

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS HOSPITAL EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2016

DSHS Document #25-15013

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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 currently collects inpatient and outpatient data from hospitals and ambulatory surgical centers. DSHS began collecting ED data from hospitals on January 1, 2015 per 25 Texas Administrative Code (TAC), Sections 421.71-421.78, and in conjunction with the collection of inpatient and outpatient data.

Sections $\underline{108.011(a)}$ and $\underline{108.013}$ of the THSC require DSHS to provide public use data promptly and to protect patient and physician privacy and confidentiality. Also, THSC, Section $\underline{108.012}$ authorizes DSHS to charge the data requestor a standard fee to recoup funds for sustaining the program processing the data.

HOSPITAL EMERGENCY DEPARTMENT PUBLIC USE DATA FILES

The Hospital 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 ambulatory surgery center (ASC). DSHS only collect data from these hospitals and ASCs in which patient's received services one or more procedures that included an invasive surgical procedures or imaging/radiological procedures and all hospital emergency department (ED) visits.

The providers/submitters must submit their data according to the schedule specified in 25 TAC, Sections 421.73, 421.75 and 421.76 (which references 25 TAC, Sections 421.63, 421.65 and 421.66). The reporting schedules are also posted on the DSHS/THCIC webpage http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm. This means that the Hospital ED PUDF reflects 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 Hospital 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.
- 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 Classification Data File This file contains calculated data elements and classifiers assigned by THCIC. Clinical Classification Software codes; and, Clinical Risk Group codes, status and severity;
- 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.
- Facility Type Data File This file contains the information about specialty units or specific types of services provided at the hospitals.

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

- Hospital 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 included when they reviewed and certified their outpatient data.
- Facility Reporting Status Document (Inpatient and Outpatient) These documents provide information about whether the hospitals 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 2016 Q4 Hospital ED PUDF is available in seven fixed length or tabdelimited 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, 486 facilities:

IP Base Data #1	371,668 records	166 variables	Fixed field format	285 MB	Tab-delimited	149 MB
IP Base Data #2	371,668 records	99 variables	Fixed field format	230 MB	Tab-delimited	99 MB
IP Charges	7,149,726 records	13 variables	Fixed field format	559 MB	Tab-delimited	330 MB
OP Base Data	2,324,263 records	128 variables	Fixed field format	1,962 MB	Tab-delimited	905 MB
OP Classification Data	2,324,263 records	83 variables	Fixed field format	627 MB	Tab-delimited	308 MB
OP Charges	17,938,585 records	19 variables	Fixed field format	1,831 MB	Tab-delimited	1,414 MB
Facility Type Data	486 records	30 variables	Fixed field format	43 KB	Tab-delimited	38 KB

Second quarter, 487 facilities:

IP Base Data #1	364,092 records	166 variables	Fixed field format	279 MB	Tab-delimited	146 MB
IP Base Data #2	364,092 records	99 variables	Fixed field format	226 MB	Tab-delimited	97 MB
IP Charges	7,024,369 records	13 variables	Fixed field format	549 MB	Tab-delimited	324 MB
OP Base Data	2,315,466 records	128 variables	Fixed field format	1,954 MB	Tab-delimited	905 MB
OP Classification Data	2,315,466 records	83 variables	Fixed field format	625 MB	Tab-delimited	308 MB
OP Charges	18,261,235 records	19 variables	Fixed field format	1,863 MB	Tab-delimited	1,440 MB
Facility Type Data	487 records	30 variables	Fixed field format	43 KB	Tab-delimited	38 KB

Third quarter, 486 facilities:

ID D	267.522	166 : 11	E' 10' 110' '	202 MD	TC 1 1 1' '/ 1	1.47 MD
IP Base Data #1	367,523 records	166 variables	Fixed field format	282 MB	Tab-delimited	147 MB
IP Base Data #2	367,523 records	99 variables	Fixed field format	228 MB	Tab-delimited	98 MB
IP Charges	7,065,645 records	13 variables	Fixed field format	553 MB	Tab-delimited	325 MB
OP Base Data	2,275,340 records	128 variables	Fixed field format	1,920 MB	Tab-delimited	892 MB
OP Classification Data	2,275,340 records	83 variables	Fixed field format	614 MB	Tab-delimited	304 MB
OP Charges	18,289,934 records	19 variables	Fixed field format	1,866 MB	Tab-delimited	1,443 MB
Facility Type Data	486 records	30 variables	Fixed field format	43 KB	Tab-delimited	38 KB

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Fourth quarter, 486 facilities:

IP Base Data #1	368,588 records	166 variables	Fixed field format	283 MB	Tab-delimited	149 MB
IP Base Data #2	368,588 records	99 variables	Fixed field format	228 MB	Tab-delimited	98 MB
IP Charges	7,117,949 records	13 variables	Fixed field format	557 MB	Tab-delimited	328 MB
OP Base Data	2,260,107 records	128 variables	Fixed field format	1,908 MB	Tab-delimited	885 MB
OP Classification Data	2,260,107 records	83 variables	Fixed field format	610 MB	Tab-delimited	302 MB
OP Charges	17,847,395 records	19 variables	Fixed field format	1,821 MB	Tab-delimited	1,408 MB
Facility Type Data	486 records	30 variables	Fixed field format	43 KB	Tab-delimited	38 KB

The data must be imported into a software package. The Hospital ED PUDF does not include software for analyzing the data. The data files have been tested with several software packages 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 in excess of 1,048,576 records will not fit on a single Microsoft Excel 2016 worksheet.

DATA PROCESSING AND QUALITY

Each hospital 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 is notified of the errors. The hospital 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 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 may certify the encounter data with or without comments. The comments may provide information about the hospital's data submission or correction process. For example, a hospital comment may indicate whether the hospital 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. DSHS staff checks and adjusts for missing values and invalid codes in this file before the Hospital ED PUDF is generated. Users are advised to examine every data element to be used for missing values and

invalid codes, and to read accompanying notes, comments, and other descriptive text.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital 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 Hospital 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 has fewer than five discharges of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital 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 has fewer than ten discharges of a particular race code.

To protect physician identities in inpatient data provided by hospitals, 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 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 Hospital 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 Hospital ED PUDF are cautioned about using less than a year of data to make any hospital 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 for the purpose of verifying information supplied in the DSHS Hospital 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 Hospital 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 Hospital 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 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 Hospital 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 exists.

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 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 hospitals' 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 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 and not those who died after discharge from the hospital.
- The data are a snapshot in time. Hospitals must submit data no later than 60 days after the close of a calendar quarter. Depending on hospitals' 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 CD 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 not be sent.
- DSHS collects data from all hospitals 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 hospital patient mix (the types of patients treated at hospitals vary, due to the hospital'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 comments in any analysis of the data.)

Included with the Hospital ED PUDF is 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 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 (or physicians or healthcare practitioners within those hospitals) and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in two separate files called the 'Hospital Comments' (for inpatient data) and 'Outpatient Facility Comments' (for outpatient data).

CITATION

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

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

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Texas Hospital 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 Hospital Emergency Department (ED) Data Set. The following information is provided:

Field Unique, abbreviated name of the data element.

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

taken from specifications manuals

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

Source

Provided to THCIC by the healthcare facility (Provider)

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

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

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

following the Data Source. Alphanumeric or numeric

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

scheme

Type

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the "back quote" value ` .

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 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: DISCHARGE

Description:Discharge Quarter. Year and quarter of discharge. yyyyQn.Beginning Position:13Data Source:AssignedLength:6Type:Alphanumeric

Field 3: THCIC_ID

Description: Provider ID. Unique identifier assigned to the provider by DSHS.

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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: Data Source: Assigned** 19 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: Alphanumeric Type: Field 5: SOURCE_OF_ADMISSION **Description:** Code indicating source of the admission. **Coding Scheme:** 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 Transfer from another health care facility 6 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 F 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. Coronary Care Unit Pediatric Unit **Coding Scheme:** D Detoxification Unit Υ Psychiatric Unit Intensive Care Unit R Rehabilitation Unit Н Hospice Unit U Sub-acute Care Unit N Nursery S Skilled Nursing Unit Obstetric Unit В Blank Acute Care Oncology Unit \cap **Beginning Position:** 27 **Data Source:** Calculated Length: Type: **Alphanumeric** 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. **Data Source:** Calculated **Beginning Position:** 28 Length: **Alphanumeric** Type: 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. **Coding Scheme:** Same as SPEC UNIT 1. **Beginning Position: Data Source:** Calculated 29 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. **Beginning Position:** 30 **Data Source:** Calculated Length: Type: **Alphanumeric** DSHS/THCIC **DSHS** Document #25-15013

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www.dshs.texas.gov/THCIC

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.

Same as SPEC_UNIT_1. **Coding Scheme:**

Data Source: Beginning Position: 31 Calculated Length: Type: Alphanumeric

PAT_STATE Field 11:

Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-

character Postal Service abbreviation.

Arkansas **Coding Scheme:** AR

Louisiana LA NM New Mexico OK Oklahoma TX Texas

All other states and American Territories 77

FC. Foreign country

XXForeign country

Beginning Position: 32 **Data Source:** Claim

Length: Alphanumeric Type:

Field 12: PAT ZIP

Description: Patient's five-digit ZIP code.

Suppression: Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals

'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV-STD diagnosis the ZIP code is blank. If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', the ZIP

Code is blank.

Beginning Position: Data Source: Claim

Length: Alphanumeric Type:

Field 13: PAT_COUNTRY

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

Organization for Standardization (ISO).

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

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

Data Source: Beginning Position: Claim 39

Length: Type: Alphanumeric

Field 14: PAT_COUNTY

Description: FIPS code of patient's county.

Coding scheme:

001	Anderson	047	Brooks	093	Comanche	139	Ellis
003	Andrews	049	Brown	095	Concho	141	El Paso
005	Angelina	051	Burleson	097	Cooke	143	Erath
007	Aransas	053	Burnet	099	Coryell	145	Falls
009	Archer	055	Caldwell	101	Cottle	147	Fannin
011	Armstrong	057	Calhoun	103	Crane	149	Fayette
013	Atascosa	059	Callahan	105	Crockett	151	Fisher
015	Austin	061	Cameron	107	Crosby	153	Floyd
017	Bailey	063	Camp	109	Culberson	155	Foard
019	Bandera	065	Carson	111	Dallam	157	Fort Bend
021	Bastrop	067	Cass	113	Dallas	159	Franklin
023	Baylor	069	Castro	115	Dawson	161	Freestone
025	Bee	071	Chambers	117	Deaf Smith	163	Frio
027	Bell	073	Cherokee	119	Delta	165	Gaines
029	Bexar	075	Childress	121	Denton	167	Galveston
031	Blanco	077	Clay	123	Dewitt	169	Garza
033	Borden	079	Cochran	125	Dickens	171	Gillespie
035	Bosque	081	Coke	127	Dimmit	173	Glasscock
037	Bowie	083	Coleman	129	Donley	175	Goliad
039	Brazoria	085	Collin	131	Duval	177	Gonzales
041	Brazos	087	Collingsworth	133	Eastland	179	Gray
043	Brewster	089	Colorado	135	Ector	181	Grayson
045	Briscoe	091	Comal	137	Edwards	183	Gregg
IIC/TII	CIC				Dana	D	

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185	Grimes	269	King	353	Nolan	437	Swisher
187	Guadalupe	271	Kinney	355	Nueces	439	Tarrant
189	Hale	273	Kleberg	357	Ochiltree	441	Taylor
191	Hall	275	Knox	359	Oldham	443	Terrell
193	Hamilton	283	La Salle	361	Orange	445	Terry
195	Hansford	277	Lamar	363	Palo Pinto	447	Throckmorton
197	Hardeman	279	Lamb	365	Panola	449	Titus
199	Hardin	281	Lampasas	367	Parker	451	Tom Green
201	Harris	285	Lavaca	369	Parmer	453	Travis
203	Harrison	287	Lee	371	Pecos	455	Trinity
205	Hartley	289	Leon	373	Polk	457	Tyler
207	Haskell	291	Liberty	375	Potter	459	Upshur
209	Hays	293	Limestone	377	Presidio	461	Upton
211	Hemphill	295	Lipscomb	379	Rains	463	Uvalde
213	Henderson	297	Live Oak	381	Randall	465	Val Verde
215	Hidalgo	299	Llano	383	Reagan	467	Van Zandt
217	Hill	301	Loving	385	Real	469	Victoria
219	Hockley	303	Lubbock	387	Red River	471	Walker
221	Hood	305	Lynn	389	Reeves	473	Waller
223	Hopkins	307	McCulloch	391	Refugio	475	Ward
225	Houston	309	McLennan	393	Roberts	477	Washington
227	Howard	311	McMullen	395	Robertson	479	Webb
229	Hudspeth	313	Madison	397	Rockwall	481	Wharton
231	Hunt	315	Marion	399	Runnels	483	Wheeler
233	Hutchinson	317	Martin	401	Rusk	485	Wichita
235	Irion	319	Mason	403	Sabine	487	Wilbarger
237	Jack	321	Matagorda	405	San Augustine	489	Willacy
239	Jackson	323	Maverick	407	San Jacinto	491	Williamson
241	Jasper	325	Medina	409	San Patricio	493	Wilson
243	Jeff Davis	327	Menard	411	San Saba	495	Winkler
245	Jefferson	329	Midland	413	Schleicher	497	Wise
247	Jim Hogg	331	Milam	415	Scurry	499	Wood
249	Jim Wells	333	Mills	417	Shackelford	501	Yoakum
251	Johnson	335	Mitchell	419	Shelby	503	Young
253	Jones	337	Montague	421	Sherman	505	Zapata
255	Karnes	339	Montgomery	423	Smith	507	Zavala
257	Kaufman	341	Moore	425	Somervell		
259	Kendall	343	Morris	427	Starr	`	Invalid
261	Kenedy	345	Motley	429	Stephens		
263	Kent	347	Nacogdoches	431	Sterling		
265	Kerr	349	Navarro	433	Stonewall		
267	Kimble	351	Newton	435	Sutton		

Beginning Position: Length:

PUBLIC_HEALTH_REGION

41

Field 15: **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
- 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
- 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
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties

Type:

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Data Source: Assigned; based on patient ZIP code

Alphanumeric

- 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
 Invalid

Beginning Position: 44 **Length:** 2

Data Source: Assigned **Type:** Alphanumeric

Field 16: PAT_STATUS

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

reported

Coding Scheme:

- 01 Discharged to home or self-care (routine discharge)
- 02 Discharged to other short term general hospital
- 03 Discharged to skilled nursing facility
- 04 Discharged to intermediate care facility
- 05 Discharged/transferred to a Designated Cancer Center or Children's Hospital
- 06 Discharged to care of home health service
- 07 Left against medical advice
- 08 Discharged to care of Home IV provider
- 09 Admitted as inpatient to this hospital
- 20 Expired
- 21 Discharged/transferred to Court/Law Enforcement
- 30 Still patient
- 40 Expired at home
- 41 Expired in a medical facility
- 42 Expired, place unknown
- 43 Discharged/transferred to federal health care facility
- 50 Discharged to hospice-home
- 51 Discharged to hospice-medical facility
- 61 Discharged/transferred within this institution to Medicare-approved swing bed
- 62 Discharged/transferred to inpatient rehabilitation facility
- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility
- 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to Critical Access Hospital (CAH)
- 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 71 Discharged/transferred to other outpatient service

- 72 Discharged/transferred to institution outpatient
- 81 Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 82 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 83 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

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93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

4 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

Invalid

Beginning Position: 46 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 17: SEX_CODE

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

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

STD diagnosis. If a hospital has fewer than 5 patients of a particular gender,

including unknown, Provider ID is '999998' and Hospital Name and Patient ZIP Code

are blank for those patients.

