier	LSKD facility	AD	Abortion performed d	,	Н0	Delayed Filing, Statement of
61	Cost outlier			endangering physical		H2	Intent Submitted Discharge by a Hospice
66		not wish cost	AE	Abortion performed dephysical health of mo	ther that		Provider for Cause
	outlier payme		AF	is not life endangering Abortion performed d		Н3	Reoccurrence of GI Bleed Comorbid Category
67	time reserve (, ,	АГ	emotional/psychologic of mother		H4	Reoccurrence of Pneumonia Comorbid Category
68	time reserve (ects to use life (LTR) days	AG	Abortion performed d		H5	Reoccurrence of Pericarditis
69	IME/DGME/N8	&AH Payment Only	АН	social or economic rea	asons	P1	Comorbid Category Do not Resuscitate Order (DNR)
70	Self-administe management		AI	Sterilization		P7	Direct Inpatient Admission from
71	Full care in ur	=	AJ	Payer responsible for	co-		Emergency Room
72	Self-care in u	nit		payment		R1	Request for reopening Reason Code - Mathematical or
73	Self-care train	ning	AK	Air ambulance require			Computational Mistake
74	Home		AL	Specialized treatment unavailable	/bed	R2	Request for reopening Reason Code -Inaccurate Data Entry
75	Home - 100%	reimbursement	AM	Non-emergency medi- necessary stretcher tr	•	R3	Request for reopening Reason
76	Back-up in fac	cility dialysis		required	ansport		Code - Misapplication of a Fee Schedule
77	Provider acception obligated/required	uired due to a	AN	Pre-admission screen required	ing not	R4	Request for reopening Reason Code - Computer Errors
		rangement or law ment by a primary nent	В0	Medicare coordinated demonstration claim		R5	Request for reopening Reason Code - Incorrectly Identified
78		not implemented	B1	Beneficiary is ineligibl demonstration progra		R6	Duplicate Claim Request for reopening Reason
79	by HMO CORF services	s provided offsite	B4	Admission unrelated t discharge on same da			Code - Other Clerical Errors or Minor Errors and Omissions not
80	Home dialysis	- nursing facility	BP	Gulf Oil Spill of 2010	•		Specified in R1-R5 above
81	C-section/Ind		C1	Approved as billed		R7	Request for reopening Reason Code - Corrections other than
82	weeks-Medica C-section/Ind	uctions <39	C2	Automatic approval as based on focused revi		R8	clerical errors Request for reopening Reason
83	weeks-Electiv	e uctions 39 weeks	C3	Partial approval			Code - New and Material Evidence
03	or greater	uctions 39 weeks	C4	Admission/services de	enied	R9	Request for reopening Reason
84	Dialysis for Ac (AKI)	cute Kidney Injury	C5	Post-payment review	applicable		Code - Faulty Evidence
85	Delayed Rece		C6	Admission Preauthoriz	zation	WO	United Mine Workers of America (UMWA) Demonstration
	Hospice Term		C7	Extended Authorization	on	14/2	Indicator
86	Additional Her Treatment wit		D0	Changes to Service D	ates	W2 W3	Duplicate of Original Bill
40	Justification		D1	Changes to Charges		W4	Level I Appeal Level II Appeal
Α0	program	rnal partnership	D3	Second or Subsequen PPS Bill	t Interim	W5	Level III Appeal
A1	EPSDT/CHAP		D4	Change in clinical cod			• •
A2	Physically har children's pro-			for diagnosis and/or p codes.	procedure		
Beginning Length:	Position:	58 2		Data Source: Type:	Claim Alphanumer	ic	
	***				·		

Field 23: CONDITION_CODE_2 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION_CODE_1. **Beginning Position:** 60 Data Source: Claim Length: Type: Alphanumeric Field 24: **CONDITION CODE 3** Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION CODE 1. **Beginning Position: Data Source:** Alphanumeric Length: Type: Field 25: **CONDITION CODE 4** Code describing a condition relating to the claim. **Coding Scheme:** Same as Field 22. **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 26: CONDITION_CODE_5 Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position: Data Source:** 66 Claim Lenath: Type: **Alphanumeric** Field 27: CONDITION_CODE_6 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION CODE 1. **Beginning Position: Data Source:** Length: Type: Alphanumeric Field 28: CONDITION_CODE_7 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION_CODE_1. **Beginning Position:** 70 **Data Source:** Claim Length: Type: Alphanumeric Field 29: **CONDITION CODE 8** Code describing a condition relating to the claim. Same as Field CONDITION_CODE_1. **Coding Scheme: Beginning Position:** 72 **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: Data Source:** Claim Alphanumeric Length: Type: 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. **Beginning Position: Data Source:** Length: 7 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. **Beginning Position: Data Source:** 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: Data Source:** 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: Data Source:** Length: Type: Alphanumeric Field 35: OTH_DIAG_CODE_4 DSHS/THCIC DSHS Document #25-15013 Page