Coding Scheme: M Male

F Female U Unknown ` Invalid

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

Length: 1 **Type:** Alphanumeric

Field 18: RACE

Description: Code indicating the patient's race.

Suppression: If a hospital has fewer than ten patients of one race that race is changed to 'Other'

(code equals 5).

Coding Scheme: 1 American Indian/Eskimo/Aleut

2 Asian or Pacific Islander

3 Black

4 White5 OtherInvalid

Beginning Position: 49

Data Source: Claim

Length: 1 **Type:** Alphanumeric

Field 19: ETHNICITY

Description: Code indicating the Hispanic origin of the patient.

Suppression: If a hospital has fewer than ten patients of one race the ethnicity of patients of that

race is suppressed (code is blank).

Coding Scheme: 1 Hispanic Origin

2 Not of Hispanic Origin

Invalid

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

Length: 1 Type: Alphanumeric

Field 20: ADMIT_WEEKDAY

Description: Code indicating day of week patient is admitted

Coding Scheme: 1 Monday 5 Friday

Z Tuesday
3 Wednesday
4 Thursday
6 Saturday
7 Sunday
Invalid

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

Field 21: LENGTH OF STAY

Description: Length of stay in days *equals* Statement covers period through date *minus*

Admission/start of care date. The minimum length of stay is 1 day. The maximum is

9999 davs.

Beginning Position:52Data Source:CalculatedLength:4Type:Alphanumeric

Field 22:	PAT_AGE			
Description:	Code indicating age of	f patient in days	or years on date	of discharge.
Coding Scheme:	00 1-28 days	10 35-3		20 85-89
_	01 29-365 days	11 40-4	4	21 90+
	02 1-4 years	12 45-4	9	HIV-STD and drug/alcohol use patients:
	03 5-9	13 50-5	4	22 0-17
	04 10-14	14 55-5	9	23 18-44
	05 15-17	15 60-6	4	24 45-64
	06 18-19	16 65-6		25 65-74
	07 20-24	17 70-7		26 75+
	08 25-29	18 75-7		` Invalid
	09 30-34	19 80-8	·='	
Beginning Position:	56	Data Source:	5	
Length:	2	Type:	Alphanumeric	
Field 23:	FIRST_PAYMENT_S		_	
Description:	Code indicating the ex			
Coding Scheme:	09 Self Pay (Removed f		HM Health	n Maintenance Organization
		2Q2012 data)		
	10 Central Certification	************	LI Liabili	
	11 Other Non-federal Pr12 Preferred Provider O			ty Medical are Part A
	13 Point of Service (POS	· ,		are Part A are Part B
	14 Exclusive Provider O	,	MC Medic	
	15 Indemnity Insurance		TV Title \	
	16 Health Maintenance			Federal Program
	Medicare Risk	0. gaat.o (o)	0. 0	. cacra og. a
	AM Automobile Medical		VA Vetera	an Administration Plan
	BL Blue Cross/Blue Shie	eld	WC Worke	ers Compensation Health Claim
	CH CHAMPUS		ZZ Charit	ry, Indigent or Unknown
	CI Commercial Insurance	ce	`` Codes	09 and ZZ, combined for 2004 & 2005
	DS Disability Insurance		` Invali	d
Beginning Position:	58	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 24:				
rielu 24:	SECONDARY PAYM	ENT SRC		
Field 24:	SECONDARY_PAYM		y source of payn	nent
Description:	Code indicating the ex	kpected secondar	y source of payn	nent.
Description: Coding Scheme:	Code indicating the ex Same as field FIRST_PAY	<pre>kpected secondar YMENT_SRC</pre>		nent.
Description: Coding Scheme: Beginning Position:	Code indicating the ex Same as field FIRST_PAY 60	kpected secondar YMENT_SRC Data Source:	Claim	nent.
Description: Coding Scheme: Beginning Position: Length:	Code indicating the ex Same as field FIRST_PAY 60 2	<pre>kpected secondar YMENT_SRC</pre>		nent.
Description: Coding Scheme: Beginning Position: Length: Field 25:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL	xpected secondar YMENT_SRC Data Source: Type:	Claim	nent.
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ	xpected secondar YMENT_SRC Data Source: Type:	Claim Alphanumeric	
Description: Coding Scheme: Beginning Position: Length: Field 25:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2 nd digit-Ty	Claim Alphanumeric	3 rd digit–Sequence of claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typus 1st digit-Type of Facility	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2 nd digit-Ty 1 Inpatie Part A	Claim Alphanumeric	3 rd digit–Sequence of claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1 st digit-Type of Facility 1 Hospital	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2 nd digit-Ty 1 Inpatie Part A	Claim Alphanumeric The of Care Int, including Medicar	<i>3rd digit–Sequence of claim</i> e 0 Non-payment/Zero claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1 st digit-Type of Facility 1 Hospital	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2nd digit-Ty 1 Inpatie Part A 2 Inpatie	Claim Alphanumeric Type of Care nt, including Medican nt, Medicare Part B	3 rd digit—Sequence of claim e 0 Non-payment/Zero claim 1 Admit through discharge
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typus 1st digit-Type of Facility 1 Hospital 2 Skilled nursing	xpected secondar yMENT_SRC Data Source: Type: De of bill. 2 nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpati	Claim Alphanumeric Type of Care nt, including Medican nt, Medicare Part B	3 rd digit–Sequence of claim e 0 Non-payment/Zero claim 1 Admit through discharge claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2 nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpat 4 Outpat Part B	Claim Alphanumeric Upe of Care Int, including Medican Int, Medicare Part B ent ent Other, Medicare Intolopy	3 rd digit–Sequence of claim e 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim–first claim 3 Interim–continuing claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the extended same as field FIRST_PANE 60 2 TYPE_OF_BILL Indicates the specific type of the facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical seligious non-medical health care—Hospital 5 Religious non-medical	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2 nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpati Part B 5 Interme	Claim Alphanumeric Upe of Care Int, including Medicare Int, Medicare Part B ent ent Other, Medicare	3 rd digit–Sequence of claim e 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim–first claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the extended same as field FIRST_PANE 60 2 TYPE_OF_BILL Indicates the specific type of the first digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended of the first firs	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2 nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpati 4 Outpati Part B 5 Intermicare	Claim Alphanumeric Type of Care Int, including Medicare Int, Medicare Part B ent ent Other, Medicare Intly Ediate Care-Level I	3 rd digit-Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim-first claim 3 Interim-continuing claim 4 Interim-last claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the extended for the same as field FIRST_PANE for the same as field first for the same as field first for the same as field for the same as field first for the same as field for the same as field first for the same as field fo	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpati 4 Outpati Part B 5 Intermicare 6 Intermical	Claim Alphanumeric Type of Care Int, including Medican Int, Medicare Part B International Medicare International	3 rd digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the extended same as field FIRST_PANE 60 2 TYPE_OF_BILL Indicates the specific type of the first digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended of the first firs	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpati 4 Outpati Part B of Tarrect	Claim Alphanumeric Type of Care Int, including Medicare Int, Medicare Part B ent ent Other, Medicare Intly Ediate Care-Level I	3 rd digit-Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim-first claim 3 Interim-continuing claim 4 Interim-last claim 5 Late charge(s) only claim 6 Adjustment of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended 6 Intermediate care 7 Clinic	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2 nd digit-T) 1 Inpatie Part A 2 Inpatie only 3 Outpati 4 Outpati Part B 6 5 Intermicare 6 Intermi	Claim Alphanumeric Type of Care Int, including Medicare Int, Medicare Part B ent ent Other, Medicare Inty ediate Care-Level I ute inpatient - Level	3 rd digit-Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim-first claim 3 Interim-continuing claim 4 Interim-last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare)
Description: Coding Scheme: Beginning Position: Length: Field 25: Description:	Code indicating the extended for same as field FIRST_PANES for a street for same as field for same as field for same as field for same as field first for same as field for same as field first	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpati 4 Outpati Part B of Tarrect	Claim Alphanumeric Type of Care Int, including Medicare Int, Medicare Part B ent ent Other, Medicare Inty ediate Care-Level I ute inpatient - Level	3 rd digit-Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim-first claim 3 Interim-continuing claim 4 Interim-last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended 6 Intermediate care 7 Clinic 8 Special facility	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2 nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpati 4 Outpati Part B o 5 Intermo	Claim Alphanumeric Upe of Care Int, including Medicare Int, Medicare Part B ent ent Other, Medicare Intly ediate Care-Level I I ute inpatient - Level I pediate	3 rd digit-Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim-first claim 3 Interim-continuing claim 4 Interim-last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare)
Description: Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme: Beginning Position:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended 6 Intermediate care 7 Clinic 8 Special facility	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2 nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpat 4 Outpat Part B 5 Intermeter 7 Sub-ac III 8 Swing	Claim Alphanumeric Type of Care Int, including Medicare Int, Medicare Part B ent ent Other, Medicare Intly ediate Care-Level I Interior inpatient - Level	3 rd digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme: Beginning Position: Length:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended 6 Intermediate care 7 Clinic 8 Special facility 62 3	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2 nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpati 4 Outpati Part B o 5 Intermo	Claim Alphanumeric Upe of Care Int, including Medicare Int, Medicare Part B ent ent Other, Medicare Intly ediate Care-Level I I ute inpatient - Level I pediate	3 rd digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme: Beginning Position: Length: Field 26:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended 6 Intermediate care 7 Clinic 8 Special facility 62 3 TOTAL_CHARGES	xpected secondar YMENT_SRC Data Source: Type: De of bill. 2nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpat 4 Outpat Part B 5 Interme care 6 Interme 7 Sub-ac III 8 Swing I Data Source: Type:	Claim Alphanumeric Type of Care Int, including Medicare Int, Medicare Part B The ent Control Interpretation of the control I	3rd digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme: Beginning Position: Length:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended 6 Intermediate care 7 Clinic 8 Special facility 62 3 TOTAL_CHARGES Sum of accommodation	xpected secondar yMENT_SRC Data Source: Type: De of bill. 2nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpati 4 Outpati Part B 5 Intermore care 6 Intermore 7 Sub-ac III 8 Swing II Data Source: Type: On charges, non-compared to the secondary Data Source: Type:	Claim Alphanumeric Upe of Care Int, including Medicare Int, Medicare Part B ent ent Other, Medicare Intly ediate Care-Level I I ute inpatient - Level I ute inpatient - Level I cod Claim Alphanumeric I covered accomm	3 rd digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim
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Description: Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme: Beginning Position: Length: Field 26: Description:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended 6 Intermediate care 7 Clinic 8 Special facility 62 3 TOTAL_CHARGES Sum of accommodation charges, non-covered	xpected secondar yMENT_SRC Data Source: Type: De of bill. 2nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpat 4 Outpat Part B 5 Intermed 7 Sub-ac III 8 Swing B Data Source: Type: On charges, non-cancillary charges	Claim Alphanumeric Ape of Care Int, including Medicare Int, Medicare Part B Interpretation Interpretation	3rd digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim
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Description: Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme: Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended 6 Intermediate care 7 Clinic 8 Special facility 62 3 TOTAL_CHARGES Sum of accommodation charges, non-covered 65 12 TOTAL_NON_COV_C	cpected secondar YMENT_SRC Data Source: Type: De of bill. 2nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpat 4 Outpat Part B 5 Interme 7 Sub-ac III 8 Swing I Data Source: Type: Data Source: Type: CHARGES	Claim Alphanumeric Ape of Care Int, including Medicare Int, Medicare Part B Interpretation Interpretation	3rd digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme: Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27: Description:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended 6 Intermediate care 7 Clinic 8 Special facility 62 3 TOTAL_CHARGES Sum of accommodation charges, non-covered 65 12 TOTAL_NON_COV_C Sum of non-covered accommodation covered accommodation covered 65 12	cpected secondary MENT_SRC Data Source: Type: De of bill. 2nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpat 4 Outpat Part B 5 Intermore 7 Sub-ac III 8 Swing II Data Source: Type: Data Source: Type: Charges, non-coancillary charges Data Source: Type: CHARGES accommodation coancillary charges	Claim Alphanumeric Ape of Care Int, including Medicare Int, Medicare Part B Interpretation Interpretation	3rd digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim
Description: Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme: Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27:	Code indicating the ex Same as field FIRST_PAY 60 2 TYPE_OF_BILL Indicates the specific typ 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended 6 Intermediate care 7 Clinic 8 Special facility 62 3 TOTAL_CHARGES Sum of accommodation charges, non-covered 65 12 TOTAL_NON_COV_C	cpected secondar YMENT_SRC Data Source: Type: De of bill. 2nd digit-Ty 1 Inpatie Part A 2 Inpatie only 3 Outpat 4 Outpat Part B 5 Interme 7 Sub-ac III 8 Swing I Data Source: Type: Data Source: Type: CHARGES	Claim Alphanumeric Ape of Care Int, including Medicare Int, Medicare Part B Interpretation Interpretation	3rd digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim

Field 28: TOTAL_CHARGES_ACCOMM **Description:** Sum of covered and non-covered accommodation charges. **Data Source: Beginning Position:** 89 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: Numeric 12 Type: Field 30: TOTAL CHARGES ANCIL **Description:** Sum of covered and non-covered ancillary charges. **Data Source: Beginning Position:** 113 Claim Length: 12 Type: Numeric Field 31: TOTAL_NON_COV_CHARGES_ANCIL **Description:** Sum of non-covered ancillary charges. **Beginning Position:** 125 **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:** 137 **Data Source:** Claim 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. **Data Source: Beginning Position:** 144 Claim Length: Type: Alphanumeric 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:** Υ Yes Ν No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr. 2012 only) 1 Invalid **Beginning Position:** 151 Data Source: Claim 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:** 152 **Data Source:** 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 **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position:** 159 **Data Source:** Claim Length: Type: Alphanumeric Field 37: OTH_DIAG_CODE_2 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 160 **Data Source:** Claim Length: Type: Alphanumeric Field 38: POA_OTH_DIAG_CODE_2

Data Source:

Type:

was admitted to the hospital

167

Same as Field POA PRINC DIAG CODE

Code identifying whether Oth Diag Code 2 code was present at the time the patient

Claim

Alphanumeric

Description:

Length:

Coding Scheme:

Beginning Position:

Field 39: OTH_DIAG_CODE_3

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

Decimal is implied following the third character.

Beginning Position: 168 **Data Source:** Claim

Length: 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

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

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

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: 176 Claim

Length: Type: Alphanumeric

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: 183 Data Source: Claim

Length: Alphanumeric Type:

Field 43: OTH_DIAG_CODE_5

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

Decimal is implied following the third character.

Beginning Position: 184 **Data Source:** Claim

Length: Type: Alphanumeric

Field 44: POA OTH DIAG CODE 5

Description: Code identifying whether Oth Diag Code 5 code was present at the time the patient

was admitted to the hospital

Same as Field POA PRINC DIAG CODE **Coding Scheme:**

Beginning Position: 191 **Data Source:** Claim

Length: Alphanumeric Type:

Field 45: OTH_DIAG_CODE_6

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

Decimal is implied following the third character.

Beginning Position: 192 **Data Source:** Claim

Length: Alphanumeric Type:

Field 46: POA_OTH_DIAG_CODE_6

Description: Code identifying whether Oth Diag Code 6 code was present at the time the patient

was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 199 **Data Source:** Claim

Length: Alphanumeric Type:

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

Lenath: Type: Alphanumeric

Field 48: POA_OTH_DIAG_CODE_7

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

was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 207 Data Source: Claim

Length: Type: Alphanumeric

Field 49: OTH_DIAG_CODE_8

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

Decimal is implied following the third character.

Beginning Position: Data Source: 208 Claim

Length: 7 Type: **Alphanumeric** Field 50: POA_OTH_DIAG_CODE_8

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

was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Data Source: Beginning Position: 215 Claim Length: Type: Alphanumeric

Field 51: OTH_DIAG_CODE_9

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:** 216 Claim

Length: Type: Alphanumeric

POA_OTH_DIAG_CODE_9 Field 52:

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

was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 223 Data Source: Claim Length: Type: Alphanumeric

Field 53: OTH_DIAG_CODE_10

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

Decimal is implied following the third character.

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

Type: Alphanumeric Length:

Field 54: POA_OTH_DIAG_CODE_10

Description: Code identifying whether Oth Diag Code 10 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 231 **Data Source:** Claim

Length: Alphanumeric Type:

Field 55: OTH_DIAG_CODE_11

Beginning Position:

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

> Decimal is implied following the third character. 232 **Data Source:** Claim

Length: Type:

Alphanumeric

Field 56: POA_OTH_DIAG_CODE_11

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

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 239 **Data Source:** Claim

Lenath: Alphanumeric Type:

Field 57: OTH_DIAG_CODE_12

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

> Decimal is implied following the third character. **Data Source:** 240 Claim

Beginning Position:

Length: Type: Alphanumeric

Field 58: POA_OTH_DIAG_CODE_12

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

patient was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

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

Length: Type: Alphanumeric

Field 59: OTH_DIAG_CODE_13

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

Field 60: POA_OTH_DIAG_CODE_13

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

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 255 Data Source: Claim

Length: Alphanumeric Type:

DSHS/THCIC **DSHS** Document #25-15013 Page 22 www.dshs.texas.gov/THCIC Last Updated: February, 2018 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.

Beginning Position: 256 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 62: POA_OTH_DIAG_CODE_14

Description: Code identifying whether Oth Diag Code 14 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position:263Data Source:ClaimLength:1Type:Alphanumeric

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: 264 Data Source: Claim

Length: 7 **Type:** Alphanumeric

Field 64: POA_OTH_DIAG_CODE_15

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

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

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

Length: 1 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: 272 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 66: POA_OTH_DIAG_CODE_16

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

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

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

Length: 1 **Type:** Alphanumeric

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.

280 **Data Source:** Claim

Beginning Position: 280 Data Source: Cla

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

Field 70: POA_OTH_DIAG_CODE_18

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

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 295 Data Source: Claim

Length: 1 **Type:** Alphanumeric

Field 71: OTH_DIAG_CODE_19

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

Decimal is implied following the third character.

Beginning Position: 296 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

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: Type: Alphanumeric

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.

Data Source: **Beginning Position:** 304 Claim

Length: Type: Alphanumeric

POA_OTH_DIAG_CODE_20 Field 74:

Description: Code identifying whether Oth Diag Code 20 code was present at the time the

patient was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

Beginning Position: 311 Data Source: Claim Length: Type: Alphanumeric

Field 75: OTH DIAG CODE 21

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

Decimal is implied following the third character.

Beginning Position: 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

Beginning Position: 319 **Data Source:** Claim

Length: Alphanumeric Type:

Field 77: OTH_DIAG_CODE_22

Beginning Position:

Beginning Position:

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

> Decimal is implied following the third character. 320 **Data Source:** Claim

Length: Type:

Alphanumeric

Field 78: POA_OTH_DIAG_CODE_22

Description: Code identifying whether Oth_Diag_Code_22 code was present at the time the

patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 327 **Data Source:** Claim

Lenath: 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. **Data Source:** 328 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: Type: Alphanumeric

Field 81: OTH_DIAG_CODE_24

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

Decimal is implied following the third character.

Data Source: **Beginning Position:** 336 Claim

Length: Type: Alphanumeric

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

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 343 Data Source: Claim Length: Alphanumeric Type:

DSHS/THCIC **DSHS** Document #25-15013 Page 24 www.dshs.texas.gov/THCIC Last Updated: February, 2018 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: Type: **Alphanumeric**

Field 84: POA E CODE 1

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

time the patient was admitted to the hospital

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

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

Length: Type: **Alphanumeric**

Field 86: POA E CODE 2

Description: Code identifying whether external cause of injury E Code 2 code was present at the

time the patient was admitted to the hospital

Coding Scheme: Same as Field POA PRINC DIAG CODE

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

Length: Type: Alphanumeric

Field 87: E_CODE_3

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

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

third character.

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

Length: 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: Data Source: 367 Claim Length: Type: Alphanumeric

E_CODE_4 Field 89:

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: Alphanumeric Type:

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

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

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

Length: Alphanumeric 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

Same as Field POA_PRINC_DIAG_CODE **Coding Scheme:**

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

Length: Type: **Alphanumeric**

DSHS/THCIC **DSHS** Document #25-15013 Page 25 Last Updated: February, 2018 www.dshs.texas.gov/THCIC

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:384Data Source:ClaimLength:7Type: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:391Data Source:ClaimLength:1Type: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:407Data Source:ClaimLength:1Type: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:408Data Source:ClaimLength:7Type: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:415Data Source:ClaimLength:1Type: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:416Data Source:ClaimLength:7Type: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:423Data Source:ClaimLength:1Type:Alphanumeric

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Field 103: PRINC_SURG_PROC_CODE Description: Code for the principal surgical or other procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 424 **Data Source:** Claim Length: 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: Data Source:** 431 Calculated Length: Type: 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: Data Source:** 435 Claim Length: 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:** 442 **Data Source:** Calculated Length: Type: 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: Data Source:** 446 Claim Length: Alphanumeric Type: Field 108: OTH_SURG_PROC_DAY_2 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 453 **Data Source:** Calculated Length: Type: 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: Data Source:** 457 Claim Length: 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:** 464 **Data Source:** Calculated Length: Alphanumeric Type: Field 111: OTH_SURG_PROC_CODE_4 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 468 **Data Source:** Claim Length: Alphanumeric Type: 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:475Data Source:CalculatedLength:4Type: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: 486 **Data Source:** Calculated

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Length: Alphanumeric Type: Field 115: OTH_SURG_PROC_CODE_6 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Data Source: Beginning Position:** 490 Claim Length: Type: Alphanumeric Field 116: OTH_SURG_PROC_DAY_6 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Data Source: **Beginning Position:** 497 Calculated Length: Type: 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. **Data Source: Beginning Position:** Claim 501 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 Data Source: **Beginning Position:** 508 Calculated Lenath: Alphanumeric Type: 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. **Data Source: Beginning Position:** Claim 512 Length: 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:** 519 **Data Source:** Calculated Lenath: Type: 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. **Data Source: Beginning Position:** Claim 523 Length: Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Data Source: Beginning Position:** 530 Calculated Length: Type: 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. **Data Source: Beginning Position:** 534 Claim Lenath: 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:** 541 **Data Source:** Calculated Length: Alphanumeric Type: 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 Lenath: 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:** 552 **Data Source:** Calculated Alphanumeric Length: 4 Type: DSHS/THCIC **DSHS** Document #25-15013 Page 28 www.dshs.texas.gov/THCIC Last Updated: February, 2018

Field 127: OTH_SURG_PROC_CODE_12

Description: Code for surgical or other procedure.

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: 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:578Data Source:ClaimLength:7Type: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:589Data Source:ClaimLength:7Type: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

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Field 139: OTH_SURG_PROC_CODE_18 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 622 **Data Source:** Claim Length: 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: Data Source:** Calculated 629 Length: Type: Alphanumeric Field 141: OTH_SURG_PROC_CODE_19 Code for surgical or other procedure other than the principal procedure performed **Description:** during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** Claim 633 Length: 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:** 640 **Data Source:** Calculated Length: Type: 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: Data Source:** Claim 644 Alphanumeric Length: Type: 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: Data Source:** Calculated 651 Alphanumeric Length: Type: 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: Data Source:** 655 Claim Length: 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: Data Source:** Calculated 662 Alphanumeric Length: Type: 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 Alphanumeric Length: Type: 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:** 673 **Data Source:** Calculated Alphanumeric Length: Type: 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: Data Source:** Claim 677 Alphanumeric Length: Type: 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.

Data Source:

Calculated

Beginning Position:

684

Length:	4 Type: Alphanumeric
Field 151:	OTH_SURG_PROC_CODE_24
Description:	Code for surgical or other procedure other than the principal procedure performed
2 000 i puo	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 <i>equals</i> Other Surgical Procedure Date <i>minus</i>
	Admission/Start of Care Date.
Beginning Position:	Data Source: Calculated
Length:	4 Type: Alphanumeric
Field 153:	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:	699 Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 154:	MS_DRG
Description:	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG),
-	as assigned for hospital payment for Medicare beneficiaries.
Beginning Position:	701 Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 155:	MS_GROUPER_VERSION_NBR
Description:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and
2 000 i puo	previously reported as HCFA GROUPER VERSION NBR) version used to assign MS
	DRG and, MS MDC codes
Docimulus Docition.	,
Beginning Position:	704 Data Source: Assigned 5 Type: Alphanumeric
Length: Field 156:	5 Type: Alphanumeric MS_GROUPER_ERROR_CODE
Description:	Error codes identify potential variations with MS DRG code assignment
Coding Scheme:	00 No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid
	or exempt Diagnosis code cannot be used as DisableHac is invalid and at least one HAC POA is N
	of principal diagnosis or U
	Record does not meet criteria for any DisableHac is invalid and at least one HAC POA is
	DRG Invalid or exempt
	03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt
	04 Invalid Sex DisableHac is invalid and at least one HAC POA is exempt
	DisableHac = 0 and there are multiple HACs that
	05 Invalid Discharge Status 24 have different HAC POA values that are not Y, W, N,
	U
	DisableHac is invalid and there are multiple HACs
	10 Illogical Principal Diagnosis (CMS only) 25 that have different HAC POA values that are not Y or W
	11 Invalid Principal Diagnosis
Beginning Position:	709 Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 157:	APR_MDC
Description:	Major Diagnostic Category (MDC) as assigned by 3M [™] APR-DRG Grouper.
Beginning Position:	711 Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 158:	APR DRG
Description:	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-
	DRG Grouper
Beginning Position:	713 Data Source: Assigned
Length:	4 Type: Alphanumeric
Field 159:	RISK_MORTALITY
Description:	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis
para	Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of
Coding Caharras	dying.
Coding Scheme:	1 Minor
	2 Moderate
	3 Major
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4 Extreme

Beginning Position:717Data Source:AssignedLength:1Type:Alphanumeric

Field 160: ILLNESS SEVERITY

Description: Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis

Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of

physiologic decompensation.

Coding Scheme: 1 Minor

2 Moderate3 Major

4 Extreme

0 No class specified

Beginning Position:718Data Source:AssignedLength:1Type:Alphanumeric

Field 161: APR GROUPER VERSION NBR

Description: 3M[™] All Patient Refined Diagnosis Related Grouper version used to assign APR DRG

codes, APR MDC codes, Risk of Mortality rankings, and Severity of Illness rankings

Beginning Position:719Data Source:AssignedLength:5Type:Alphanumeric

Field 162: APR_GROUPER_ERROR_CODE

03

04

11

Description: Error codes identify potential variations with APR DRG code assignment

Coding Scheme:

00 No errors. DRG successfully assigned.

12 Gestational age/birth weight conflict (APR only)

assigned.

13 DisableHac = 0 and at least one HAC POA is invalid or

principal diagnosis exempt
02 Record does not meet criteria for any 20 DisableHac is invalid and at least one HAC POA is N or U

Invalid Age

21 DisableHac is invalid and at least one HAC POA is invalid or exempt

Invalid Sex

22 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 only)
24 DisableHac = 0 and there are multiple HACs that

U
09 Invalid discharge age in days (AP & 25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W

have different HAC POA values that are not Y, W, N,

Invalid Principal Diagnosis

Beginning Position:724Data Source:AssignedLength:2Type:Alphanumeric

Field 163: 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

999999999 Temporary license or license number could not be matched

Beginning Position:726Data Source:AssignedLength:10Type:Alphanumeric

Field 164: 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.

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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

999999999 Temporary license or license number could not be matched

Beginning Position:736Data Source:AssignedLength:10Type:Alphanumeric

Field 165: ENCOUNTER_INDICATOR

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

Beginning Position:746Data 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:748Data Source:ProviderLength:55Type: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:109Data Source:CalculatedLength:12Type:Numeric

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:121Data Source:CalculatedLength:12Type:Numeric

Field 12: PT AMOUNT

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:133Data Source:CalculatedLength:12Type:Numeric

Field 13: OT AMOUNT

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:145Data Source:CalculatedLength:12Type:Numeric

Field 14: SPEECH AMOUNT

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:157Data Source:CalculatedLength:12Type:Numeric

Field 15: IT_AMOUNT

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:169Data Source:CalculatedLength:12Type: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:181Data Source:CalculatedLength:12Type:Numeric

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:193Data Source:CalculatedLength:12Type:Numeric

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:205Data Source:CalculatedLength:12Type:Numeric

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:217Data Source:CalculatedLength:12Type: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. 241 **Beginning Position: Data Source:** Calculated Length: 12 Type: Numeric 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 RAD_AMOUNT Field 23: **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 Field 26: **ER_AMOUNT 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:** 313 **Data Source:** Calculated 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: 12 Type: Numeric 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-

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Data Source:

Calculated

0219, revenue center 081X, 089X.

Beginning Position:

Length: 12 Type: Numeric Field 30: ESRD_AMOUNT **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 12 Length: Type: 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:** 361 **Data Source:** Calculated Length: 12 Type: Numeric Field 32: OCCUR_CODE_1 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** 27 Date Home Health Plan 01 Auto accident 47 Date cost outlier status begins Established or Last Reviewed Birthdate - Insured A 02 No Fault Insurance Involved -Α1 28 Date Comprehensive Outpatient Including Auto Accident/Other A2 Effective Date - Insured A Rehabilitation Plan Established 03 Accident/ Tort Liability or Last Reviewed 04 Accident/ Employment Related Payer A benefits exhausted А3 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 09 Start of Infertility Treatment 31 Date beneficiary notified of B2 Effective date - Insured B Policy Cycle intent to bill (accommodations) ВЗ Payer B benefits exhausted Last Menstrual Period 32 Date beneficiary notified of 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 discharge for non-covered C3 Payer C benefits exhausted Dependent Individual transplant patients Date of Last Therapy 16 DR Katrina disaster related 38 Date treatment started for 17 Date Outpatient OT Plan E1 Birthdate - Insured D home IV therapy Established or Last Reviewed Date discharged on a E2 Effective date - Insured D 39 18 Date of Retirement continuous course if IV therapy Policy Patient/Beneficiary 40 Scheduled date of admission E3 Payer D benefits exhausted Date of Retirement - Spouse 19 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 43 Scheduled date of canceled 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 G3 Payer F benefits exhausted Primary Payer 45 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: Alphanumeric Type: 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: OCCUR_DAY_2 Field 35: **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Calculated **Data Source:** DSHS/THCIC DSHS Document #25-15013 Page 37

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Length: Type: Alphanumeric 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:** Length: Alphanumeric Type: Field 37: OCCUR DAY 3 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Description: Beginning Position: Data Source:** Calculated Alphanumeric Length: 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 Lenath: **Alphanumeric** Type: Field 39: OCCUR_DAY_4 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 393 Data Source: Calculated Alphanumeric Length: Type: Field 40: OCCUR_CODE_5 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 397 **Data Source:** Claim Length: Alphanumeric Type: Field 41: OCCUR DAY 5 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 399 **Data Source:** Calculated Length: Alphanumeric Type: 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: Alphanumeric Type: Field 43: OCCUR DAY 6 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** 405 Calculated Length: 4 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: Data Source:** 409 Claim Length: Alphanumeric Type: Field 45: OCCUR DAY 7 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 411 **Data Source:** Calculated Length: 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 Alphanumeric Length: Type: OCCUR_DAY_8 Field 47: **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 417 **Data Source:** Calculated Length: 4 Alphanumeric Type: 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:** Claim Length: Type: Alphanumeric Field 49: OCCUR DAY 9 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.