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	ICD-10-CM diagnosis cod	de, including the	4th, 5th, 6th and	d 7th digits if applicable.
	Decimal is implied follow			, , , , , , , , , , , , , , , , , , ,
Beginning Position:	109	Data Source:	Claim	
Length: Field 36:	7	Туре:	Alphanumeric	
rieiu 30:	OTH_DIAG_CODE_5	do including the	Ath Eth 6th and	d 7th digits if applicable
	ICD-10-CM diagnosis coordinate is implied follow			a 7th digits if applicable.
Beginning Position:	116	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 37:	OTH_DIAG_CODE_6	7.	•	
	ICD-10-CM diagnosis cod	de, including the	4th, 5th, 6th and	d 7th digits if applicable.
	Decimal is implied follow			
Beginning Position:	123	Data Source:	Claim	
Length: Field 38:	7 OTH_DIAG_CODE_7	Туре:	Alphanumeric	
rieiu 36.	ICD-10-CM diagnosis cod	do including the	Ath 5th 6th and	d 7th digits if applicable
	Decimal is implied follow			a 7th digits if applicable.
Beginning Position:	130	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 39:	OTH_DIAG_CODE_8			
	ICD-10-CM diagnosis cod			d 7th digits if applicable.
	Decimal is implied follow			
Beginning Position:	137	Data Source:	Claim	
Length: Field 40:	7 OTH_DIAG_CODE_9	Туре:	Alphanumeric	
i ieiu 40.	ICD-10-CM diagnosis cod	de including the	4th 5th 6th and	d 7th digits if applicable
	Decimal is implied follow			a 7th digits if applicable.
Beginning Position:	144	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 41:	OTH_DIAG_CODE_10			
	ICD-10-CM diagnosis cod			d 7th digits if applicable.
	Decimal is implied follow			
Beginning Position: Length:	151 7	Data Source:	Claim	
		Туре:	Alphanumeric	
Field 42:	OTH_DIAG_CODE_11			d 7th digits if applicable.
	OTH_DIAG_CODE_11 ICD-10-CM diagnosis cod	de, including the	4th, 5th, 6th and	d 7th digits if applicable.
Field 42: Beginning Position:	OTH_DIAG_CODE_11	de, including the	4th, 5th, 6th and	d 7th digits if applicable.
Field 42: Beginning Position: Length:	OTH_DIAG_CODE_11 ICD-10-CM diagnosis cod Decimal is implied follow 158 7	de, including the	4th, 5th, 6th and	d 7th digits if applicable.
Field 42: Beginning Position:	OTH_DIAG_CODE_11 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_12	de, including the ing the third cha Data Source: Type:	4th, 5th, 6th and aracter. Claim Alphanumeric	
Field 42: Beginning Position: Length:	OTH_DIAG_CODE_11 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod	de, including the ing the third cha Data Source: Type:	4th, 5th, 6th and aracter. Claim Alphanumeric	
Field 42: Beginning Position: Length: Field 43:	OTH_DIAG_CODE_11 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow	de, including the ing the third cha Data Source: Type: de, including the ing the third cha	4th, 5th, 6th and aracter. Claim Alphanumeric 4th, 5th, 6th and aracter.	
Field 42: Beginning Position: Length: Field 43: Beginning Position:	OTH_DIAG_CODE_11 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod	de, including the ing the third cha Data Source: Type: de, including the ing the third cha Data Source:	4th, 5th, 6th and aracter. Claim Alphanumeric 4th, 5th, 6th and aracter. Claim	
Field 42: Beginning Position: Length: Field 43:	OTH_DIAG_CODE_11 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 165	de, including the ing the third cha Data Source: Type: de, including the ing the third cha	4th, 5th, 6th and aracter. Claim Alphanumeric 4th, 5th, 6th and aracter.	
Field 42: Beginning Position: Length: Field 43: Beginning Position: Length:	OTH_DIAG_CODE_11 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 165 7	de, including the ing the third cha Data Source: Type: de, including the ing the third cha Data Source: Type:	4th, 5th, 6th and aracter. Claim Alphanumeric 4th, 5th, 6th and aracter. Claim Alphanumeric	d 7th digits if applicable.
Field 42: Beginning Position: Length: Field 43: Beginning Position: Length: Field 44:	OTH_DIAG_CODE_11 ICD-10-CM diagnosis cod Decimal is implied follow 158 7 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 165 7 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod Decimal is implied follow	de, including the ing the third cha Data Source: Type: de, including the ing the third cha Data Source: Type: de, including the ing the third cha	4th, 5th, 6th and arracter. Claim Alphanumeric 4th, 5th, 6th and arracter. Claim Alphanumeric 4th, 5th, 6th and arracter.	d 7th digits if applicable.
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	ICD-10-CM diagnosis of Decimal is implied follo		4th, 5th, 6th and 7th digits if applicable	e.
Beginning Position:	193	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 48:	OTH_DIAG_CODE_1	7	•	
			4th, 5th, 6th and 7th digits if applicabl	e.
	Decimal is implied follo	owing the third cha	aracter.	
Beginning Position:	200	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 49:	OTH_DIAG_CODE_1			
			4th, 5th, 6th and 7th digits if applicabl	e.
	Decimal is implied follo	_		
Beginning Position:	207	Data Source:	Claim	
Length: Field 50:	7	Type:	Alphanumeric	
rieia 50:	OTH_DIAG_CODE_1		Ath Eth Cth and 7th digita if applicable	
	Decimal is implied follo		4th, 5th, 6th and 7th digits if applicabl	e.
Beginning Position:	214	Data Source:	Claim	
Length:	7	Type:	Alphanumeric	
Field 51:	OTH_DIAG_CODE_2		Aprianament	
			4th, 5th, 6th and 7th digits if applicabl	е.
	Decimal is implied follo			
Beginning Position:	221	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 52:	OTH_DIAG_CODE_2			
			4th, 5th, 6th and 7th digits if applicabl	e.
	Decimal is implied follo		aracter.	
Beginning Position:	228	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 53:	OTH_DIAG_CODE_2		411 511 611 1 711 1 1 1 1 1	
			4th, 5th, 6th and 7th digits if applicabl	e.
Danimalan Danislan	Decimal is implied follo			
Beginning Position: Length:	235 7	Data Source: Type:	Claim Alphanumeric	
Field 54:	OTH_DIAG_CODE_2		Aprianament	
			4th, 5th, 6th and 7th digits if applicabl	e.
	Decimal is implied follo	owing the third cha	aracter.	
Beginning Position:	242	Data Source:	Claim	
Length:	7	Туре:	Alphanumeric	
Field 55:	OTH_DIAG_CODE_2			
			4th, 5th, 6th and 7th digits if applicabl	e.
	Decimal is implied follo	-		
Beginning Position:	249	Data Source:	Claim	
Length: Field 56:	7	Type:	Alphanumeric	
rielu 50.	RELATED_CAUSE_CO		of an illness, injury or an accident.	
Coding Scheme:	AA Auto accident	companying cause	of all filless, figury of all accident.	
County Scheme.	AB Abuse			
	AP Another party responsi	ble		
	EM Employment			
	OA Other accident			
Beginning Position:	256	Data Source:	Claim	
Length:	DELATED CAUCE CO	Type:	Alphanumeric	
Field 57:	RELATED_CAUSE_CO		of an illness, injury or an accident.	
Cading Cahama		COMBANYING CAUSE	or an inness, innury of an accident.	
	Same as Field DELATED	CALISE CODE 1	, , , , , , , , , , , , , , , , , , ,	
Coding Scheme: Beginning Position:	Same as Field RELATED_	CAUSE_CODE_1.		
Beginning Position:	Same as Field RELATED_0 258 2	CAUSE_CODE_1. Data Source:	Claim	
	Same as Field RELATED_ 258	CAUSE_CODE_1. Data Source: Type:		
Beginning Position: Length:	Same as Field RELATED_ 258 2 RELATED_CAUSE_CO	CAUSE_CODE_1. Data Source: Type: DDE _3	Claim Alphanumeric	
Beginning Position: Length:	Same as Field RELATED_ 258 2 RELATED_CAUSE_CO	CAUSE_CODE_1. Data Source: Type: DDE _3 companying cause	Claim	
Beginning Position: Length: Field 58: Coding Scheme:	Same as Field RELATED_ 258 2 RELATED_CAUSE_CO Code identifying an ac	CAUSE_CODE_1. Data Source: Type: DDE _3 companying cause CAUSE_CODE_1.	Claim Alphanumeric of an illness, injury or an accident.	5012
Beginning Position: Length: Field 58:	Same as Field RELATED_ 258 2 RELATED_CAUSE_CO Code identifying an ac Same as Field RELATED_	CAUSE_CODE_1. Data Source: Type: DDE _3 companying cause	Claim Alphanumeric	