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Beginning Position: 423 **Data Source:** Calculated Length: Type: Alphanumeric 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 Alphanumeric Length: Type: Field 52: OCCUR_CODE_11 Description: Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR_CODE_1. **Beginning Position:** 433 **Data Source:** Claim Length: Alphanumeric Type: Field 53: OCCUR_DAY_11 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 435 Length: Alphanumeric Field 54: OCCUR_CODE_12 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR_CODE_1. **Beginning Position: Data Source:** 439 Claim Length: Type: Alphanumeric 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. Qualifying stay dates (for SNF use only) 70 78 SNF prior stay dates **Coding Scheme:** 71 Prior stay dates 80 Prior Same SNF prior stay dates for Payment Ban Purposes 72 First/Last Visit 81 Antepartum Days at Reduced Level of Care 73 Benefit eligibility period M0 QIO/UR approved stay dates 74 Noncovered level of care/Leave of absence М1 Provider liability - no utilization 75 SNF level of care М2 Inpatient respite dates 76 М3 ICF level of care Patient Liability Period 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:** 447 **Data Source:** Calculated Length: Type: Alphanumeric 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. **Coding Scheme:** Same as Field OCCUR CODE SPAN 1. **Beginning Position: Data Source:** 459 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. **Beginning Position: Data Source:** Calculated DSHS/THCIC DSHS Document #25-15013 Page 39

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Length:		6		Type:	Alphanum	eric	
ield 61	=	OCCUR_SPAN					
Descript	tion:	•	an Thru	ı <i>equals</i> Ending Da	ate of Even	t minu	s Admission/Start of Care
		Date.					
	ng Position:	467		Data Source:	Calculated		
_ength:		6		Туре:	Alphanum	eric	
ield 62	· -	OCCUR_SPAN					
Descript	tion:	Code describir	ıg a sigr	nificant event rela	ting to the	claim	that may affect payer
		processing.					
	Scheme:	Same as Field O	CCUR_C				
Beginning Position:		473		Data Source:	Claim	_	
<u> ength:</u>		2		Type:	Alphanum	eric	
Field 63		OCCUR_SPAN			5		
Descript	tion:	•	an Fron	n <i>equals</i> Beginnin	g Date of E	vent <i>n</i>	ninus Admission/Start of
		Care Date.			0 1 1 .		
Beginning Position: Length: Field 64:		475		Data Source:	Calculated		
		6	. TUDI	Type:	Alphanum	eric	
	=	OCCUR_SPAN	_		- L 6 E		A desiration (Chart of Caus
escript	tion:	•	an Ihru	i <i>equals</i> Ending Da	ate of Even	t minu	s Admission/Start of Care
		Date.		B. I. C			
	ng Position:	481		Data Source:	Calculated		
ength: ield 65		OCCUP SDAI	1 605	Type:	Alphanum	eric	
	=	OCCUR_SPAN	_		Hima ka kiri	ماد! ۱۰۰۰	that many effect are a
escript	tion:		ig a sigi	nificant event reia	ting to the	ciaim	that may affect payer
المحا	Saharra	processing.	CCUR C	ODE CDAN 1			
	Scheme:	Same as Field O 487	CCUR_C	Data Source:	Claim		
Beginning Position: Length:		2		Type:	Claim Alphanum	oric	
ield 66		OCCUR_SPAN	I EDOI		Aiphanum	ELIC	
Descript	=				a Data of E	vont n	ninus Admission/Start of
Jescripi	lion.	Care Date.	all FIUI	n equals beginning	y Date of L	vent n	illius Aumission/Start of
Paginni	na Position	489		Data Source	Calculated		
Beginning Position: Length:		409 6		Data Source: Type:	Alphanum		
ield 67		OCCUR_SPAN	I TUDI		Aiphanani	CIIC	
Descript			_		ato of Evon	t mini	s Admission/Start of Care
<i>Jesci ipi</i>		Date.	all IIIIC	i equals Lituting De	ate of Even	CIIIIII	is Admission/Start of Care
Poginni	ng Position:	495		Data Source:	Calculated		
ength:		6		Type:	Alphanum		
ield 68		CONDITION	CODE		Alphanum	CIIC	
Descript	=	_		- - dition relating to t	tho claim		
	Scheme:	Code describil	ig a con	ultion relating to	tile Claiiii.		
_			4-	Debleut to be 1		20	Disabled kersefisies 17
01	Military service	e related	17	Patient is homeless		29	Disabled beneficiary and/or family member's LGHP is
02	Condition is en	mployment	18	Maiden name retaine	ed		secondary to Medicare
	related		19	Child retains mother'	s name	30	Non-research services provided
03		d by insurance				50	to patients enrolled in a
	not reflected h		20	Beneficiary requested	u billing		qualified clinical trial
04	Information or	nly bill.	21	Billing for denial notion	ce	31	Patient is student (full time -
05	Lien has been	filed	22	Patient on multiple d	rug		day)
06	FSRD nationt	in first 18 months	-	regimen	<u> </u>	32	Patient is student
30		covered by EGHP	23	Home care giver ava	ilable		(cooperative/work study
07	Treatment of i	•	24	Home IV patient also		_	program)
٥,		ospice patient	24	HHA services	receiving	33	Patient is student (full time -
08		ould not provide	25	Patient is non-US res	sident	. .	night)
		ncerning other				34	Patient is student (part-time)
insurance cove		erage	26	VA eligible patient ch		36	General care patient in a
09	Neither patien	t or spouse is		receive services in a certified facility	мешсаге		special unit
	employed		27	Patient referred to a	sole	37	Ward accommodation at patien
10	Patient and/or		21	community hospital f			request
	employed but	no EGHP exists		diagnostic laboratory		38	Semi-private room not
• •		ficiary but no	28	Patient and/or spous			available
11		o oviete					
11	LGHP coverag	e exists		secondary to Medicar	re		
	LGHP coverag THCIC	e exists		secondary to Medicar Page 40	re		DSHS Document #25-15013

39	Private room medically necessary	77	Provider accepts or is obligated/required due to a	В0	Medicare coordinated care demonstration claim
40	Same day transfer		contractual arrangement or law to accept payment by a primary	В1	Beneficiary is ineligible for demonstration program
41	Partial hospitalization		payer as payment	В4	Admission unrelated to
42	Continuing care not related to inpatient admission	78	New coverage not implemented by HMO		discharge on same day
43	Continuing care not provided	79	CORF services provided offsite	BP	Gulf Oil Spill of 2010
	within prescribed postdischarge	80	Home dialysis - nursing facility	C1	Approved as billed
44	window Inpatient admission changed to	81	C-section/Inductions <39	C2	Automatic approval as billed based on focused review
	outpatient	82	weeks-Medical Necessity C-section/Inductions <39	C3	Partial approval
45	Ambiguous Gender Category	02	weeks-Elective	C4	Admission/services denied
46	Non-availability statement on file	83	C-section/Inductions 39 weeks or greater	C5	Postpayment review applicable
47	Transfer from another Home	84	Dialysis for Acute Kidney Injury	C6	Admission Preauthorization
40	Health Agency		(AKI)	C7	Extended Authorization
48	Psychiatric residential treatment centers for children	85	Delayed Recertification of	D0	Changes to Service Dates
	and adolescents (RTCs)	86	Hospice Terminal Illness Additional Hemodialysis	D1	Changes to Charges
49	Product replacement within product lifecycle	00	Treatment with Medical	D3	Second or Subsequent Interim
50	Product Replacement for Known		Justification		PPS Bill
30	Recall of a Product	Α0	TRICARE external partnership program	D4	Change in clinical codes (ICD) for diagnosis and/or procedure
51	Attestation of Unrelated Outpatient Nondiagnostic	A1	EPSDT/CHAP		codes.
	Services	A2	Physically handicapped	D5	Cancel to correct Insured's ID
52	Out of Hospice Service Area		children's program	D6	or Provider ID Cancel Only to Repay a
53	Initial placement of a medical	А3	Special Federal Funding	DO	Duplicate or OIG Overpayment
	device provided as part of a clinical trial or a free sample	A4	Family planning	D7	Change to Make Medicare the
54	No Skilled Home Health Visits in	A5	Disability	Do	Secondary Payer
	Billing Period. Policy Exception	A6	Vaccines/Medicare 100%	D8	Change to Make Medicare the Primary Payer
	Documented at the Home Health Agency	A9	payment Second opinion surgery	D9	Any Other Change
55	SNF bed not available	AA	Abortion performed due to rape	DR	Disaster related
56	Medical appropriateness		·	E0	Changes in Patient Status
57	SNF readmission	AB	Abortion performed due to incest	G0	Distinct Medical Visit
58	Terminated Medicare+Choice	AC	Abortion performed due to serious fatal genetic defect,	НО	Delayed Filing, Statement of Intent Submitted
59	organization enrollee Non-primary ESRD facility		deformity, or abnormality	H2	Discharge by a Hospice
60	Day outlier	AD	Abortion performed due to life endangering physical condition	112	Provider for Cause
	,	AE	Abortion performed due to	Н3	Reoccurrence of GI Bleed
61	Cost outlier	,,,_	physical health of mother that	H4	Comorbid Category Reoccurrence of Pneumonia
66	Provider does not wish cost outlier payment	۸.	is not life endangering	114	Comorbid Category
67	Beneficiary elects not to use life time reserve (LTR) days	AF	Abortion performed due to emotional/psychological health of mother	Н5	Recurrence of Pericarditis Comorbid Category
68	Beneficiary elects to use life	AG	Abortion performed due to	P1	Do not Resuscitate Order (DNR)
69	time reserve (LTR) days		social or economic reasons	P7	Direct Inpatient Admission from
	IME/DGME/N&AH Payment Only	AH	Elective abortion	R1	Emergency Room Request for reopening Reason
70	Self-administered anemia management drug	AI AJ	Sterilization Payer responsible for co-	KI	Code - Mathematical or Computational Mistake
71	Full care in unit	, 0	payment	R2	Request for reopening Reason
72	Self-care in unit	AK	Air ambulance required		Code -Inaccurate Data Entry
73	Self-care training	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason Code - Misapplication of a Fee
74	Home	AM	Non-emergency medically		Schedule
75 76	Home - 100% reimbursement		necessary stretcher transport required	R4	Request for reopening Reason Code - Computer Errors
76	Back-up in facility dialysis	AN	Pre-admission screening not required	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
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Code - Other C Minor Errors a Specified in R1 R7 Request for re		opening Reason Clerical Errors or nd Omissions not -R5 above	R8 R9	Request for reopening Code - New and Mater Evidence Request for reopening	rial	W2 W3 W4	Duplicate of Original Bill Level I Appeal Level II Appeal
		opening Reason tions other than WO		Code - Faulty Evidenc United Mine Workers ((UMWA) Demonstration Indicator	e of America	W5	Level III Appeal
Beginnin Length:	g Position:	501 2		Data Source: Type:	Claim Alphanume	eric	
Field 69:		CONDITION_C	ODE		/ (ipridition)	2110	
Descripti	on:	_	_	_ dition relating to t	he claim.		
Coding S	cheme:	Same as Field CON					
	g Position:	503		Data Source:	Claim		
Length: Field 70:		2	005	Type:	Alphanume	eric	
Descripti	oni	CONDITION_C			ho claim		
Coding S		Same as Field 68.	a cond	dition relating to the	ne ciaim.		
_	g Position:	505		Data Source:	Claim		
Length:	_	2		Туре:	Alphanume	eric	
Field 71:		CONDITION_C	ODE_	4			
Descripti				dition relating to tl	he claim.		
Coding S		Same as Field CON	IDITIO		Claire		
Beginnin Length:	g Position:	507 2		Data Source: Type:	Claim Alphanume	aric	
Field 72	•	CONDITION_C	ODE		Alphanamic		
Descript		_	_	dition relating to the	he claim.		
Coding S		Same as Field CON					
	g Position:	509		Data Source:	Claim		
Length:		2	005	Type:	Alphanume	eric	
Field 73: Descripti	001	CONDITION_C	_		مامنده		
Coding S		Same as Field CON		dition relating to the control of th	ne ciaim.		
_	g Position:	511	DITTO	Data Source:	Claim		
Length:		2		Туре:	Alphanume	eric	
Field 74:		CONDITION_C					
Descripti				dition relating to the	he claim.		
Coding S	cheme: g Position:	Same as Field CON 513	IDITIO	N_CODE_1. Data Source:	Claim		
Length:	g Position:	2		Type:	Alphanume	eric	
Field 75:		CONDITION_C	ODE_		,p		
Descripti	on:			dition relating to the	he claim.		
Coding S		Same as Field CON	IDITIO				
	g Position:	515		Data Source:	Claim		
Length: Field 76:		2 VALUE_CODE_	1	Туре:	Alphanume	eric	
Descripti	on:			nation that may af	fect naver	proces	sina.
Coding S				,		p. 0000	J
01	Most common	semi-private rate	09	Coinsurance amount i calendar year	n the first	15	Worker's compensation
02	Hospital has no	semi-private	10	Lifetime reserve amou second calendar year	unt in the	16	Public health service (PHS) or other federal agency
04		arges which are	11	Coinsurance amount i second calendar year	n the	21	Catastrophic
0.5	combined bille		12	Working aged		22	Surplus
05	Professional co included in cha billed separate	irges and also		beneficiary/spouse wir employer group health		23	Recurring monthly income
06	Blood deductib	•	13	ESRD beneficiary in a coordination period w		24	Medicaid Rate Code
08		ve amount in the	14	employer group healtl No fault, including aut	h plan	25	Offset to the patient - payment amount - prescription drugs
	first calendar y	_' еаг	14	no lault, illeluullig dut	.o, ouiei		

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				.5	
52	Speech Therapy visits	Α9	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	A6	Covered self-administrable drugs - diagnostic study and other	Y2	Part A Demonstration Payment Part B Demonstration Payment
48	Hemoglobin reading	A.C.	and situation furnished to patient	Y1	Service is Delivered
47	Any liability insurance	A5	Covered self-administrable drugs - administrable in form	G8	Device Facility where Inpatient Hospice
46	Number of grace days	A4	drugs - emergency	FD	Credit Received from the Manufacturer for a Medical
45	payment received Accident hour		A Covered self-administrable	FC	Patient Paid Amount
	when this amount is less than charges but higher than	А3	Estimated responsibility payer	D5	Last Kt/V Reading
44	Amount provider agreed to accept from primary payer	A2	Coinsurance payer A	D4	Clinical Trial Number Assigned by NLM/NIH
43	Disabled beneficiary under age 65 with LGHP	A1	Deductible payer A	D3	Patient estimated responsibility
42	VA	84 A0	Shorter Duration Hemodialysis Special zip code reporting	СВ	Other assessments or allowances (e.g., medical education) - payer C
41	Black lung	83	Lifetime Reserve Days	CB	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	C3	Estimated responsibility payer C
37	premiums Units of blood furnished	69	State charity care percentage	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance	68	EPO-drug	C1	Deductible payer C
	services	67	Peritoneal dialysis		education) - payer B
34	Offset to the patient - payment amount - other medical	66	hospice) Medicaid spend down amount	ВВ	payer B 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	BA	Regulatory surcharges, assessments, allowances or health care related taxes -
32	Multiple patient ambulance	60	HHA branch MSA	B7	Co-payment payer B
31	Patient Liability Amount	59	Oxygen saturation		Estimated responsibility payer B
30	amount - chiropractic services Preadmission testing	58	Arterial blood gas	B3	• •
29	Offset to the patient - payment	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	B1	education) - payer A Deductible payer B
27	Offset to the patient - payment amount - vision and eye services	55	Eligibility threshold for charity care	АВ	payer A Other assessments or allowances (e.g., medical
	amount - hearing and ear services	54	Newborn birth weight in grams		assessments, allowances or health care related taxes -
26	Offset to the patient - payment	53	Cardiac rehab visits	AA	Regulatory surcharges,

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

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Field 78: VALUE_CODE_2 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position: Data Source:** 528 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. Same as Field VALUE CODE 1. **Coding Scheme: 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. Same as Field VALUE CODE 1. **Coding Scheme: Beginning Position:** 550 **Data Source:** Claim Length: Type: **Alphanumeric VALUE AMOUNT 4** Field 83: Description: Dollar amount that may be affected. **Beginning Position: Data Source:** 552 Claim Length: Type: Alphanumeric Field 84: VALUE_CODE_5 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position: Data Source:** 561 Claim Lenath: Alphanumeric Type: **VALUE AMOUNT 5** Field 85: Description: Dollar amount that may be affected. **Beginning Position: Data Source:** 563 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:** Length: Type: Alphanumeric **VALUE AMOUNT 6** Field 87: **Description:** Dollar amount that may be affected. **Beginning Position:** 574 **Data Source:** Claim Length: Alphanumeric Type: Field 88: VALUE_CODE_7 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position:** 583 **Data Source:** Claim Length: Type: Alphanumeric **VALUE AMOUNT 7** Field 89: **Description:** Dollar amount that may be affected. **Beginning Position:** 585 **Data Source:** Claim Length: Alphanumeric Type: Field 90: VALUE_CODE_8 Code describing information that may affect payer processing. **Description: Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position:** 594 **Data Source:** Claim Length: Alphanumeric 2 Type: Field 91: **VALUE AMOUNT 8 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim

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Length: Alphanumeric Type: Field 92: VALUE_CODE_9 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position:** 605 **Data Source:** Alphanumeric Length: Type: Field 93: **VALUE AMOUNT 9** Description: Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 94: VALUE_CODE_10 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position:** Data Source: 616 Claim Alphanumeric Lenath: Type: Field 95: **VALUE AMOUNT 10** Description: Dollar amount that may be affected. **Beginning Position:** 618 **Data Source:** Claim Length: Alphanumeric Type: VALUE_CODE_11 Field 96: **Description:** Code describing information that may affect payer processing. Coding Scheme: Same as Field VALUE CODE 1. **Beginning Position:** 627 **Data Source:** Claim Length: Alphanumeric Type: Field 97: **VALUE AMOUNT 11** Description: Dollar amount that may be affected. **Beginning Position:** 629 **Data Source:** Claim Length: Alphanumeric Type: Field 98: VALUE_CODE_12 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position: Data Source:** 638 Claim Length: Alphanumeric Type: Field 99: **VALUE AMOUNT 12 Description:** Dollar amount that may be affected. **Beginning Position:** 640 **Data Source:** Claim Alphanumeric Length: 9 Type:

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 -	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric	0193	care) Room charges for subacute care - Level III (complex care)
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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 care - general	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	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
0203	care - medical Room charges for intensive	0250	Pharmacy - general	0299	DME - other equipment
	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)
0208	care - burn care Room charges for intensive	0255	Pharmacy - drugs incident to radiology	0304	Laboratory - nonroutine 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		devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home		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
0239	Incremental nursing care - other	0289	Oncology - other	0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV

0339	Radiology - therapeutic and/or chemotherapy administration -	0391	Blood and blood component administration, storage and	0449	Speech-language pathology - other
0240	other	0202	processing - administration	0450	Emergency room - general
0340	Nuclear medicine - general Nuclear medicine - diagnostic	0392	Blood and blood component administration, storage and processing – processing and	0451	Emergency room - EMTALA emergency medical screening
0541	procedures	0200	storage	0.450	services
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	Emergency room - beyond EMTALA screening
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	0456	Emergency room - urgent care
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0401		0459	Emergency room - other
0349	Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0460	Pulmonary function - general
0350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
0351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
0352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
0360				0479	Audiology - other
0300	Operating room services - general	0410	Respiratory services - general	0480	Cardiology - general
0361	Operating room services - minor surgery	0412	Respiratory services - inhalation	0481	Cardiology - cardiac cath lab
0362	Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy	0482	Cardiology - stress test
0367	kidney Operating room services -	0419	Respiratory services - other	0483	Cardiology - echocardiology
	kidney transplant	0420	Physical therapy - general	0489	Cardiology - other
0369	Operating room services - other	0421	Physical therapy - visit charge	0490	Ambulatory surgical care - general
0370	Anesthesia - general	0422	Physical therapy - hourly charge	0499	Ambulatory surgical care - other
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate	0500	Outpatient services - general
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0509	Outpatient services - other
0374	Anesthesia - acupuncture	0429	Physical therapy - other	0510	Clinic - general
0379	Anesthesia - other	0430	Occupational therapy - general	0511	Clinic - chronic pain
0380	Blood - general	0431	Occupational therapy - visit	0512	Clinic - dental
0381	Blood - packed red cells	0432	charge Occupational therapy - hourly	0513	Clinic - psychiatric
0382	Blood - whole blood	0433	charge Occupational therapy - group	0514	Clinic - OB/GYN
0383	Blood - plasma	0434	rate Occupational therapy -	0515	Clinic - pediatric
0384	Blood - platelets	0434	evaluation or reevaluation	0516	Clinic - urgent care
0385	Blood - leukocytes	0439	Occupational therapy - other	0517	Clinic - family practice
0386	Blood - other components	0440	Speech-language pathology - general	0519	Clinic - other
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0520	Freestanding Clinic - general
0389	Blood - other	0442	Speech-language pathology - hourly charge	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
	processing - general	0444	Speech-language pathology - evaluation or reevaluation	0523	Freestanding Clinic - family practice
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0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a	0570	Home health aide - general	0624	Medical/surgical supplies - FDA investigational devices
	Member in a Covered Part A Stay at SNF	0571	Home health aide - visit charge	0631	Drugs requiring specific identification - single source
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered	0572	Home health aide - hourly charge	0632	Drugs requiring specific identification - multiple source
	Part A Stay) or NF or ICF MR or Other Residential Facility	0579 0580	Home health aide - other Other visits (home health) -	0633	Drugs requiring specific identification - restrictive
0526	Freestanding Clinic - urgent care		general	0634	prescription Drugs requiring specific
	cure	0581 0582	Other visits (home health) - visit charge Other visits (home health) -	0031	identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting		hourly charge	0635	Drugs requiring specific identification - EPO, 10,000 or
	Nurse Services(s) to a Member's Home when in a	0583	Other visits (home health) - assessment	0636	more units Drugs requiring specific
0528	Home Health Shortage Area Freestanding Clinic – Visit by	0589	Other visits (home health) - other		identification - requiring detailed coding
	RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Assidout)	0590	Units of service (home health) - general	0637	Drugs requiring specific identification - self-
0529	of Accident) Freestanding Clinic - other	0600	Oxygen (home health) - general	0640	administrable Home IV therapy services -
		0601	Oxygen (home health) - stat/equip/supply or contents	0641	general Home IV therapy services -
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter	0642	nonroutine nursing, central line Home IV therapy services - IV
0531	Osteopathic service - therapy	0603	per minute Oxygen (home health) -	0643	site care, central line Home IV therapy services - IV
0539	Osteopathic service - other		stat/equip/supply over 4 liters per minute	0644	start/change, peripheral line Home IV therapy services -
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in		nonroutine nursing, peripheral line
0541	Ambulance service - supplies	0609	Oxygen (home health) - other	0645	Home IV therapy services - training patient/caregiver,
0542	Ambulance service - medical transport	0610	Magnetic Resonance	0646	central line Home IV therapy services -
0543	Ambulance service - heart mobile		Technology (MRT) - MRI - general		training, disabled patient, central line
0544 0545	Ambulance service - oxygen Ambulance service - air	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)	0647	Home IV therapy services - training, patient/caregiver, peripheral
	ambulance	0612	Magnetic Resonance Technology (MRT) - MRI -	0648	Home IV therapy services -
0546	Ambulance service - neonatal		spinal cord (including spine)		training, disabled patient, peripheral
0547 0548	Ambulance service - pharmacy Ambulance service - telephone	0614	Magnetic Resonance Technology (MRT) - MRI - other	0649	Home IV therapy services - other
	transmission EKG	0615	Magnetic Resonance	0650	Hospice services - general
0549	Ambulance service - other		Technology (MRT) - MRA – head and neck	0651	Hospice services - routine home care
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA –	0652	Hospice services - continuous home care
0551	Skilled nursing - visit charge	0618	lower extremities Magnetic Resonance	0655	Hospice services - inpatient respite care
0552 0559	Skilled nursing - hourly charge Skilled nursing - other		Technology (MRT) - MRA – other	0656	Hospice services - general inpatient care (nonrespite)
0560	Medical social services - general	0619	Magnetic Resonance Technology (MRT) - Other MRT	0657	Hospice services - physician services
0561	Medical social services - yerieral	0621	Medical/surgical supplies - incident to radiology	0658	Hospice services - room and
0562	charge Medical social services - hourly	0622	Medical/surgical supplies - incident to other diagnostic	0659	board - nursing facility Hospice services - other
	charge	0623	services Medical/surgical supplies -	0660	Respite care - general
0569	Medical social services - other	0023	surgical dressings		

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	0825	Hemodialysis - outpatient or
0663	Respite care - daily charge	0750	Gastrointestinal services - general	0826	home - support services Hemodialysis - outpatient or
0669	Respite care - other	0760	Treatment or observation room	0020	home – shorter duration (effective 7/1/17)
0670	Outpatient special residence - general	0761	services - general Specialty Room - Treatment/	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based		Observation Room - Treatment 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	0000	or home - composite or other rate
0681	Trauma response - level I			0832	Peritoneal dialysis - outpatient or home – home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home – home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home - maintenance 100%
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient or home - support services
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	Peritoneal dialysis - outpatient or home - other
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	Inpatient renal dialysis services - hemodialysis	0841	general CAPD - outpatient or home -
0692	Pre-hospice/Palliative Care Services – hourly charge	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)	0842	composite or other rate CAPD - outpatient or home -
0693	Pre-hospice/Palliative Care Services - evaluation	0803	Inpatient renal dialysis services	0843	home supplies CAPD - outpatient or home –
0694	Pre-hospice/Palliative Care		 continuous ambulatory peritoneal dialysis (CAPD) 		home equipment
	Services – consultation and education	0804	Inpatient renal dialysis services - continuous cycling peritoneal	0844	CAPD - outpatient or home – maintenance 100%
0695	Pre-hospice/Palliative Care Services – inpatient care	0809	dialysis (CAPD)	0845	CAPD - outpatient or home - support services
0696	Pre-hospice/Palliative Care Services – physician services	0809	Inpatient renal dialysis services - other	0849	CAPD - outpatient or home - other
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body components- general	0850	CCPD - outpatient or home - general
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home - home equipment
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components - unsuccessful organ search-	0854	CCPD - outpatient or home - maintenance 100%
0722	Labor/Delivery Room services - delivery	0815	donor bank charges Acquisition of body components	0855	CCPD - outpatient or home - support services
0723	Labor/Delivery Room services - circumcision	0013	- stem cells- allogeneic	0859	CCPD - outpatient or home - other
0724	Labor/Delivery Room services - birthing center	0819	Acquisition of body components - other donor	0860	Magnetoencephalography (MEG) - General
0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general	0861	Magnetoencephalography (MEG) - MEG
0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate	0880	Miscellaneous dialysis - general
0731	EKG/ECG services - holter monitor	0822	Hemodialysis - outpatient or home – home supplies	0881	Miscellaneous dialysis - ultrafiltration

0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
0003	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play therapy	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	Behavior health treatments/services - activity	0944	Other therapeutic services - drug rehabilitation	0987 0988	Professional fees - hospital visit Professional fees - consultation
0905	therapy Behavior health	0945	Other therapeutic services - alcohol rehabilitation	0989	Professional fees - private duty
	treatments/services - intensive outpatient services - psychiatric	0946	Other therapeutic services - complex medical equipment -	0990	nurse Patient convenience items -
0906	Behavior health treatments/services - intensive	0947	routine Other therapeutic services -	0991	general Patient convenience items -
	outpatient services - chemical dependency	0347	complex medical equipment - ancillary		cafeteria/guest tray
0907	Behavior health treatments/services -	0948	Other therapeutic services – pulmonary rehabilitation	0992	Patient convenience items - private linen service
	community behavioral health program	0949	Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health treatment/services -	0951	other Other therapeutic services –	0994	Patient convenience items - TV/radio
0912	rehabilitation Behavior health treatment/services - partial	0952	athletic training Other therapeutic services - kinesiotherapy	0995	Patient convenience items - nonpatient room rentals
	hospitalization - less intensive	0953	Other therapeutic services –	0996	Patient convenience items - late discharge charge
0913	Behavior health treatment/services - partial hospitalization - intensive		chemical dependency (drug and alcohol)	0997	Patient convenience items - admission kits
0914	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 treatment/services - group	0962	Professional fees - ophthalmology	1000	other Behavior health
0916	therapy Behavior health	0963	Professional fees - anesthesiologist (MD)	1001	accommodations - general Behavior health
	treatment/services - family therapy	0964	Professional fees - anesthetist (CRNA)	1001	accommodations - residential treatment - psychiatric
0917	Behavior health treatment/services -	0969	Professional fees - other	1002	Behavior health accommodations - residential
0918	biofeedback Behavior health	0971	Professional fees - laboratory		treatment - chemical dependency
0919	treatment/services - testing 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	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	2100	Alternative therapy services - general
0024	smear Other diagnostic convices	0977	therapy Professional fees - physical	2101	Alternative therapy services - acupuncture
0924	Other diagnostic services - allergy test	0978	therapy Professional fees - occupational	2102	Alternative therapy services -
0925	Other diagnostic services - pregnancy test	03/0	therapy		acupressure