Beginning Position: Length:	260 2	Data Source: Type:	Claim Alphanumeric
Field 59:	E_CODE_1	7,1	p to the second
			e, including the 4th, 5th, 6th and 7th digits if
	applicable, of the primary third character.	y external cause	e of injury. A decimal is implied following the
Beginning Position:	262	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 60:	E_CODE_2	· · · · · · · · · · · · · · · · · · ·	
			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
	third character.	iai externai caus	se of injury. Decimal is implied following the
Beginning Position:	269	Data Source:	Claim
Length: Field 61:	7 F CODE 3	Туре:	Alphanumeric
riela 01.	E_CODE_3 ICD-10-CM external caus	se of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.		
Beginning Position:	276 7	Data Source:	Claim
Length: Field 62:	E_CODE_4	Туре:	Alphanumeric
	ICD-10-CM external caus		e, including the 4th, 5th, 6th and 7th digits if
		ial external caus	se of injury. Decimal is implied following the
Beginning Position:	third character. 283	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 63:	E_CODE_5		
			e, including the 4th, 5th, 6th and 7th digits if
	third character.	iai externai caus	se of injury. Decimal is implied following the
Beginning Position:	290	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 64:	E_CODE_6		
	ICD 10 CM external cause	so of injury code	including the 4th 5th 6th and 7th digits if
			e, including the 4th, 5th, 6th and 7th digits if
			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position:	applicable, of an addition third character. 297	Data Source:	se of injury. Decimal is implied following the Claim
Length:	applicable, of an addition third character. 297 7	nal external caus	se of injury. Decimal is implied following the
	applicable, of an addition third character. 297 7 E_CODE_7	Data Source: Type:	se of injury. Decimal is implied following the Claim Alphanumeric
Length:	applicable, of an addition third character. 297 7 E_CODE_7 ICD-10-CM external caus	Data Source: Type: Se of injury code	se of injury. Decimal is implied following the Claim
Length: Field 65:	applicable, of an addition third character. 297 7 E_CODE_7 ICD-10-CM external caus applicable, of an addition third character.	Data Source: Type: Se of injury code all external caus	Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
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Length: Field 65: Beginning Position: Length:	applicable, of an addition 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: Se of injury code al external caus Data Source: Type: Se of injury code	Claim Alphanumeric c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric
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Length: Field 65: Beginning Position: Length: Field 66: Beginning Position:	applicable, of an addition 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: Data Source: Type:	Claim Alphanumeric Claim Alphanumeric Claim Alphanumeric Claim Alphanumeric Claim Alphanumeric c, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the Claim Alphanumeric c, 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		
	Code for surgical or othe	r procedure with	n 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 othe	r procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	342	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 72:	PROC_CODE_4	.	•
		r procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	347	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 73:	PROC_CODE_5	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, upriantenie
· · · - ·		r nrocedure with	n 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	туре.	Alphanumenc
i iciu / 4.		r procedure with	the next highest sharge performed during
			the next highest charge performed during
	the period covered by the		
Beginning Position:	357	Data Source:	Claim
Length: Field 75:	5	Туре:	Alphanumeric
rieia 75:	PROC_CODE_7		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	362	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 76:	PROC_CODE_8		
	Code for surgical or other	r nrocedure with	
			n the next highest charge performed during
	the period covered by the	e bill. HCPCS or	
	the period covered by the 367	e bill. HCPCS or Data Source:	CPT code. Claim
Length:	the period covered by the 367 5	e bill. HCPCS or	CPT code.
Length:	the period covered by the 367 5 PROC_CODE_9	e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric
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Length: Field 77: Beginning Position: Length:	the period covered by the 367 5 PROC_CODE_9 Code for surgical or othe the period covered by the 372 5	e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or	CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
Length: Field 77: Beginning Position: Length:	the period covered by the 367 5 PROC_CODE_9 Code for surgical or othe the period covered by the 372	e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source:	CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim
Length:	the period covered by the 367 5 PROC_CODE_9 Code for surgical or othe the period covered by the 372 5 PROC_CODE_10	e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim
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Length: Field 77: Beginning Position: Length: Field 78: Beginning Position:	the period covered by the 367 5 PROC_CODE_9 Code for surgical or othe the period covered by the 372 5 PROC_CODE_10 Code for surgical or othe the period covered by the the period covered by the surgical or othe the period covered by the surgical or othe the period covered by the surgical or othe surgical or othe the period covered by the surgical or othe surgi	e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or	CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Claim Claim Claim CPT code.
Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length:	the period covered by the 367 5 PROC_CODE_9 Code for surgical or othe the period covered by the 372 5 PROC_CODE_10 Code for surgical or othe the period covered by the 377	e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source:	CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim CPT code. Claim CPT code. Claim
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Length: Field 77: Beginning Position: Length:	the period covered by the 367 5 PROC_CODE_9 Code for surgical or othe the period covered by the 372 5 PROC_CODE_10 Code for surgical or othe the period covered by the 377 5 PROC_CODE_11 Code for surgical or othe the period covered by the 382 5 PROC_CODE_12	e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric
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Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length: Field 80:	the period covered by the 367 5 PROC_CODE_9 Code for surgical or othe the period covered by the 372 5 PROC_CODE_10 Code for surgical or othe the period covered by the 377 5 PROC_CODE_11 Code for surgical or othe the period covered by the 382 5 PROC_CODE_12 Code for surgical or othe the period covered by the 382 5 PROC_CODE_12 Code for surgical or othe the period covered by the 382	e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. The next highest charge performed during CPT code. The next highest charge performed during CPT code.
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	5	Туре:	Alphanumeric
Field 81:	PROC_CODE_13		
			n the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
Beginning Position:	392	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 82:	PROC_CODE_14		
		r procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	397	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 83:	PROC_CODE_15		•
		r procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	402	Data Source:	Claim
Length:	5		Alphanumeric
Length: Field 84:	PROC_CODE_16	Туре:	Aiphanamenc
i iciu 07.		r procedure	a the pout highest shares restaured desire
	Code for surgical or other	procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	407	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 85:	PROC_CODE_17		
	Code for surgical or other	r procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	412	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 86:	PROC_CODE_18	- , p - '	p
		r procedure with	n the next highest charge performed during
B	the period covered by the		
Beginning Position:	417	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 87:	PROC_CODE_19		
			n the next highest charge performed during
	the period covered by the		
Beginning Position:	422	Data Source:	Claim
Length:	5	Type:	Alphanumeric
	3		
Field 88:		7,1-	- inprinted and in the second
Field 88:	PROC_CODE_20		
Field 88:	PROC_CODE_20 Code for surgical or other	r procedure with	n the next highest charge performed during
	PROC_CODE_20 Code for surgical or other the period covered by the	r procedure with	n the next highest charge performed during CPT code.
Beginning Position:	PROC_CODE_20 Code for surgical or other the period covered by the 427	r procedure with e bill. HCPCS or Data Source :	n the next highest charge performed during CPT code. Claim
Beginning Position: Length:	PROC_CODE_20 Code for surgical or other the period covered by the 427 5	r procedure with	n the next highest charge performed during CPT code.
Beginning Position:	PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21	r procedure with e bill. HCPCS or Data Source: Type:	n the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length:	PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other	r procedure with bill. HCPCS or Data Source: Type:	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during
Beginning Position: Length: Field 89:	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	r procedure with bill. HCPCS or Data Source: Type:	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
Beginning Position: Length: Field 89: Beginning Position:	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 432	r procedure with bill. HCPCS or Data Source: Type:	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Claim
Beginning Position: Length: Field 89: Beginning Position: Length:	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 432 5	r procedure with be bill. HCPCS or Data Source: Type: r procedure with be bill. HCPCS or	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
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Beginning Position: Length: Field 89: Beginning Position: Length:	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 432 5 PROC_CODE_22 Code for surgical or other	r procedure with bill. HCPCS or Data Source: Type: r procedure with bill. HCPCS or Data Source: Type:	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 89: Beginning Position: Length: Field 90:	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 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 432	r procedure with bill. HCPCS or Data Source: Type: r procedure with bill. HCPCS or Data Source: Type: r procedure with bill. HCPCS or Data Source:	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
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Field 93:	PROC_CODE_25		
		er procedure with	n the next highest charge performed during
	the period covered by th		
Beginning Position:	452	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 94:	OTHER_AMOUNT	Otto and Change	Assessed Colorador of the MEDDAD of the State of
			Amount. Calculated using MEDPAR algorithm.
			codes other than 0100-0219, revenue 33X, 055X-060X, 064X-070X, 076X-078X,
	090X-095X, 099X.	0247, 0327-03	33, 033, 004, 004, 070, 070, 070,
Beginning Position:	457	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 95:	PHARM_AMOUNT		
	Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR		
	algorithm. Sum of charges associated with revenue codes other than 0100-0219,		
Paginning Desitions	revenue center 026X, 06		Calculated
Beginning Position: Length:	469 12	Data Source: Type:	Calculated Numeric
Field 96:	MEDSURG AMOUNT	.,,,	Hameric
	<u>—</u>	, Medical/Surgic	al Supply Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 02	27X, 062X.	
Beginning Position:	481	Data Source:	Calculated
Length: Field 97:	12	Туре:	Numeric
Field 97:	DME_AMOUNT	Durable Medie	al Faviament Charge Amount Calculated
			al Equipment Charge Amount. Calculated es associated with revenue codes other than
	0100-0219, revenue cer		
Beginning Position:	493	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 98:	USED_DME_AMOUNT		
			Medical Equipment Charge Amount.
			n of charges associated with revenue codes
Danimalan Danihian	other than 0100-0219, r		
Beginning Position: Length:	505 12	Data Source: Type:	Calculated Numeric
Field 99:	PT AMOUNT	Турсі	Numeric
		, Physical Thera	py Charge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 042X.		
Beginning Position:	517	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 100:	OT_AMOUNT	Occupational T	horany Chargo Amount, Calculated using
			herapy Charge Amount. Calculated using ociated with revenue codes other than 0100-
	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		
			ogy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
Danimalan Danihian	0219, revenue center 04	•	Calandatad
Beginning Position: Length:	541 12	Data Source: Type:	Calculated Numeric
Field 102:	IT_AMOUNT	турсі	Numeric
		. Inhalation The	rapy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		
Beginning Position:	553	Data Source:	Calculated
Length:	12	Туре:	Numeric
DSHS/THCIC		Page	DSHS Document #25-15013
www.dshs.texas.gov	·/THCIC	70	Last Updated: August, 2023
		70	opania. 118800, 2020

Field 103:	BLOOD_AMOUNT				
		ae for blood provic	ded during the patient's stay. Calculated		
			es associated with revenue codes other than		
	0100-0219, revenue		3 d330clated with revenue codes other than		
Beginning Position:	565	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 104:	BLOOD_ADMIN_AM	7.	Numeric		
i icia 104.			as and processing related to the nationals		
			ge and processing related to the patient's		
			n. Sum of charges associated with revenue		
Danimalaa Basikiaa	codes other than 010				
Beginning Position:	577	Data Source:	Calculated		
Length: Field 105:	12 OD AMOUNT	Туре:	Numeric		
rieid 105:	OR_AMOUNT	O D	on Chausa Amazumt Calaulatad union MEDDA		
			m Charge Amount. Calculated using MEDPA		
			ith revenue codes other than 0100-0219,		
	revenue center 036X,				
Beginning Position:	589	Data Source:	Calculated		
ength:	12	Туре:	Numeric		
ield 106:	LITH_AMOUNT				
			arge Amount. Calculated using MEDPAR		
	_	-	ith revenue codes other than 0100-0219,		
	revenue center 079X.				
Beginning Position:	601	Data Source:	Calculated		
ength:	12	Туре:	Numeric		
Field 107:	CARD_AMOUNT				
			arge Amount. Calculated using MEDPAR		
	algorithm. Sum of cha	arges associated wi	ith revenue codes other than 0100-0219,		
	revenue center 048X,		,		
Beginning Position:	613	Data Source:	Calculated		
ength:	12	Type:	Numeric		
ield 108:	ANES_AMOUNT				
		ge, Anesthesia Cha	arge Amount. Calculated using MEDPAR		
			ith revenue codes other than 0100-0219,		
	revenue center 037X.				
Beginning Position:	625	Data Source:	Calculated		
Length:	12	Type:	Numeric		
	LAB AMOUNT	Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR			
	LAB_AMOUNT Ancillary Service Char	ge. Laboratory Cha	arge Amount, Calculated using MFDPAR		
Field 109:	Ancillary Service Char				
	Ancillary Service Charalgorithm. Sum of charalgorithm	arges associated wi	ith revenue codes other than 0100-0219,		
Field 109:	Ancillary Service Char algorithm. Sum of char revenue center 030X-	arges associated wi 031X, 074X-075X.	ith revenue codes other than 0100-0219,		
Field 109: Beginning Position:	Ancillary Service Charalgorithm. Sum of charevenue center 030X-637	arges associated wi	ith revenue codes other than 0100-0219, Calculated		
Field 109: Beginning Position: Length:	Ancillary Service Char algorithm. Sum of char revenue center 030X- 637 12	arges associated wi 031X, 074X-075X. Data Source:	ith revenue codes other than 0100-0219,		
	Ancillary Service Char algorithm. Sum of char 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:	Ancillary Service Char algorithm. Sum of char revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Char	arges associated wi 031X, 074X-075X. Data Source: Type:	Calculated Numeric rge Amount. Calculated using MEDPAR		
Field 109: Beginning Position: Length:	Ancillary Service Char algorithm. Sum of char revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Char algorithm. Sum of char	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: Field 110:	Ancillary Service Char algorithm. Sum of char revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 028X,	arges associated wi 031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi 032X-035X, 040X	Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
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Field 113:	ER_AMOUNT			
		om Charge Amount. Calculated using		
	MEDPAR algorithm. Sum	of charges asso	ociated with revenue codes other than 0100-	
	0219, revenue center 04	15X.		
Beginning Position:	685	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 114:	AMBULANCE_AMOUNT			
	Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR			
	algorithm. Sum of charges associated with revenue codes other than 0100-			
	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-co	vered accommodation charges, ancillary	
	charges, non-covered ar		5 . ,	
Beginning Position:	757 ·	Data Source:	Claim	
Length:	12	Туре:	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

9999999999 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

O3 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 Readmission (effective 10-1-2013)
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care	84	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	80	Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
30	Expired at home	87	Discharged/Transferred to a Federal Health Care
40	Expired in a medical facility		Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
41	Expired, place unknown	88	Discharged/Transferred to a Hospital-based
42	Discharged/transferred to federal government operated health facility		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	22	Inpatient Readmission (effective 10-1-2013)
65	psychiatric distinct part of a hospital Discharged/transferred to Critical Access Hospital (CAH)	92	Discharged/Transferred to a Psychiatric Hospital 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
69	Discharge/transfer to another type of health care institution not defined elsewhere in the code list		Hospital (CAH) with a Planned Acute Care 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	95	2013) Discharged to home or self-care (routine
	Care Hospital Inpatient Readmission (effective 10-1-2013)		discharge)
82	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a	`	Invalid

Beginning Position:827Data Source:ClaimLength:2Type:Alphanumeric

Field 128: PROVIDER_NAME

Description: Name provided by the facility.

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

'Low Volume Facility'. If a facility reported fewer than 5 events for a particular gender, including

'unknown', Provider Name is blank.

Beginning Position:829Data Source:ProviderLength:55Type: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: Data Source: Assigned 1 Length: Alphanumeric 12 Type:

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 - 3/4 beds - rooms -	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 - medical/surgical/GYN	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	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 0185	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0163	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 0294	DME - purchase of used
0202	care - surgical Room charges for intensive	0249	All-inclusive ancillary - other		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 – 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)
0208	care - burn care Room charges for intensive	0255	Pharmacy - drugs incident to radiology	0304	Laboratory – non-routine dialysis
	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 Room charges for coronary care 	0262	IV Therapy - pharmacy services	0312	cytology Laboratory pathological -
	 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	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	support charge Special charges - UR service	0272	Medical surgical supplies and devices - sterile		arthrography
0224	charge Special charges - late	0273	Medical surgical supplies and	0323	Radiology - diagnostic - arteriography
	discharge, medically necessary	0274	devices - take-home Medical surgical supplies and	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other	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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	THCIC		Page		
			_	0521	Freestanding Clinic - Clinic Vis by Member to RHC/FQHC DSHS Document #25-1501
0389	Blood - other	0442	Speech-language pathology - hourly charge	0520	Freestanding Clinic - general
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
0384	Blood - platelets	0434	Occupational therapy - evaluation	0515	Clinic - pediatric
0383	Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0381	Blood - packed red cells Blood - whole blood	0432	Occupational therapy - hourly charge	0513	Clinic - psychiatric
0380	Blood - general	0431	Occupational therapy - visit charge	0511	Clinic - dental
0379	Anesthesia - other	0430	Occupational therapy - general	0510 0511	Clinic - general Clinic - chronic pain
0374	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
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate	0499	Ambulatory surgical care - other
370	Anesthesia - general	0422	Physical therapy - hourly charge	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
2007	organ transplant other than kidney	0419	Respiratory services - other	0482	Cardiology - stress test
362	Operating room services -	0413	Respiratory services - hyperbaric oxygen therapy	0481	Cardiology - cardiac cath lab
361	Operating room services - minor surgery	0412	Respiratory services - inhalation	0480	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
0352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
0350	CT scan - general	0402	Other imaging services - ultrasound	0460 0469	Pulmonary function - general Pulmonary function - other
0349	radiopharmaceuticals Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0459	Emergency room - other
)344	radiopharmaceuticals Nuclear medicine - therapeutic		general	0456	Emergency room - urgent ca
0343	Nuclear medicine - diagnostic	0400	processing - other Other imaging services -		EMTALA screening
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and	0452	emergency medical screening services Emergency room - beyond
0341	Nuclear medicine - diagnostic procedures		processing – processing and storage	0451	Emergency room - EMTALA
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	other Emergency room - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration	0449	evaluation or reevaluation Speech-language pathology
	chemotherapy - IV	0201	processing - general	0444	Speech-language pathology -
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
0320	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
	Member's Home when in a Home Health Shortage Area	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0528	Freestanding Clinic – Visit by 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
0329	rreestanding Clinic - Other	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		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	0645	Home IV therapy services - training patient/caregiver,
0543	Ambulance service - heart mobile		Technology (MRT) - MRI - 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	0647	Home IV therapy services - training, patient/caregiver,
0546	Ambulance service - neonatal		Technology (MRT) - MRI - 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		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		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 inpatient care (non-respite)
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - physician
0561	Medical social services - visit charge				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 home - home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739	EKG/ECG services - other	0824	Hemodialysis - outpatient or home - maintenance 100%
	nion	0740	EEG services - general	0025	
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	0762	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	0770		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
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	or home - support services Peritoneal dialysis - outpatient
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	or home - other 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	0843	home supplies
0694	Pre-hospice/Palliative Care Services – consultation and		- continuous ambulatory peritoneal dialysis (CAPD)		CAPD - outpatient or home – home equipment
0695	education Pre-hospice/Palliative Care	0804	Inpatient renal dialysis services - continuous cycling peritoneal	0844	CAPD - outpatient or home – maintenance 100%
	Services – inpatient care	0809	dialysis (CAPD) Inpatient renal dialysis services	0845	CAPD - outpatient or home - support services
0696	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 -
0723	Labor/Delivery Room services - circumcision	3013	- stem cells- allogeneic	0859	support services CCPD - outpatient or home -
0724	Labor/Delivery Room services - birthing center	0819	Acquisition of body components - other donor	0860	other 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 -	0984	Professional fees - medical social services
0302	treatments/services - milieu therapy	0942	recreational therapy Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services -	0986	Professional fees - EEG
	therapy	0944	cardiac rehabilitation Other therapeutic services -	0987	Professional fees - hospital visit
0904	Behavior health treatments/services - activity	0944	drug rehabilitation	0988	Professional fees - consultation
	therapy	0945	Other therapeutic services -		
0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health	0540	complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	dependency Behavior health	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	treatments/services - community behavioral health		pulmonary rehabilitation	0993	Patient convenience items -
	program	0949	Other therapeutic services - other		telephone/telegraph
0911	Behavior health treatment/services - rehabilitation	0951	Other therapeutic services – athletic training	0994	Patient convenience items - TV/radio
0912	Behavior health	0952	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 -
	treatment/services - individual therapy	0961	Professional fees - psychiatric	0999	beauty shop/barber Patient convenience items -
0915	Behavior health	0962	Professional fees -		other
	treatment/services - group therapy		ophthalmology	1000	Behavior health accommodations - general
0916	Behavior health	0963	Professional fees - anesthesiologist (MD)	1001	Behavior health
0310	treatment/services - family	0964	Professional fees - anesthetist	1001	accommodations - residential
0917	therapy Behavior health		(CRNA)	1000	treatment - psychiatric
0917	treatment/services - biofeedback	0969	Professional fees - other	1002	Behavior health accommodations - residential treatment - chemical
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1002	dependency
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0920	Other diagnostic services -	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	general Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine		house
	peripheral vascular lab	0975	Professional fees - operating	1005	Behavior health accommodations - group home
0922	Other diagnostic services - electromyogram	05/3	room		group nome