2103	Alternative thera massage	py services -	2109	Alternative therapy servi other	ices -	3104	Adult day care, social - daily
2104	Alternative thera reflexology	py services -	3101	Adult day care, medical a social - hourly	and	3105	Adult foster care - daily
2105	Alternative thera biofeedback	py services -	3102	Adult day care, social - h	nourly	3109	Adult foster care - other
2106	Alternative thera hypnosis	py services -	3103	Adult day care, medical a social - daily	Adult day care, medical and social - daily		
	ning Position:	13		Data Source:	Claim		
Lengt Field		HCDCS OHA	LTET	Type:	Alphanu	ımeric	
Description:		HCPCS_QUA Code identifyi HCPCS PROC	ng th	e type/source of the o	lescriptiv	e nun	nber used in
_	ning Position:	17 2	LDUK	Data Source:	Claim	ımoric	
Lengt Field		HCPCS_PRO	CEDI	Type:	Alphanu	ımeric	
	ription:				ı (HCPCS	S) cod	e applicable to ancillary
	-	services or ac				,	,
Codin	g Scheme:	See http://www	v.cms.	hhs.gov/HCPCSReleaseC	CodeSets/	'ANHCF	PCS/list.asp for complete list.
	ning Position:	19		Data Source:	Claim		
Lengt		5		Туре:	Alphanu	umeric	
Field	5: ription:	MODIFIER_:		roumetaness related t	o tha na	rform	ance of the comice
	ig Scheme:	identifies spe	ciai ci	rcumstances related t	o the pe	riorina	ance of the service
22	Increased procedura	al services	63	Procedure Performed on Inf	fants		Interactive Audio and Video
23	Unusual Anesthesia	ai sei vices		less than 4kg	ditts		Telecommunications System
24	Unrelated Evaluatio	n and	66	Surgical Team		99	Multiple Modifiers
	Management Service Physician or Other (e by the Same	73	Discontinued Outpatient Hospital/Ambulatory Surge			Performance Measure Exclusion Modifier due to Medical Reasons
			Center (ASC) Procedure pri the Administration of Anest			Performance Measure Exclusion Modifier due to Patient Reasons	
25	25 Significant, Separately Identi Evaluation and Management		74	Discontinued Outpatient Hospital/Ambulatory Surge			Performance Measure Exclusion Modifier due to System Reasons
	Service by the Sam Other Qualified Hea	lth Care		Center (ASC) Procedure aft Administration of Anesthesi			Performance Measure Reporting Modifier- Action not performed,
	Professional on the the Procedure or Ot		76	Repeat Procedure by Same Physician or Other Qualified			reason not otherwise specified
26	Professional Compo	nent		Care Professional			A normal healthy patient
27	Multiple Outpatient Encounters on the S		77	Repeat Procedure by Anoth Physician or Other Qualified Care Professional	er I Health		A patient with mild systemic disease
32	Mandated Services		78	Unplanned Return to the			A patient with severe systemic disease
33	Preventive Service			Operating/Procedure Room Same Physician or Other Qu	by the ualified		A patient with severe systemic disease that is a constant threat to
47	Anesthesia by Surge	eon		Health Care Professional Fo Initial Procedure for a Relat			life
50 51	Bilateral Procedure Multiple Procedures			Procedure During the Postoperative Period			A moribund patient who is not expected to survive without the
52	Reduced Services		79	Unrelated Procedure or Ser	vice by		operation
53	Discontinued Proced	dure		the Same Physician or Othe Qualified Health Care Profes			A declared brain-dead patient whose organs are being removed
54	Surgical Care Only			During the Postoperative Pe			for donor purposes Upper left eyelid
55	Postoperative Mana	gement Only	80	Assistant Surgeon			Lower left eyelid
56	Preoperative Manag	ement Only	81	Minimum Assistant Surgeor	1		,
57	Decision for Surgery	y	82	Repeat procedure by same physician			Upper right eyelid Lower right eyelid
58	Staged or Related P		90	Reference (Outside) Labora	tory		Left hand, second digit
	Service by the Sam Other Qualified Hea		91	Repeat Clinical Diagnostic			Left hand, third digit
	Professional During		92	Laboratory Test	orm		Left hand, fourth digit
59	Postoperative Period Distinct Procedural		92	Alternative Laboratory Platf Testing	OTTI		Left hand, fifth digit
62	Two Surgeons	JEI VILE	95	Synchronous Telemedicine	Service		Right hand, thumb
~ _	62 Two Surgeons			Rendered Via a Real-Time			angua nana, anama

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F6	Right hand, second	digit	LM	Left mai	n coronary artery		T4	Left foot, fifth digit	
F7	Right hand, third dig	jit	LT	Left side	of the body procedu	re	T5	Right foot, great toe	
F8	Right hand, fourth d	igit	Q	Ambulan	ice service provided i	under	T6	Right foot, second digit	
F9	Right hand, fifth dig	_	M	arranger	ment by a provider of		T7	Right foot, third digit	
FA	Left hand, thumb		ON	services			T8	Right foot, fourth digit	
	·		QN		ice service furnished by a provider of servi	ices			
GG Performance and payment screening mammography a			RC	-	ronary artery		Т9	Right foot, fifth digit	
	diagnostic mammography on		RI	Ramus ir	ntermedius coronary		TA	Left foot, great toe	
	same patient, same	•		artery	,		XE	Separate Encounter	
GH	GH Diagnostic mammogram converted from screening		RT	Right sid	le of the body proced	lure	XS	Separate Structure	
	mammogram on same day		T1	Left foot	, second digit		XP	Separate Practitioner	
LC	LC Left circumflex coronary artery		T2	Left foot	, third digit		XU	Unusual Non-Overlapping Service	
LD	Left anterior descendantery	ding coronary	Т3	Left foot	, fourth digit				
	nning Position:	24			Data Source:	Claim			
Leng		2			Туре:	Alphai	nume	ric	
Field	·	MODIFIER					_	6.1	
	ription:	Identifies s Same as Fie			tances related to	o the p	ertor	mance of the service.	
	ng Scheme: nning Position:	26	u MOL	NILIEK_I	Data Source:	Claim			
Leng		2			Type:	Alphai	nume	ric	
Field		MODIFIER	3		71	•			
Desc	ription:	Identifies s	_ pecial	circums	tances related to	o the p	erfor	mance of the service.	
	ng Scheme:	Same as Fie							
	Beginning Position: 28				Data Source:	Claim			
	Length: 2 Field 8: MODIFIER				Туре:	Alphai	nume	ric	
	rio: cription:	MODIFIER		circumo	tancos rolatod t	o tha n	orfor	mance of the comice	
	ng Scheme:	Same as Fiel			stances related to	o trie p	error	mance of the service.	
	nning Position:	30	-			Claim			
Leng		2					Alphanumeric		
Field	_	UNIT_ME							
	ription:			the units	in which a value	e is bei	ing e	xpressed.	
Codi	ng Scheme:	DA Day		1					
				nal unit					
Beai	nning Position:	32	UN Unit		Data Source:	Claim			
Leng	_	2			Type:	Alphai	nume	ric	
Field	10:	UNITS_OF	SER	RVICE					
	ription:	Numeric va	lue of	quantity	У				
	nning Position:	34			Data Source:	Claim			
Leng Field		7	-		Туре:	Nume	rıc		
	ription:	UNIT_RAT							
	nning Position:	Rate per ur 41	IIL		Data Source:	Claim			
Lenc		12			Type:	Numeric			
Field		CHRGS_LI	NE I	TEM	.,,,,,				
Desc	ription:	Total amou			ge				
Begi	nning Position:	53			Data Source:	Assigr			
Leng		14			Туре:	Nume	ric		
Field	_	CHRGS_N							
	ription:		overe	d amour	nt of the charge				
3 3		67			Data Source:	Acciar	signed		
_	_					_			
Len <u>g</u>	_	14			Type:	Nume			

OUTPATIENT BASE DATA FILE

Field 1: SERVICE_QUARTER **Description:** Quarter during which service occurred. Year and quarter of service. yyyyQn. **Beginning Position: Data Source: Assigned** Length: Alphanumeric 6 Type: Field 2: 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 Length: 12 Alphanumeric Type: Field 3: THCIC ID **Description:** Provider ID. Unique identifier assigned to the provider by DSHS. Suppression: Facilities reporting fewer than 50 events have been aggregated into the Provider ID '999999'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider ID is '999998'. **Beginning Position: Data Source: Assigned** Length: Type: Alphanumeric SPEC UNIT 1 Field 4: **Description:** Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. Coronary Care Unit Pediatric Unit **Coding Scheme:** D Detoxification Unit Υ Psychiatric Unit Ι Rehabilitation Unit Intensive Care Unit R Н Hospice Unit U Sub-acute Care Unit Ν Nurserv S Skilled Nursing Unit В Obstetric Unit Blank Acute Care Oncology Unit **Beginning Position:** 25 Data Source: Calculated Length: Type: Alphanumeric Field 5: SPEC_UNIT_2 **Description:** Specialty Unit 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:** Data Source: Calculated 26 Length: Alphanumeric Type: Field 6: SPEC UNIT 3 Specialty Unit in which 3rd most days during stay occurred based on number of days **Description:** by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC UNIT 1. **Beginning Position: Data Source:** Calculated 27 Length: Alphanumeric Type: Field 7: SPEC_UNIT_4 **Description:** Specialty Unit 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. **Beginning Position:** Data Source: Calculated 28 Length: Alphanumeric Type: Field 8: SPEC_UNIT_5 **Description:** Specialty Unit 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 29 Length: Type: Alphanumeric Field 9: **SEX CODE Description:** Gender of the patient as recorded at date of start of care. Suppression: Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients. **Coding Scheme:** Μ Male Female

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U Unknown ` Invalid

Beginning Position: 30 **Data Source:** Claim Length: Alphanumeric Type: PAT COUNTY Field 10: **Description:** FIPS code of patient's county. Coding scheme: 107 319 001 Anderson Crosby 213 Henderson Mason 003 Andrews 109 Culberson 215 Hidalgo 321 Matagorda 005 Angelina 111 Dallam 217 Hill 323 Maverick 007 Dallas Medina Aransas 113 219 Hockley 325 009 Archer 115 Dawson 221 Hood 327 Menard 011 Armstrong 117 Deaf Smith 223 Hopkins 329 Midland 013 Atascosa 119 Delta 225 Houston 331 Milam Denton 227 Mills 015 Austin 121 Howard 333 017 123 Dewitt 229 335 Bailey Hudspeth Mitchell 019 125 Dickens 231 337 Bandera Hunt Montague 021 Bastrop 127 Dimmit 233 Hutchinson 339 Montgomery 023 Baylor 129 Donley 235 Irion 341 Moore 025 Bee 131 Duval 237 Jack 343 Morris 027 133 Eastland 239 345 Bell Jackson Motley 029 Bexar 135 Ector 241 Jasper 347 Nacogdoches 031 Blanco 137 Edwards 243 Jeff Davis 349 Navarro 033 Borden 139 Ellis 245 Jefferson 351 Newton 035 141 El Paso 247 353 Nolan Bosque 1im Hoga 037 Bowie 143 Erath 249 Jim Wells 355 Nueces 039 Brazoria 145 Falls 251 Johnson 357 Ochiltree 041 Brazos 147 Fannin 253 Jones 359 Oldham 255 043 Brewster 149 Fayette Karnes 361 Orange 045 Briscoe 151 Fisher 257 Kaufman 363 Palo Pinto 047 **Brooks** 153 Floyd 259 Kendall 365 Panola 049 155 Foard 261 367 Parker Brown Kenedy 051 Burleson 157 Fort Bend 263 Kent 369 Parmer 053 Burnet 159 Franklin 265 Kerr 371 Pecos 055 Caldwell 161 Freestone 267 Kimble 373 Polk 057 Calhoun Frio 269 375 Potter 163 Kina 271 059 Callahan 165 Gaines 377 Presidio Kinnev 273 379 061 167 Galveston Rains Cameron Kleberg 275 063 169 381 Randall Camp Garza Knox 065 283 Carson 171 Gillespie La Salle 383 Reagan 067 Cass 173 Glasscock 277 Lamar 385 Real 069 Castro 175 Goliad 279 Lamb 387 Red River 071 Chambers 177 Gonzales 281 Lampasas 389 Reeves 073 179 285 391 Refugio Cherokee Gray Lavaca 075 Childress 181 Grayson 287 Lee 393 Roberts 077 Clay 183 Gregg 289 395 Robertson Leon 079 185 291 397 Cochran Grimes Liberty Rockwall 081 293 399 Runnels Coke 187 Guadalupe Limestone 083 189 295 401 Coleman Hale Lipscomb Rusk 085 Collin 191 Hall 297 Live Oak 403 Sahine 087 Collingsworth 193 Hamilton 299 Llano 405 San Augustine 089 Colorado 195 Hansford 301 Loving 407 San Jacinto 091 Comal 197 Hardeman 303 Lubbock 409 San Patricio 093 Comanche 199 Hardin 305 411 San Saba Lvnn Concho Harris 307 McCulloch Schleicher 095 201 413 097 Cooke 203 Harrison 309 McLennan 415 Scurry 099 Corvell 205 Hartley 311 McMullen 417 Shackelford 207 Haskell 419 Shelby 101 Cottle 313 Madison 103 Crane 209 Hays 315 Marion 421 Sherman 105 Crockett 211 Hemphill 317 Martin 423 Smith DSHS/THCIC DSHS Document #25-15013

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425	Somervell	447	Throckmorton	469	Victoria	491	Williamson
427	Starr	449	Titus	471	Walker	493	Wilson
429	Stephens	451	Tom Green	473	Waller	495	Winkler
431	Sterling	453	Travis	475	Ward	497	Wise
433	Stonewall	455	Trinity	477	Washington	499	Wood
435	Sutton	457	Tyler	479	Webb	501	Yoakum
437	Swisher	459	Upshur	481	Wharton	503	Young
439	Tarrant	461	Upton	483	Wheeler	505	Zapata
441	Taylor	463	Uvalde	485	Wichita	507	Zavala
443	Terrell	465	Val Verde	487	Wilbarger		
445	Terry	467	Van Zandt	489	Willacy	`	Invalid

Beginning Position: 31 **Data Source:** Assigned; based on patient ZIP code

Length: 3 **Type:** Alphanumeric

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

ZZ All other states and American Territories

FC Foreign country XX Foreign country

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

Length: 2 **Type:** Alphanumeric

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 patients. If state equals 'ZZ', ZIP code

equals `88888'. If state equals `FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If a facility has fewer than fifty outpatient services reported for the quarter the ZIP code is blank. If a facility has fewer than 5

patients reported of a particular gender, including 'unknown', the ZIP Code is blank.

Beginning Position: 36 **Data Source:** Claim

Length: 5 **Type:** Alphanumeric

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.

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

Beginning Position: 41 **Data Source:** Claim

Length: 2 **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
- 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
- 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
- Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties

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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
Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 10 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties Invalid **Beginning Position:** 43 **Data Source:** Assigned Length: Alphanumeric Type: Field 15: LENGTH_OF_SERVICE **Description:** Length of service in days equals Statement From Date through Statement Thru Date. The minimum length of service is 1 day. The maximum is 30 days. **Beginning Position: Data Source:** 45 Calculated Length: Type: Alphanumeric Field 16: PAT_AGE **Description:** Code indicating age of patient in days or years on date of service. 1-28 days 35-39 **Coding Scheme:** 10 20 85-89 01 29-365 days 11 40-44 21 90+ 02 1-4 years 12 45-49 HIV-STD and drug/alcohol use patients: 03 5-9 22 0-17 13 50-54 04 10-14 14 55-59 23 18-44 05 15-17 15 60-64 24 45-64 25 65-74 06 18-19 16 65-69 20-24 17 70-74 07 26 75+ 08 25-29 18 75-79 Invalid 09 30-34 19 80-84 **Beginning Position:** 47 **Data Source:** Assigned Length: 2 Alphanumeric Type: Field 17: **RACE Description:** Code indicating the patient's race. Suppression: If a facility has fewer than ten patients of one race that race is changed to 'Other' (code equals 5). **Coding Scheme:** 1 American Indian/Eskimo/Aleut Asian or Pacific Islander 2 3 Black 4 White 5 Other Invalid 49 **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 18: **ETHNICITY Description:** Code indicating the Hispanic origin of the patient. If a facility has fewer than ten patients of one race the ethnicity of patients of that race is Suppression: suppressed (code is blank). **Coding Scheme:** Hispanic Origin 1 Not of Hispanic Origin 2 Invalid **Beginning Position:** 50 **Data Source:** Claim Length: Type: Alphanumeric Field 19: FIRST PAYMENT SRC Code indicating the expected primary source of payment. **Description:** Self Pay (Removed from 5010 format, НМ Health Maintenance Organization **Coding Scheme:** beginning 2Q2012 data) 10 Central Certification ΙT Liability Other Non-federal Programs Liability Medical 11 LM 12 Preferred Provider Organization (PPO) MΑ Medicare Part A Point of Service (POS) MB Medicare Part B 13 14 Exclusive Provider Organization (EPO) MC Medicaid 15 Indemnity Insurance TV Title V Health Maintenance Organization (HMO) 16 OF Other Federal Program Medicare Risk ΔМ Automobile Medical