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2100	Alternative thera general	py services -	2105	Alternative therapy service biofeedback	es -	3103	Adult day care, medical and social - daily
2101	Alternative thera acupuncture	py services -	2106	Alternative therapy service hypnosis	es -	3104	Adult day care, social - daily
2102	Alternative thera acupressure	py services -	2109	Alternative therapy service other	es -	3105	Adult foster care - daily
2103	Alternative thera massage	py services -	3101	Adult day care, medical ar social - hourly	nd :	3109	Adult foster care - other
2104	Alternative thera reflexology	py services -	3102	Adult day care, social - ho	urly		
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		services or ac	commo	odations.	` ,		
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		Level II HCPCS	codes.				
	ing Position:	19		Data Source:	Claim		
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22	Increased proced	lural services	58	Staged or Related Procedu Service by the Same Phys			Professional During the Postoperative Period
23	Unusual Anesthe	sia		or Other Qualified Health (80	Assistant Surgeon
24	Unrelated Evalua Management Ser			Professional During the Postoperative Period		81	Minimum Assistant Surgeon
	Same Physician		59	Distinct Procedural Service	9	82	Repeat procedure by same
	Qualified Health Professional duri		62	Two Surgeons		02	physician
	Postoperative Pe		63	Procedure Performed on In	nfants	90	Reference (Outside) Laboratory
25	Significant, Sepa			less than 4kg		91	Repeat Clinical Diagnostic
	Identifiable Evalu Management Ser		66	Surgical Team		92	Laboratory Test Alternative Laboratory Platform
	Same Physician of Qualified Health		73	Discontinued Outpatient Hospital/Ambulatory Surge	erv	32	Testing
	Professional on t	he Same Day		Center (ASC) Procedure pr		95	Synchronous Telemedicine
	of the Procedure Service	or Other		the Administration of Anesthesia			Service Rendered Via a Real- Time Interactive Audio and
26	Professional Com	inonent	74	Discontinued Outpatient			Video Telecommunications
		•	, ,	Hospital/Ambulatory Surge	ery	00	System Multiple Madificant
27	Multiple Outpatie E/M Encounters			Center (ASC) Procedure at Administration of Anesthe		99	Multiple Modifiers
	Date		76	Repeat Procedure by Same		1P	Performance Measure Exclusion Modifier due to Medical Reasons
32	Mandated Service		70	Physician or Other Qualifie Health Care Professional		2P	Performance Measure Exclusion
33	Preventive Service	ce	77	Repeat Procedure by Anot	har		Modifier due to Patient Reasons
47	Anesthesia by Su	-	,,	Physician or Other Qualifie Health Care Professional		3P	Performance Measure Exclusion Modifier due to System Reasons
50	Bilateral Procedu		78	Unplanned Return to the		8P	Performance Measure Reporting
51	Multiple Procedu		76	Operating/Procedure Room			Modifier- Action not performed, reason not otherwise specified
52	Reduced Services			the Same Physician or Oth Qualified Health Care	ier	P1	A normal healthy patient
53 54	Discontinued Pro			Professional Following Init Procedure for a Related	ial	P2	A patient with mild systemic disease
	Surgical Care On	•		Procedure During the		Р3	
55	Postoperative Ma Only	inagement	70	Postoperative Period		۲3	A patient with severe systemic disease
56	Preoperative Mar	nagement Only	79	Unrelated Procedure or Se by the Same Physician or		P4	A patient with severe systemic
57	Decision for Surg	,		Qualified Health Care	*		disease that is a constant threat to life
-		•					220 000