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BL

Blue Cross/Blue Shield

CHAMPUS

VΔ

WC

Veteran Administration Plan

Charity, Indigent or Unknown

Workers Compensation Health Claim

CI Commercial Insurance 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: **Data Source: Beginning Position:** Claim Length: Alphanumeric Type: TYPE_OF_BILL Field 21: **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 1 Hospital Inpatient, including Medicare Non-payment/Zero claim Part A 2 Skilled nursing Inpatient, Medicare Part B Admit through discharge 1 only claim 3 Home health 3 Outpatient 2 Interim-first claim 4 Religious non-medical Outpatient Other, Medicare 3 Interim-continuing claim health care-Hospital Part B only 5 Religious non-medical 5 Intermediate Care-Level I 4 Interim-last claim health care-Extended care 6 Intermediate care 6 Intermediate Care-Level II 5 Late charge(s) only claim 7 Clinic Sub-acute inpatient - Level 6 Adjustment of prior claim (Not used by Medicare) III 8 Special facility 8 7 Swing bed Replacement of prior claim 8 Void/cancel of prior claim **Beginning Position:** 55 **Data Source:** Claim Length: Alphanumeric Type: Field 22: CONDITION_CODE_1 Code describing a condition relating to the claim. **Coding Scheme:** 01 Military service related 25 Patient is non-US resident 41 Partial hospitalization Condition is employment 02 26 VA eligible patient chooses to 42 Continuing care not related to related receive services in a Medicare inpatient admission certified facility 03 Patient covered by insurance Continuing care not provided 43 not reflected here 27 Patient referred to a sole within prescribed postdischarge community hospital for a window 04 Information only bill. diagnostic laboratory test 44 Inpatient admission changed to 05 Lien has been filed 28 Patient and/or spouse's EGHP is outpatient secondary to Medicare 06 ESRD patient in first 18 months 45 **Ambiguous Gender Category** Disabled beneficiary and/or of entitlement covered by EGHP 29 46 Non-availability statement on family member's LGHP is Treatment of non-terminal 07 secondary to Medicare condition for hospice patient 47 Transfer from another Home 30 Non-research services provided 80 Beneficiary would not provide Health Agency to patients enrolled in a information concerning other 48 Psychiatric residential qualified clinical trial insurance coverage treatment centers for children Patient is student (full time -31 Neither patient or spouse is 09 and adolescents (RTCs) day) employed 49 Product replacement within Patient is student 32 10 Patient and/or spouse is product lifecycle (cooperative/work study employed but no EGHP exists program) 50 Product Replacement for Known 11 Disabled beneficiary but no Recall of a Product 33 Patient is student (full time -LGHP coverage exists 51 Attestation of Unrelated night) 17 Patient is homeless Outpatient Nondiagnostic 34 Patient is student (part-time) Services 18 Maiden name retained 36 General care patient in a 52 Out of Hospice Service Area 19 Child retains mother's name special unit 53 Initial placement of a medical Ward accommodation at patient 20 Beneficiary requested billing 37 device provided as part of a request clinical trial or a free sample 21 Billing for denial notice 38 Semi-private room not 54 No Skilled Home Health Visits in Patient on multiple drug 22 available Billing Period, Policy Exception regimen 39 Private room medically Documented at the Home 23 Home care giver available necessary Health Agency

Same day transfer

40

HHA services

Home IV patient also receiving

SNF bed not available

55

56	Medical appropriateness SNF readmission	A6	Vaccines/Medicare 100% payment	D5	Cancel to correct Insured's ID or Provider ID
57		Α9	Second opinion surgery	D6	Cancel Only to Repay a
58	Terminated Medicare+Choice organization enrollee	AA	Abortion performed due to rape	D.7	Duplicate or OIG Overpayment
59	Non-primary ESRD facility	AB	Abortion performed due to	D7	Change to Make Medicare the Secondary Payer
60	Day outlier	AC	incest Abortion performed due to	D8	Change to Make Medicare the Primary Payer
61	Cost outlier	AC	serious fatal genetic defect,	D9	Any Other Change
66	Provider does not wish cost	AD	deformity, or abnormality Abortion performed due to life	DR	Disaster related
67	outlier payment Beneficiary elects not to use life	AD	endangering physical condition	E0	Changes in Patient Status
0.	time reserve (LTR) days	AE	Abortion performed due to	G0	Distinct Medical Visit
68	Beneficiary elects to use life time reserve (LTR) days		physical health of mother that is not life endangering	Н0	Delayed Filing, Statement of
69	IME/DGME/N&AH Payment Only	AF	Abortion performed due to emotional/psychological health	นา	Intent Submitted
70	Self-administered anemia		of mother	H2	Discharge by a Hospice Provider for Cause
71	management drug Full care in unit	AG	Abortion performed due to social or economic reasons	Н3	Reoccurrence of GI Bleed Comorbid Category
72	Self-care in unit	АН	Elective abortion	H4	Reoccurrence of Pneumonia
73	Self-care training	ΑI	Sterilization		Comorbid Category
74	Home	AJ	Payer responsible for co-	H5	Reoccurrence of Pericarditis Comorbid Category
75	Home - 100% reimbursement	AK	payment Air ambulance required	P1	Do not Resuscitate Order (DNR)
76	Back-up in facility dialysis	AL	Specialized treatment/bed	P7	Direct Inpatient Admission from Emergency Room
77	Provider accepts or is		unavailable	R1	Request for reopening Reason
	obligated/required due to a contractual arrangement or law	AM	Non-emergency medically necessary stretcher transport		Code - Mathematical or Computational Mistake
	to accept payment by a primary payer as payment	AN	required	R2	Request for reopening Reason
78	New coverage not implemented	AIN	Pre-admission screening not required	D.O.	Code -Inaccurate Data Entry
79	by HMO CORF services provided offsite	В0	Medicare coordinated care demonstration claim	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
80	Home dialysis - nursing facility	В1	Beneficiary is ineligible for	R4	Request for reopening Reason
81	C-section/Inductions <39	D.4	demonstration program		Code - Computer Errors
0.2	weeks-Medical Necessity	B4	Admission unrelated to discharge on same day	R5	Request for reopening Reason Code - Incorrectly Identified
82	C-section/Inductions <39 weeks-Elective	BP	Gulf Oil Spill of 2010		Duplicate Claim
83	C-section/Inductions 39 weeks	C1	Approved as billed	R6	Request for reopening Reason Code - Other Clerical Errors or
84	or greater Dialysis for Acute Kidney Injury	C2	Automatic approval as billed based on focused review		Minor Errors and Omissions not Specified in R1-R5 above
	(AKI)	C3	Partial approval	R7	Request for reopening Reason
85	Delayed Recertification of Hospice Terminal Illness	C4	Admission/services denied		Code - Corrections other than clerical errors
86	Additional Hemodialysis	C5	Post-payment review applicable	R8	Request for reopening Reason
	Treatment with Medical Justification	C6	Admission Preauthorization		Code - New and Material Evidence
Α0	TRICARE external partnership	C7	Extended Authorization	R9	Request for reopening Reason
A1	program EPSDT/CHAP	D0	Changes to Service Dates		Code - Faulty Evidence
A2	Physically handicapped	D1	Changes to Charges	WO	United Mine Workers of America (UMWA) Demonstration
AZ	children's program	D3	Second or Subsequent Interim PPS Bill	wa	Indicator
А3	Special Federal Funding	D4	Change in clinical codes (ICD)	W2	Duplicate of Original Bill
A4	Family planning		for diagnosis and/or procedure	W3	Level I Appeal
A5	Disability		codes.	W4	Level II Appeal
				W5	Level III Appeal

Beginning Position: 58 **Data Source:** Claim Length: Alphanumeric Type:

CONDITION_CODE_2 Field 23:

Code describing a condition relating to the claim. Same as Field CONDITION_CODE_1.

Coding Scheme:

DSHS/THCIC DSHS Document #25-15013 Page 59 www.dshs.texas.gov/THCIC Last Updated: February, 2018 **Beginning Position: Data Source:** 60 Claim Alphanumeric Length: Type: Field 24: **CONDITION CODE 3** Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION CODE 1. **Beginning Position:** 62 **Data Source:** Claim Length: Alphanumeric Type: Field 25: CONDITION_CODE_4 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field 22. **Beginning Position:** 64 **Data Source:** Claim Length: Alphanumeric Type: Field 26: **CONDITION CODE 5** Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION_CODE_1. **Beginning Position: Data Source:** 66 Claim Length: 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:** Claim Length: Alphanumeric Type: Field 28: CONDITION_CODE_7 Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position: Data Source:** Claim Lenath: 2 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: Data Source:** Claim Length: Alphanumeric Type: 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 Length: Alphanumeric 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:** Claim Length: Alphanumeric Type: 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:** Claim Length: Alphanumeric 7 Type: Field 33: OTH DIAG CODE 2 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 95 **Data Source:** Claim Length: Type: Alphanumeric Field 34: OTH_DIAG_CODE_3 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 102 **Data Source:** Claim Length: Type: Alphanumeric Field 35: OTH_DIAG_CODE_4 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 109 **Data Source:** Claim Alphanumeric Length: Type: DSHS/THCIC **DSHS** Document #25-15013 Page 60

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Field 36: OTH_DIAG_CODE_5 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 116 **Data Source:** Claim Length: Alphanumeric Type: Field 37: OTH_DIAG_CODE_6 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: Alphanumeric Type: Field 38: OTH DIAG CODE 7 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:** 130 Claim Alphanumeric Length: Type: Field 39: OTH DIAG CODE 8 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: Alphanumeric Type: Field 40: OTH DIAG CODE 9 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 144 **Data Source:** Claim Length: Alphanumeric Type: Field 41: OTH_DIAG_CODE_10 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: Alphanumeric Type: Field 42: OTH_DIAG_CODE_11 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 158 **Data Source:** Claim Length: Alphanumeric Type: Field 43: OTH DIAG CODE 12 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:** 165 Claim Alphanumeric Length: Type: Field 44: OTH_DIAG_CODE_13 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 172 **Data Source:** Claim Length: Type: Alphanumeric Field 45: OTH_DIAG_CODE_14 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 179 **Data Source:** Claim Length: Type: Alphanumeric Field 46: OTH_DIAG_CODE_15 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 186 **Data Source:** Claim Length: Type: Alphanumeric Field 47: OTH_DIAG_CODE_16 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 193 **Data Source:** Claim Length: 7 Type: Alphanumeric DSHS/THCIC **DSHS** Document #25-15013

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Field 48: OTH_DIAG_CODE_17 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 200 Claim Length: Type: Alphanumeric Field 49: OTH DIAG CODE 18 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 50: OTH_DIAG_CODE_19 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:** 214 Claim Length: Type: Alphanumeric Field 51: OTH DIAG CODE 20 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:** 221 Claim Length: Type: Alphanumeric Field 52: OTH_DIAG_CODE_21 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:** 228 Claim Length: Type: Alphanumeric Field 53: OTH_DIAG_CODE_22 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:** 235 Alphanumeric Length: Type: Field 54: OTH DIAG CODE 23 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:** 242 Claim Length: Type: Alphanumeric Field 55: OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 249 **Data Source:** Length: Alphanumeric Type: Field 56: RELATED_CAUSE_CODE_1 Code identifying an accompanying cause of an illness, injury or an accident. **Coding Scheme:** AA Auto accident AΒ Abuse ΑP Another party responsible ΕM Employment OA Other accident **Beginning Position:** 256 **Data Source:** Claim Length: Type: Alphanumeric Field 57: **RELATED CAUSE CODE 2** Code identifying an accompanying cause of an illness, injury or an accident. **Coding Scheme:** Same as Field RELATED_CAUSE_CODE_1. **Beginning Position:** 258 **Data Source:** Claim Length: Alphanumeric Type: Field 58: **RELATED CAUSE CODE 3** Code identifying an accompanying cause of an illness, injury or an accident. **Coding Scheme:** Same as Field RELATED_CAUSE_CODE_1. **Beginning Position:** 260 **Data Source:** Claim Length: Type: Alphanumeric

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Beginning Position: Length:	7	Type:	Alphanumeric
Field 62:	E_CODE_4	. r	
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		nal external caus	se of injury. Decimal is implied following the
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Field 63:	E_CODE_5	/ v -:=	•
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Field 64:	E_CODE_6	- / F	
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		nal external caus	se of injury. Decimal is implied following the
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Length:	7	Type:	Alphanumeric
Field 65:	E_CODE_7		
			e, including the 4th, 5th, 6th and 7th digits if
		nal external caus	se of injury. Decimal is implied following the
Beginning Position:	third character. 304	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 66:	E_CODE_8		·
			e, including the 4th, 5th, 6th and 7th digits if
		nai external caus	se of injury. Decimal is implied following the
Beginning Position:	third character. 311	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 67:	E_CODE_9		
			e, including the 4th, 5th, 6th and 7th digits if
		nai external caus	se of injury. Decimal is implied following the
Beginning Position:	third character. 318	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 68:	E_CODE_10		
			e, including the 4th, 5th, 6th and 7th digits if
		nai external caus	se of injury. Decimal is implied following the
Beginning Position:	third character. 325	Data Source:	Claim
Length:	7	Type:	Alphanumeric
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PROC CODE 1		
	ther procedure	with the highest charge performed during
332	Data Source:	Claim
5	Type:	Alphanumeric
PROC_CODE_2		
Code for surgical or other	procedure with	the next highest charge performed during
the period covered by the	bill. HCPCS or	CPT code.
337	Data Source:	Claim
	Туре:	Alphanumeric
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		Claim
5	Type:	Alphanumeric
PROC_CODE_6		·
	procedure with	the next highest charge performed during
357	Data Source:	Claim
5	Туре:	Alphanumeric
Code for surgical or other	procedure with	the next highest charge performed during
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Length:	5	Type:	Alphanumeric
Field 81:	PROC_CODE_13		
			the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	392	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
ield 82:	PROC_CODE_14		
			the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	397	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 83:	PROC_CODE_15		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	402	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
ield 84:	PROC_CODE_16		
			the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	407	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
Field 85:	PROC_CODE_17		
			the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	412	Data Source:	Claim
-ength:	5	Туре:	Alphanumeric
ield 86:	PROC_CODE_18		
			the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
	417	Data Source:	Claim
	417		
Length:	5	Type:	Alphanumeric
Length:	5 PROC_CODE_19	Туре:	Alphanumeric
Length:	5 PROC_CODE_19 Code for surgical or other	Type: procedure with	Alphanumeric the next highest charge performed during
Length: Field 87:	PROC_CODE_19 Code for surgical or other the period covered by the	Type: procedure with	Alphanumeric the next highest charge performed during
ength: Field 87: Beginning Position:	PROC_CODE_19 Code for surgical or other the period covered by the 422	Type: procedure with	Alphanumeric the next highest charge performed during CPT code. Claim
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Reginning Position:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other the period covered by the 442	rype: procedure with bill. HCPCS or obtained bill.	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. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
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Length: Field 87: Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length: Field 91: Beginning Position: Length: Field 91:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other the period covered by the 442	rype: 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 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 CPT code. Claim
Length: Field 87: Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length: Field 91: Beginning Position: Length: Field 91:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other the period covered by the 442 5 PROC_CODE_24	rype: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or 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 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 CPT code. Claim
Length: Field 87: Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length: Field 91: Beginning Position: Length: Field 91:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other the period covered by the 442 5 PROC_CODE_24	rype: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or 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 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
Length: Field 87: Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length: Field 91: Beginning Position: Length: Field 91:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other the period covered by the 437 5 PROC_CODE_24 Code for surgical or other the period covered by the 442 5 PROC_CODE_24 Code for surgical or other the period covered by the 442 5	rype: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or or Data Source: Type: procedure with bill. HCPCS or 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 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
Beginning Position: Length: Field 87: Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length: Field 91: Beginning Position: Length: Field 91: Beginning Position: Length: Field 92: Beginning Position: Length: Field 92:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other the period covered by the 442 5 PROC_CODE_24 Code for surgical or other the period covered by the 442 5	rype: 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 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. Claim Alphanumeric
Length: Field 87: Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length: Field 91: Beginning Position: Length: Field 92: Beginning Position:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other the period covered by the 437 5 PROC_CODE_24 Code for surgical or other the period covered by the 442 5 PROC_CODE_24 Code for surgical or other the period covered by the 442 5	rype: 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 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. Claim Claim CPT code. Claim Claim CPT code. Claim