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				nand, thumb		ΚI	procedure	
	eration			ormance and payment of a		T1	Left foot, second digit	
	P6 A declared brain-dead patient diagnomer whose organs are being same		ening mammography nostic mammography		T2	Left foot, third digit		
	noved for done	_	GH		e patient, same day.		T3	Left foot, fourth digit
• •	per left eyelid	d conve		gnostic mammogram verted from screening mmogram on same day		T4	Left foot, fifth digit	
E2 Low	ver left eyelid		LC		circumflex coronary a	•	T5	Right foot, great toe
E3 Upp	per right eyeli	d			•	1 001 7	T6	Right foot, second digit
	ver right eyeli		LD		anterior descending nary artery		T7	Right foot, third digit
F1 Left	t hand, second	d digit	LM	Left r	main coronary artery		T8	Right foot, fourth digit
F2 Left	t hand, third o	ligit	LT	Left s	side of the body proce	edure	T9	Right foot, fifth digit
F3 Left	t hand, fourth	digit	Q		ulance service provide	ed	TA	Left foot, great toe
F4 Left	t hand, fifth di	igit	М		r arrangement by a der of services		XE	Separate Encounter
F5 Rigl	ht hand, thum	nb	QN	Ambı	ulance service furnish	ed	XS	Separate Structure
F6 Rigl	ht hand, seco	nd digit			tly by a provider of		XP	Separate Practitioner
F7 Rigl	ht hand, third	digit	RC	servi	ces coronary artery			·
_	ht hand, fourt	_	RI	-	us intermedius corona) F1 (XU	Unusual Non-Overlapping Service
F9 Rigi	ht hand, fifth	digit	KI	arter		ai y		
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•					tances related to	the perfo	rmai	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:		umber assigned to identify the record. The
		not linkable to the Record_ID in the ED
	Inpatient PUDF or ED Research Data File	
Beginning Position:	1 Data Source:	Assigned
Length:	12 Type:	Alphanumeric
Field 2:	CCSR_PRIN_DIAG_CODE	
		lassification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis category.	,
Beginning Position:	13 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 3:	CCSR_OTH_DIAG_CODE_1	•
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_1 into
	clinically meaningful diagnosis category	
Beginning Position:	17 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 4:	CCSR_OTH_DIAG_CODE_2	
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_2 into
	clinically meaningful diagnosis category	
Beginning Position:	21 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 5:	CCSR_OTH_DIAG_CODE_3	•
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_3 into
	clinically meaningful diagnosis category	
Beginning Position:	25 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 6:	CCSR_OTH_DIAG_CODE_4	
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_4 into
	clinically meaningful diagnosis category	
Beginning Position:	29 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 7:	CCSR_OTH_DIAG_CODE_5	, up
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_5 into
	clinically meaningful diagnosis category	
Beginning Position:	33 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 8:	CCSR_OTH_DIAG_CODE_6	
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_6 into
	clinically meaningful diagnosis category	
Beginning Position:	37 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 9:	CCSR_OTH_DIAG_CODE_7	r : : : : :
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_7 into
	clinically meaningful diagnosis category	
Beginning Position:	41 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 10:	CCSR_OTH_DIAG_CODE_8	
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_8 into
	clinically meaningful diagnosis category	
Beginning Position:	45 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 11:	CCSR_OTH_DIAG_CODE_9	
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_9 into
	clinically meaningful diagnosis category	
Beginning Position:	49 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
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Field 12:	CCSR_OTH_DIAG_CODE_10	
	Clinical Classifications Software (CCS) cl	assification of OTH DIAG CODE 10 into
	clinically meaningful diagnosis category.	
B		A - 2 1
Beginning Position:	53 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 13:	CCSR_OTH_DIAG_CODE_11	·
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	57 Data Source:	Assigned
Length:		Alphanumeric
		Alphanumenc
Field 14:	CCSR_OTH_DIAG_CODE_12	
	Clinical Classifications Software (CCS) cl	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	
		assification of OTH DIAC CODE 12 into
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	65 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
	. , , , , ,	Alphanumenc
Field 16:	CCSR_OTH_DIAG_CODE_14	
	Clinical Classifications Software (CCS) cl	assification of OTH DIAG CODE 14 into
	clinically meaningful diagnosis category.	
Beginning Position:	69 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 17:	CCSR_OTH_DIAG_CODE_15	·
		: Grantian of OTH DIAC CODE 15 into
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	73 Data Source:	Assigned
Length:	, i -	Alphanumeric
Field 18:	CCSR_OTH_DIAG_CODE_16	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_16 into
		assimedition of offi_birto_cobl_1o into
	clinically meaningful diagnosis category.	
Beginning Position:	77 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 19:	CCSR_OTH_DIAG_CODE_17	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_17 into
	clinically meaningful diagnosis category.	
Beginning Position:	81 Data Source:	Assigned
	4 Type:	Alphanumeric
Length:		Alphanumenc
Field 20:	CCSR_OTH_DIAG_CODE_18	
	Clinical Classifications Software (CCS) cl	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	
	Clinical Classifications Software (CCS) cl	accification of OTH DIAC CODE 10 into
	clinically meaningful diagnosis category.	
Beginning Position:	89 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 22:		Alphanamene
riela 22:	CCSR_OTH_DIAG_CODE_20	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_20 into
	clinically meaningful diagnosis category.	_
Reginning Desition:		Assigned
Beginning Position:		Assigned
Length:	4 Type:	Alphanumeric
Field 23:	CCSR_OTH_DIAG_CODE_21	
	Clinical Classifications Software (CCS) cl	assification of OTH DIAG CODE 21 into
	clinically meaningful diagnosis category.	
Beginning Position:	97 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
		, up transaction
Field 24:	CCCD OTH DIAC CODE 33	
Field 24:	CCSR_OTH_DIAG_CODE_22	
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		lassification of OTH_DIAG_CODE_22 into
Beginning Position:	clinically meaningful diagnosis category 101 Data Source:	
Length:	4 Type:	Assigned Alphanumeric
Field 25:	CCSR_OTH_DIAG_CODE_23	Aphanamene
		lassification 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	
		lassification 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
rielu 27.		or Services and Procedures classification of
	PROC_CODE_1 into clinically meaningfu	
Beginning Position:	113 Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Field 28:	CCS_PROC_CODE_2	•
		or Services and Procedures classification of
	PROC_CODE_2 into clinically meaningfu	
Beginning Position:	116 Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Field 29:	CCS_PROC_CODE_3	
		or Services and Procedures classification of
Danimalan Danihian	PROC_CODE_3 into clinically meaningfu	
Beginning Position: Length:	119 Data Source: Type:	Assigned Alphanumeric
Field 30:	CCS_PROC_CODE_4	Alphanumenc
ricia 50.		or Services and Procedures classification of
	PROC_CODE_4 into clinically meaningfu	
Beginning Position:	122 Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Field 31:	CCS_PROC_CODE_5	
		or Services and Procedures classification of
	PROC_CODE_5 into clinically meaningfu	
Beginning Position:	125 Data Source:	Assigned
Length: Field 32:	3 Type:	Alphanumeric
rieia 32:	CCS_PROC_CODE_6	or Complete and Dragody was alreading bigs of
	PROC_CODE_6 into clinically meaningfu	or Services and Procedures classification of
Beginning Position:	128 Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Field 33:	CCS_PROC_CODE_7	F
		or Services and Procedures classification of
	PROC_CODE_7 into clinically meaningfu	
Beginning Position:	Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Field 34:	CCS_PROC_CODE_8	
		or Services and Procedures classification of
Doginalna Dogition	PROC_CODE_8 into clinically meaningfu	
Beginning Position: Length:	134 Data Source: Type:	Assigned Alphanumeric
Field 35:	CCS_PROC_CODE_9	Alphanameric
- -		or Services and Procedures classification of
	PROC_CODE_9 into clinically meaningfu	
Beginning Position:	137 Data Source:	Assigned
Length:	3 Type:	Alphanumeric
Field 36:	CCS_PROC_CODE_10	
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PROC_CODE_10 into clinically meaningful procedure category.		Clinical Classifications Sc	oftware (CCS) for	r Services and Procedures classification of
Engith: 3 Type: Alphanumeric				
CCS_PROC_CODE_11				3
Clinical classifications Software (CCS) for Services and Procedures classification of PROC CODE_11 into clinically meaningful procedure category. Beginning Position: CCS_PROC_CODE_12 Beginning Position: Length: Beginning Position: Length: CCS_PROC_CODE_12 Beginning Position: Length: Beginning Position: Length: CCS_PROC_CODE_13 Clinical classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category. Beginning Position: Length: CCS_PROC_CODE_13 Clinical classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category. Beginning Position: Length: CCS_PROC_CODE_14 CInical classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category. Beginning Position: Length: Data Source: Assigned CCS_PROC_CODE_15 Clinical classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category. Beginning Position: CCS_PROC_CODE_15 Clinical classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category. Beginning Position: Length: CCS_PROC_CODE_16 Clinical classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category. Beginning Position: Length: 3		_	туре:	Alphanumeric
PROC_CODE_12 Type: Alphanumeric	riela 37.		oftware (CCS) for	r Services and Procedures classification of
Beginning Position: 143				
Field 38:	Beginning Position:			
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 into clinically meaningful procedure category. Field 39: CCS_PROC_CODE_13 Type: Alphanumeric		3	Туре:	
PROC_CODE_12 into clinically meaningful procedure category. Beginning Position: Length: Field 39: CCS_PROC_CODE_13 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category. Beginning Position: 149 Data Source: Assigned Length: 3 Type: Alphanumeric Field 49: CCS_PROC_CODE_14 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category. Beginning Position: 152 Data Source: Assigned Length: 153 CCS_PROC_CODE_15 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category. Beginning Position: 155 Data Source: Assigned Length: 155 Data Source: Assigned Length: 155 Data Source: Assigned Length: 156 CCS_PROC_CODE_15 Length: 157 Length: 158 Data Source: Assigned Length: 159 Data Source: Assigned Length: 150 Length: 150 Length: 150 Length: 151 Length: 152 CCS_PROC_CODE_16 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category. Beginning Position: 158 Data Source: Assigned Length: 159 Length: 150 Length: 150 Length: 150 Length: 150 Length: 151 Length: 152 CCS_PROC_CODE_17 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category. Beginning Position: 164 Data Source: Assigned Length: 179 Length: 170 Length: 1	Field 38:			
Beginning Position: 146 Data Source: Assigned Alphanumeric				
Field 39: CCS_PROC_CODE_13				
Field 49: CCS_PROC_CODE_13 into clinically meaningful procedure category. Beginning Position: 149				3
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category.			туре:	Alphanumeric
PROC_CODE_13 into clinically meaningful procedure category.	riela 39.		oftware (CCS) for	r Services and Procedures classification of
Beginning Position: 149 Data Source: Alssigned Alphanumeric				
Field 40: CCS_PROC_CODE_14 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category.	Beginning Position:			
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category. Beginning Position: Length:				
PROC_CODE_14 into clinically meaningful procedure category.	Field 40:			
Beginning Position: 152		Clinical Classifications So	ftware (CCS) for	r Services and Procedures classification of
Field 41: CCS_PROC_CODE_15 Field 41: CCS_PROC_CODE_15 Clinical classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category. Beginning Position: Length: 3 Type: Alphanumeric Field 42: CCS_PROC_CODE_16 Clinical classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category. Beginning Position: 158 Data Source: Assigned Length: 3 Type: Alphanumeric Field 43: CCS_PROC_CODE_17 Clinical classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category. Beginning Position: 161 Data Source: Assigned Alphanumeric Field 44: CCS_PROC_CODE_18 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category. Beginning Position: 164 Data Source: Assigned Length: 3 Type: Alphanumeric Field 45: CCS_PROC_CODE_19 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. Beginning Position: 167 Data Source: Assigned Length: 3 Type: Alphanumeric Field 46: CCS_PROC_CODE_19 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. Beginning Position: 167 Data Source: Assigned Length: 3 Type: Alphanumeric Field 47: CCS_PROC_CODE_20 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: 170 Data Source: Assigned Length: 3 Type: Alphanumeric Field 47: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: 170 Data Source: Assigned Length: 3 Data Source: Assigned Length: 3 Data Source: Assigned Length: 4 Data Sou				
CCS_PROC_CODE_15 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category.				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category. 155			туре:	Alphanumeric
PROC_CODE_15 into clinically meaningful procedure category.	rieiu 41:		oftwaro (CCS) for	r Sarvicas and Procedures classification of
Beginning Position: Length: 3 Type: Assigned Alphanumeric Assigned Alphanumeric				
Field 42: Field 42: CCS_PROC_CODE_16 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category. Beginning Position: Length: Field 43: CCS_PROC_CODE_17 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category. Beginning Position: Length: CCS_PROC_CODE_18 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category. Beginning Position: Length: CCS_PROC_CODE_18 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category. Beginning Position: Length: CCS_PROC_CODE_19 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. Beginning Position: Length: CCS_PROC_CODE_20 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category. Beginning Position: 170 Data Source: Assigned Alphanumeric Field 47: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: 170 Data Source: Assigned Alphanumeric Field 48: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: 173 Data Source: Assigned Alphanumeric	Beginning Position:		, ,	
CCS_PROC_CODE_16				
PROC_CODE_16 into clinically meaningful procedure category.		CCS_PROC_CODE_16		•
Beginning Position: Length: 3		Clinical Classifications Sc	ftware (CCS) for	r Services and Procedures classification of
Length: 3 Type: Alphanumeric			ically meaningfu	l procedure category.
CCS_PROC_CODE_17 Clinical Classifications Software (CCS) Foreign Fo				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category. 161			Туре:	Alphanumeric
PROC_CODE_17 into clinically meaningful procedure category. Assigned Alphanumeric Assigned Alphanumeric Alphanumer	rieiu 45:		oftware (CCS) for	r Carvicas and Procedures classification of
Beginning Position: Length: 3 Type: Alphanumeric Assigned Alphanumeric				
Length: 3 Type: Alphanumeric	Beginning Position:			
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category. 164				
PROC_CODE_18 into clinically meaningful procedure category. 164 Data Source: Assigned Alphanumeric	Field 44:	CCS_PROC_CODE_18		
Beginning Position: Length: 3		Clinical Classifications Sc	ftware (CCS) for	r Services and Procedures classification of
CCS_PROC_CODE_19 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. Beginning Position: Length: 167 Data Source: Assigned Alphanumeric				Il procedure category.
Field 45: CCS_PROC_CODE_19 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. Beginning Position: Length: Field 46: CCS_PROC_CODE_20 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category. Beginning Position: Length: Type: Assigned Alphanumeric Assigned Alphanumeric CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: Length: Type: Assigned Alphanumeric Assigned Alphanumeric Field 48: CCS_PROC_CODE_22 DSHS/THCIC Page DSHS Document #25-15013	_			
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. 167			Туре:	Alphanumeric
PROC_CODE_19 into clinically meaningful procedure category. 167	rieia 45:		ftware (CCC) for	Complete and Dragodymas alogaification of
Beginning Position: Length: Field 46: CCS_PROC_CODE_20 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category. Beginning Position: Length: To Data Source: Assigned Alphanumeric Assigned Assigned Alphanumeric CCS_PROC_CODE_20 into clinically meaningful procedure category. Type: Assigned Alphanumeric CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: Length: Type: Assigned Alphanumeric Field 48: CCS_PROC_CODE_22 DSHS/THCIC Page DSHS Document #25-15013				
CCS_PROC_CODE_20	Beginning Position:			
Field 46: CCS_PROC_CODE_20 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category. 170 Data Source: Assigned Alphanumeric Field 47: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: 173 Data Source: Assigned Alphanumeric Field 48: CCS_PROC_CODE_22 DSHS/THCIC Page DSHS Document #25-15013				
Beginning Position: Length: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: Length: Type: Alphanumeric CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Data Source: Assigned Alphanumeric CCS_PROC_CODE_22 DSHS/THCIC Page DSHS Document #25-15013		CCS_PROC_CODE_20		·
Beginning Position: Length: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: Length: Type: Assigned Alphanumeric Field 47: CCS_PROC_CODE_21 into clinically meaningful procedure category. Data Source: Assigned Alphanumeric Assigned Alphanumeric Dotted Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Data Source: Assigned Alphanumeric DSHS/THCIC Page DSHS Document #25-15013		Clinical Classifications Sc	ftware (CCS) for	r Services and Procedures classification of
CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: Length: 173 Data Source: Assigned Alphanumeric		PROC_CODE_20 into clin	ically meaningfu	Il procedure category.
Field 47: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: 173 Data Source: Assigned Alphanumeric Field 48: CCS_PROC_CODE_22 DSHS/THCIC Page DSHS Document #25-15013				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. Beginning Position: Length: Data Source: Assigned Alphanumeric Field 48: CCS_PROC_CODE_22 DSHS/THCIC Page DSHS Document #25-15013			Туре:	Alphanumeric
PROC_CODE_21 into clinically meaningful procedure category. 173 Data Source: Assigned	riela 4/:		oftware (CCC) for	r Convices and Dresadures classification of
Beginning Position: 173 Data Source: Assigned Alphanumeric Field 48: CCS_PROC_CODE_22 DSHS/THCIC Page DSHS Document #25-15013				
Length: 3 Type: Alphanumeric Field 48: CCS_PROC_CODE_22 DSHS/THCIC Page DSHS Document #25-15013	Reginning Position			
DSHS/THCIC Page DSHS Document #25-15013				
DSHS/THCIC Page DSHS Document #25-15013				
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Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC_CODE_22 into clinically meaningful procedure category.

Beginning Position:176Data Source:AssignedLength:3Type: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.

Beginning Position: 179
Length: 3
Data Source: Assigned
Type: Alphanumeric

Field 50: CCS_PROC_CODE_24

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC_CODE_24 into clinically meaningful procedure category.

Beginning Position:182Data Source:AssignedLength:3Type:Alphanumeric

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 Type: Alphanumeric

OUTPATIENT GROUPER DATA FILE

Field 1:	RECORD_ID				
Description:	Record Identification Number. Unique number assigned to identify the record. First				
	available 1st quarte	r 2002. Does NOT	match the RECORD_ID in THCIC Research		
	Data Files (RDF's).				
Beginning	1	Data	Assigned		
Position:		Source:	_		
Length:	12	Type:	Alphanumeric		
Field 2:	REVENUE_CODE				
			e order of submission of the revenue codes.		
Beginning	13	Data Sour			
Position:					
Length:	3	Type:	Alphanumeric		
Field 3:	FROZEN_EAPG_G		<u> </u>		
		_	ersion Number, as assigned by 3M EAPG		
	Grouper.	,	,		
Beginning	16	Data	Source: Assigned		
Position:			5		
Length:	12	Type:	Alphanumeric		
Field 4:	FROZEN_FINAL_	EAPG CATEGORY			
			— (EAPG) category code, as assigned by 3M™		
	EAPG Grouper. Not				
Beginning	28	Data	Assigned		
Position:		Source:	-		
Length:	2	Type:	Alphanumeric		
Field 5:	FROZEN_FINAL_	EAPG_TYPE_COD	E		
	Enhanced Ambulat	ory Patient Group ((EAPG) type code, as assigned by 3M™ EAPG		
	Grouper. Not availa	able 4Q09.			
Beginning	30	Data	Assigned		
Position:		Source:	_		
Length:	2	Type:	Alphanumeric		
Field 6:	FROZEN_FINAL_	EAPG			
	Final Enhanced Am	bulatory Patient G	roup (EAPG), as assigned by 3M™ EAPG		
	Grouper. Not availa				
Beginning	32	Data	Assigned		
Position:		Source:	-		
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Length:	5	Туре:	Alphanumeric
Field 7:	FROZEN_APC_GRP		DOV 1
	Grouper. Not availab		APC) Version Number as assigned by 3M APC
Beginning	47	Data	Assigned
Position:	12	Source:	Alphanumeric
Length:	FROZEN_APC_PRO	Type:	
Field 8:		nt Classification (APC) procedure code as assigned by 3M [™] APC
Beginning	59	Data	Assigned
Position:	33	Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 9:	FROZEN_APC_PX		
		nt Classification (APC) procedure status indicator as assigned by
Beginning	64	Data	Assigned
Position:		Source:	
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APC_WE	IGHT	
	Grouper. Not availa		APC) weighting as assigned by 3M [™] APC
Beginning	66	Data	Assigned
Position:	_	Source:	
Length:	9	Туре:	Alphanumeric
Field 11:	EAPG_GRP_VER Enhanced Ambulator Grouper	y Patient Group \	Version Number, as assigned by 3M EAPG
	Grouper		
Reginning	80	Data	Source: Assigned
Beginning Position:	80	Data	Source: Assigned
Position:			-
Position: Length:	12	Туре:	Alphanumeric
Position: Length:	12 FINAL_EAPG_CAT Enhanced Ambulato	Type: TEGORY_CODE bry Patient Group	-
Position: Length: Field 12:	12 FINAL_EAPG_CAT	Type: TEGORY_CODE bry Patient Group	Alphanumeric (EAPG) category code, as assigned by 3M TM
Position: Length: Field 12: Beginning	12 FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not	Type: EGORY_CODE bry Patient Group available 4Q09.	Alphanumeric
Position: Length: Field 12: Beginning Position:	12 FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not	Type: EGORY_CODE ry Patient Group available 4Q09. Data	Alphanumeric (EAPG) category code, as assigned by 3M TM
Position: Length: Field 12: Beginning Position: Length:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type:	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned
Position: Length: Field 12: Beginning Position: Length: Field 13:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 2 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09.	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 FINAL_EAPG_TYP Enhanced Ambulato	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 2 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data Source: Data Source:	Alphanumeric (EAPG) category code, as assigned by 3M [™] Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG Assigned
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 2 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Ambulato	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data Source: Type: Type:	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG Assigned
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 2 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94 2 FINAL_EAPG	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data Source: Type: Type: Dulatory Patient Goulatory Patient Goulato	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG Assigned Alphanumeric
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 2 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Amb Grouper. Not availa 96	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data Source: Type: Dulatory Patient Gble 4Q09. Data Source: Type:	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M TM EAPG Assigned Assigned
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Length: Field 14:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 2 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Amb Grouper. Not availa 96 5	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data Source: Type: Type: Dulatory Patient Goulatory Patient Goulato	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M TM EAPG
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 2 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Amb Grouper. Not availa 96 5 APC_GRP_VER	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: Try Patient Group ble 4Q09. Data Source: Type: Dulatory Patient Collection ble 4Q09. Data Source: Type: Collection (A	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M TM EAPG Assigned Assigned
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Length: Field 14:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 2 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Amb Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Payment	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: Try Patient Group ble 4Q09. Data Source: Type: Dulatory Patient Collection ble 4Q09. Data Source: Type: Collection (A	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M TM EAPG Assigned Alphanumeric Alphanumeric
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Field 15:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Amb Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Payment Grouper. Not availab	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data Source: Type: Dulatory Patient (ble 4Q09. Data Source: Type: Coulatory Patient (coulation) Coulatory Pat	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M TM EAPG Assigned Alphanumeric APC) Version Number as assigned by 3M APC
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Field 15: Beginning	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Amb Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Payment Grouper. Not availab	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data Source: Type: Dulatory Patient (ble 4Q09. Data Source: Type: Classification (Alle 4Q09. Data Data	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M TM EAPG Assigned Alphanumeric APC) Version Number as assigned by 3M APC
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Field 15:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 2 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Ambulato Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Payment Grouper. Not availab 111 12 APC_PROCEDURE	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data Source: Type: FOULT OF TYPE:	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M TM EAPG Assigned Alphanumeric APC) Version Number as assigned by 3M APC Assigned
Position: Length: Field 12: Beginning Position: Length: Field 13: Beginning Position: Length: Field 14: Beginning Position: Length: Field 15:	FINAL_EAPG_CAT Enhanced Ambulato EAPG Grouper. Not 92 2 FINAL_EAPG_TYP Enhanced Ambulato Grouper. Not availa 94 2 FINAL_EAPG Final Enhanced Ambulato Grouper. Not availa 96 5 APC_GRP_VER Ambulatory Payment Grouper. Not availab 111 12 APC_PROCEDURE Ambulatory Paymer	Type: FEGORY_CODE Try Patient Group available 4Q09. Data Source: Type: FE_CODE Try Patient Group ble 4Q09. Data Source: Type: FOULT OF TYPE:	Alphanumeric (EAPG) category code, as assigned by 3M TM Assigned Alphanumeric (EAPG) type code, as assigned by 3M TM EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M TM EAPG Assigned Alphanumeric APC) Version Number as assigned by 3M APC Assigned Alphanumeric

Beginning	123	Data	Data Assigned			
Position:		Source:				
Length:	5	Type:	Alphanumeric			
Field 17:	APC_PX_STATU	JS_IND_CODE				
	Ambulatory Payr	nent Classification (A	APC) procedure status indicator as assigned by			
	3M [™] APC Group	er. Not available 4Q0	9.			
Beginning	128	Data	Assigned			
Position:		Source:				
I amazila.	2	T	A landa a ser uma a sei a			
Length:	2	Type:	Alphanumeric			
Field 18:	APC_WEIGHT	туре:	Alphanumeric			
	_	/,	APC) weighting as assigned by 3M TM APC			
	_	nent Classification (A				
	Ambulatory Payr	nent Classification (A				
Field 18:	Ambulatory Payr Grouper. Not ava	nent Classification (<i>A</i>	APC) weighting as assigned by 3M [™] APC			
Field 18: Beginning	Ambulatory Payr Grouper. Not ava	nent Classification (A ailable 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 identifier assigned to the provider by DSHS. The THCIC_ID is					
	consistent throughout each quarter of data and generally throughout a full year. A					
	THCIC_ID may change F	Provider_Name	during the middle of a year. This will be			
	noted in such cases in which we are aware of those mid-year name changes.					
Beginning Position:		Data Source:	Assigned			
Length:		Туре:	Alphanumeric			
Field 2:	FACILITY_TYPE	**				
Description:	Types of healthcare facil	ities.				
Beginning Position:		Data Source:	Provider			
Length:		Type:	Alphanumeric			
Field 3:	FAC_TEACHING_IND		Alphanamene			
Description:	Teaching Facility Indicate	0.5				
•			discharges (Provider ID equals 10000001)			
Suppression: Coding Scheme:	A Member, Council of Teach		discharges (Provider ID equals '999999').			
county scheme:	X Other teaching facility	iing nospitais				
Beginning Position:		Data Source:	Provider			
Length:		Type:	Alphanumeric			
Field 4:	FAC_PSYCH_IND	. , , ,	, aprianament			
Description:	Psychiatric Facility Indica	ator				
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:		Data Source:	Provider			
Length:		Type:	Alphanumeric			
Field 5:	FAC_REHAB_IND	Турсі	Alphanameric			
Description:	Rehabilitation Facility Inc	dicator				
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:		Data Source:	Provider Provider Provider Provider			
Length:		Type:	Alphanumeric			
Field 6:	FAC_ACUTE_CARE_IN					
Description:	Acute Care Facility Indic					
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:		Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 7:	FAC_SNF_IND		•			
Description:	Skilled Nursing Facility I	ndicator.				
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:		Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 8:	FAC_LONG_TERM_AC	_IND				
Description:	Long Term Acute Care F	acility Indicator				
Suppression:	Suppressed for hospitals wi	ith fewer than 50	discharges (Provider ID equals '999999').			
Beginning Position:	16	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 9:	FAC_OTHER_LTC_IND					
Description:	Other Long Term Care F	acility Indicator				
Suppression:	Suppressed for hospitals wi	ith fewer than 50	discharges (Provider ID equals '999999').			
Beginning Position:	17 I	Data Source:	Provider			
Length:		Туре:	Alphanumeric			
Field 10:	FAC_PEDS_IND					
Description:	Pediatric Facility Indicate	or.				
Suppression:	Suppressed for hospitals wi	ith fewer than 50	discharges (Provider ID equals '999999').			
Coding Scheme:	C Member, National Associa	ation of Children's	Hospitals and Related Institutions (NACHRI)			
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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: Field 24: **FAC PLASTIC IND** Plastic surgery facility indicator. **Description: Beginning Position: Data Source:** Provider 32 Length: Alphanumeric Type: Field 25: FAC_THORACIC_IND **Description:** Thoracic care facility indicator. DSHS/THCIC DSHS Document #25-15013 Page

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Paginning Pagitian	22	Data Caureau	Drovidor
Beginning Position: Length:	33 1	Data Source: Type:	Provider Alphanumeric
Field 26:	FAC_UROLOGY_IND		Alphanamene
Description:	Urology care facility in		
Beginning Position:	34	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 27:	FAC_OTHER_IND	7,5	F 2 2 2
Description:	Other facility indicator	r.	
Beginning Position:	35	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 28:	FAC_EMERGENCY_D	PEPARTMENT_I	IND
Description:	Facility indicator for Hos	spitals and FEMCF	Fs, including Hospital-owned FEMCFs, starting
	with the 4 th Quarter 2020	Facility Type Dat	ta File.
	Note:	, ,,	
	The FEMCFs names are	available at https:/	//dshs.texas.gov/thcic/ (downloadable Excel
			er "Facility Reporting Requirement". The
			el sheet are more current than the ones in the
			implementation, 4 th Quarter 2020, the facility
	indicator has incomplete	1 .	1
	maleator has meomplete	data due to implei	nentation tilling.
Beginning Position:	36	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 29:	FAC_ONCOLOGY_IN		
Description:	Oncology facility indic		
Beginning Position:	37	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 30:	PROVIDER_NAME		•
Description:	Hospital name provide	ed by the hospita	al.
Beginning Position:	38	Data Source:	Provider
Length:	55	Туре:	Alphanumeric
Field 31:	POA_PROVIDER_IN		
Description:			uired to submit Diagnosis Present on Admission
			entifies the following facility types as exempt
			tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric
	Hospitals and Long-Term		cancer riospitais, crimiters of rediatric
	riospitals and Long Term	r care mospitals.	
Coding Scheme:	M Mixed (Facility has	sections that woul	d be exempted from reporting POA for those
county Scheme.	patients)	Sections that woul	d be exempted from reporting FOA for those
	R Required		
	X Exempt		
	` Invalid		
Beginning Position:	93	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 32:	CERT_STATUS_IP		•
Description:		to indicate the c	ertification of data (inpatient) and
	submission of comme		
Coding Scheme:	 Certified, without c 		
	2 Certified, with com	ment	
	3 Certified, with com	ment, comment no	ot received by deadline
	4 Hospital elected no		
	5 Hospital closed, da	ta not certified	
	6 Hospital out of com	•	•
			natural or man-made disaster (4Q2016)
	8 No Emergency Dep		
Beginning Position:	94	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 33:	CERT_STATUS_OP		
Description:			certification of data (outpatient) and
	submission of comme	nts by the hospit	tal.
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Coding Scheme:	1	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 certify data				
	7	Data not certified. Facility affected by natural or man-made disaster (4Q2016)				
	8	No Emergency Department data submitted				
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

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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	

Last

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_GROUPER_VERSION_NBR	18	5	Alphanumeric
5	FROZEN_MS_GROUPER_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_GROUPER_VERSION_NBR	32	5	Alphanumeric
11	FROZEN_APR_GROUPER_ERROR_CODE	37	2	Alphanumeric
12	MS_DRG	39	3	Alphanumeric
13	MS_MDC	42	2	Alphanumeric
14	MS_GROUPER_VERSION_NBR	44	5	Alphanumeric
15	MS_GROUPER_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_GROUPER_VERSION_NBR	58	5	Alphanumeric
21	APR_GROUPER_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	

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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	

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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	