Field 93:	PROC_CODE_25		
	Code for surgical or othe		n the next highest charge performed during
	the period covered by th	e bill. HCPCS or	CPT code.
Beginning Position:	452	Data Source:	Claim
Length: Field 94:	5 OTHER_AMOUNT	Туре:	Alphanumeric
Ticia 541		. Other Charge A	Amount. Calculated using MEDPAR algorithm.
			codes other than 0100-0219, revenue
			3X, 055X-060X, 064X-070X, 076X-078X,
	090X-095X, 099X.		
Beginning Position:	457 12	Data Source:	Calculated Numeric
Length: Field 95:	PHARM_AMOUNT	Туре:	Numeric
	<u> </u>	, Pharmacy Chai	rge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 026X, 06		
Beginning Position:	469 12	Data Source:	Calculated Numeric
Length: Field 96:	MEDSURG_AMOUNT	Туре:	Numeric
		, Medical/Surgic	al Supply Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 02	7X, 062X.	
Beginning Position:	481	Data Source:	Calculated
Length: Field 97:	DME_AMOUNT	Туре:	Numeric
110.00		. Durable Medica	al Equipment Charge Amount. Calculated
			s associated with revenue codes other than
	0100-0219, revenue cen	ters 0290-0292	, 0294-0299.
Beginning Position:	493	Data Source:	Calculated
<u>Length:</u> Field 98:	12 USED_DME_AMOUNT	Туре:	Numeric
rielu 90.		Used Durable N	Medical Equipment Charge Amount.
			n of charges associated with revenue codes
	other than 0100-0219, r		
Beginning Position:	505	Data Source:	Calculated
<u>Length:</u> Field 99:	12	Туре:	Numeric
rieiu 99.	PT_AMOUNT Ancillary Service Charge	Physical Thera	py Charge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 042X.		
Beginning Position:	517	Data Source:	Calculated
Length: Field 100:	12 OT AMOUNT	Туре:	Numeric
rieiu 100:	OT_AMOUNT Ancillary Service Charge	Occupational T	herapy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		
Beginning Position:	529	Data Source:	Calculated
Length:	SPEECH AMOUNT	Туре:	Numeric
Field 101:	SPEECH_AMOUNT Ancillary Service Charge	Sneech Dathold	ogy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		related with revenue codes other than 0100
Beginning Position:	541	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 102:	IT_AMOUNT	Inhalation The	rany Charge Amount Calculated using
			rapy Charge Amount. Calculated using ociated with revenue codes other than 0100-
	0219, revenue center 04		saces mai revenue codes other than 0100-
Beginning Position:	553	Data Source:	Calculated
Length:	12	Туре:	Numeric
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			Lust openion i condity, 2016

Field 102:	DI COD ANGUNT		
Field 103:	BLOOD_AMOUNT	for blood provide	dod during the nationals stay. Calculated
			ded during the patient's stay. Calculated es associated with revenue codes other than
	0100-0219, revenue cer		associated with revenue todes other tildfl
Beginning Position:	565	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 104:	BLOOD_ADMIN_AMOU		
			ge and processing related to the patient's
			n. Sum of charges associated with revenue
	codes other than 0100-0)219, revenue ce	enter 039X.
Beginning Position:	577	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 105:	OR_AMOUNT	Onemating Dee	m Charge Amount Calculated using MEDDAD
			m Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
	revenue center 036X, 07		itil Teveriue codes other than 0100-0219,
Beginning Position:	589	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 106:	LITH_AMOUNT		
		, Lithotripsy Cha	arge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 079X.		
Beginning Position:	601	Data Source:	Calculated
Length: Field 107:	CARD AMOUNT	Туре:	Numeric
rieia 107:	CARD_AMOUNT	Cardialagy Chr	argo Amount Calculated using MEDDAD
			arge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
Beginning Position:	revenue center 048X, 07	/ うん. Data Source:	Calculated
Length:	12	Type:	Numeric
Field 108:	ANES_AMOUNT	- / F	
	_	, Anesthesia Ch	arge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 037X.		
Beginning Position:	625	Data Source:	Calculated
Length: Field 109:	12	Туре:	Numeric
rieiu 109.	LAB_AMOUNT	Laboratory Ch	arge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 030X-03		
Beginning Position:	637	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 110:	RAD_AMOUNT		
			rge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 028X, 03		
Beginning Position:	649 12	Data Source:	Calculated
Length: Field 111:	MRI_AMOUNT	Туре:	Numeric
I ICIU IIII	_	MRI Charge Ar	nount. Calculated using MEDPAR algorithm.
			codes other than 0100-0219, revenue
	center 061X.	.ca with revenue	. codes other than ofto ozis, revenue
Beginning Position:	661	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 112:	OP_AMOUNT		
			vices Charge Amount. Calculated using
	MEDPAR algorithm. Sum	of charges asso	ociated with revenue codes other than 0100-
	0219, revenue center 04		
Beginning Position:	673	Data Source:	Calculated
Length:	12	Туре:	Numeric
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F:-13.440	=D 414011:-		
Field 113:	ER_AMOUNT		
			om Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		
Beginning Position:	685 12	Data Source:	Calculated
Length: Field 114:	AMBULANCE_AMOUN	Type: r	Numeric
riciu 114.			argo Amount Calculated using MEDDAD
			arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
	revenue center 054X.	es associated w	itil Teveriue codes other than 0100-0219,
Beginning Position:	697	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 115:	PRO_FEE_AMOUNT	- / F	
		, Professional Fe	ee Charge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 096X-09		,
Beginning Position:	709	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 116:	ORGAN_AMOUNT		
			ion Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 08		
Beginning Position:	721	Data Source:	Calculated
Length: Field 117:	12 ESRD_AMOUNT	Туре:	Numeric
rieid 117.	_	End Ctaga Dan	nal 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	arge Amount. Calculated using MEDPAR
	algorithm. Sum of charg	es associated w	ith revenue codes other than 0100-0219,
	revenue center 051X.		
Beginning Position:	745	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 119:	TOTAL_CHARGES		
			vered accommodation charges, ancillary
B 1 1 B 11	charges, non-covered ar		CL
Beginning Position: Length:	757 12	Data Source: Type:	Claim Numeric
Field 120:	TOTAL_NON_COV_CH		Numeric
11010 1201			arges, non-covered ancillary charges.
Beginning Position:	769	Data Source:	Claim
Length:	12	Type:	Numeric
Field 121:	TOTAL_CHARGES_AN	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. Suppressed when the number of physicians reported for a facility or the number of physicians **Suppression:** reported for CCS_PROC_CODE_1 for the facility is less than five. 999999998 **Coding Scheme:** Cell size less than 5 999999999 Temporary license or license number could not be matched 805 **Data Source: Beginning Position: Assigned** Length: 10 Type: Alphanumeric PHYSICIAN2_INDEX_NUMBER Field 124: **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:** 999999998 Cell size less than 5 Temporary license or license number could not be matched 999999999 **Beginning Position:** 815 **Data Source: Assigned** Alphanumeric Length: Type: INPUT_FORMAT Field 125: Format in which the outpatient data file was submitted by the facility **Coding Scheme:** 0 837 Professional 1 837 Institutional 825 **Beginning Position: Data Source: Assigned** Lenath: Type: Alphanumeric Field 126: SOURCE_OF_ADMISSION Description: Code indicating source of the admission. **Coding Scheme:** Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) Clinic or Physician's Office 2 4 Transfer from a hospital Transfer from a skilled nursing facility, intermediate care facility or assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available 9 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 Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) Born inside this hospital Born outside this hospital 6 **Beginning Position:** 826 **Data Source:** Claim

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:

O1 Discharged to home or self-care (routine discharge)

02 Discharged/transferred to a short term general hospital for inpatient care

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

Alphanumeric

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

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

Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a

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

Invalid

'unknown', Provider Name is blank.

Beginning Position:829Data Source:ProviderLength:55Type:Alphanumeric

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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** Length: Alphanumeric Type: Field 2: CCS_PRIN_DIAG_CODE Clinical Classifications Software (CCS) classification of PRIN DIAG CODE into clinically meaningful diagnosis category. **Beginning Position: Data Source: Assigned** 13 Type: Length: Alphanumeric CCS_OTH_DIAG_CODE_1 Field 3: Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. **Beginning Position: Data Source:** Assigned Lenath: Type: Alphanumeric Field 4: CCS_OTH_DIAG_CODE_2 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_2 into clinically meaningful diagnosis category. **Data Source: Beginning Position:** 21 Assigned Length: Alphanumeric Type: CCS_OTH_DIAG_CODE 3 Field 5: Clinical Classifications Software (CCS) classification of OTH DIAG CODE 3 into clinically meaningful diagnosis category. **Beginning Position: Data Source:** Assigned Length: Type: Alphanumeric Field 6: CCS_OTH_DIAG_CODE_4 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_4 into clinically meaningful diagnosis category. **Beginning Position: Data Source:** Assigned 29 Lenath: Alphanumeric Type: Field 7: CCS_OTH_DIAG_CODE_5 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_5 into clinically meaningful diagnosis category. **Beginning Position: Data Source:** Assigned Length: Type: Alphanumeric Field 8: CCS_OTH_DIAG_CODE_6 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_6 into clinically meaningful diagnosis category. **Beginning Position:** 37 **Data Source:** Assigned Lenath: Type: Alphanumeric Field 9: CCS OTH DIAG CODE 7 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_7 into clinically meaningful diagnosis category. **Beginning Position: Data Source:** 41 Assigned Length: Alphanumeric Type: Field 10: CCS_OTH_DIAG_CODE_8 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_8 into clinically meaningful diagnosis category. **Beginning Position:** 45 **Data Source:** Assigned Length: Type: Alphanumeric Field 11: CCS_OTH_DIAG_CODE_9 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_9 into clinically meaningful diagnosis category. **Beginning Position: Data Source:** Assigned Lenath: Type: **Alphanumeric** Field 12: CCS_OTH_DIAG_CODE_10 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_10 into clinically meaningful diagnosis category. DSHS/THCIC DSHS Document #25-15013

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Beginning Position: Length:	53 4	Data Source: Type:	Assigned Alphanumeric
Field 13:	CCS_OTH_DIAG_CODE		- aprilation to
			assification of OTH_DIAG_CODE_11 into
	clinically meaningful diagr		25011641611 61 6111_51716_6651_11 11166
Beginning Position:	57	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 14:	CCS_OTH_DIAG_CODE		F
			assification of OTH_DIAG_CODE_12 into
	clinically meaningful diagr		
Beginning Position:	61	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 15:	CCS_OTH_DIAG_CODE	13	
	Clinical Classifications Sof	tware (CCS) cla	assification of OTH_DIAG_CODE_13 into
	clinically meaningful diagr		
Beginning Position:	65	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 16:	CCS_OTH_DIAG_CODE		
	Clinical Classifications Sof	tware (CCS) cla	assification of OTH_DIAG_CODE_14 into
	clinically meaningful diagi	nosis category.	
Beginning Position:	69	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 17:	CCS_OTH_DIAG_CODE		
			assification of OTH_DIAG_CODE_15 into
	clinically meaningful diag		
Beginning Position:	73	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 18:	CCS_OTH_DIAG_CODE		
			assification of OTH_DIAG_CODE_16 into
	clinically meaningful diag		
Beginning Position:	77	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 19:	CCS_OTH_DIAG_CODE		and Carling of OTH DIAC CODE 17 into
			assification of OTH_DIAG_CODE_17 into
Designing Desitions	clinically meaningful diag		Assistanced
Beginning Position: Length:	81 4	Data Source: Type:	Assigned Alphanumeric
Field 20:	CCS_OTH_DIAG_CODE		Alphanamene
			assification of OTH_DIAG_CODE_18 into
	clinically meaningful diag		assincation of offi_blAo_cobl_10 into
Beginning Position:	85	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 21:	CCS_OTH_DIAG_CODE		- upriorite
			assification of OTH_DIAG_CODE_19 into
	clinically meaningful diag		
Beginning Position:	89	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 22:	CCS_OTH_DIAG_CODE		•
			assification of OTH_DIAG_CODE_20 into
	clinically meaningful diagr		
Beginning Position:	93	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 23:	CCS_OTH_DIAG_CODE	_21	
	Clinical Classifications Sof	tware (CCS) cla	assification of OTH_DIAG_CODE_21 into
	clinically meaningful diagi	nosis category.	
Beginning Position:	97	Data Source:	Assigned
		_	A L. L
Length:	4	Туре:	Alphanumeric
Length: Field 24:	4 CCS_OTH_DIAG_CODE	_22	
Length:	4 CCS_OTH_DIAG_CODE Clinical Classifications Sof	_ 22 ftware (CCS) cla	assification of OTH_DIAG_CODE_22 into
Length: Field 24:	4 CCS_OTH_DIAG_CODE Clinical Classifications Sof clinically meaningful diagr	_ 22 ftware (CCS) clanosis category.	assification of OTH_DIAG_CODE_22 into
Length:	4 CCS_OTH_DIAG_CODE Clinical Classifications Sof	_ 22 ftware (CCS) cla	
Length: Field 24:	4 CCS_OTH_DIAG_CODE Clinical Classifications Sof clinically meaningful diagr	_ 22 ftware (CCS) clanosis category.	assification of OTH_DIAG_CODE_22 into

Length:	4	Туре:	Alphanumeric
Field 25:	CCS_OTH_DIAG_C		
			classification of OTH_DIAG_CODE_23 into
	clinically meaningful of		
Beginning Position:	105	Data Source:	Assigned
<u>Length:</u> Field 26:	CCC OTH DIAC CC	Type:	Alphanumeric
riela 20:	CCS_OTH_DIAG_CC		classification of OTH_DIAG_CODE_24 into
	clinical classifications		
Beginning Position:	109	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 27:	CCS_PROC_CODE_1		7.110.110.110
			or Services and Procedures classification of
			il procedure category.
Beginning Position:	113	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 28:	CCS_PROC_CODE_2		
			or Services and Procedures classification of
			ıl procedure category.
Beginning Position:	116	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 29:	CCS_PROC_CODE_3		to Constant and Durandous along the settlers of
			or Services and Procedures classification of
Beginning Position:	PROC_CODE_3 Into c 119	Data Source:	ul procedure category.
Length:	3	Type:	Assigned Alphanumeric
Field 30:	CCS_PROC_CODE_4		Alphanamenc
			or Services and Procedures classification of
	PROC CODE 4 into c	linically meaningfu	il procedure category.
Beginning Position:	122	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 31:	CCS_PROC_CODE_5	5	·
	Clinical Classifications	Software (CCS) f	or Services and Procedures classification of
	PROC_CODE_5 into c	linically meaningfu	ıl procedure category.
Beginning Position:	125	Data Source:	5
Length:	3	Type:	Alphanumeric
Field 32:	CCS_PROC_CODE_6		
			or Services and Procedures classification of
Danimalan Basikian	PROC_CODE_6 into c 128		ıl procedure category.
Beginning Position: Length:	128		
Field 33:	3	Data Source:	Assigned
	CCS PROC CODE 7	Туре:	Assigned Alphanumeric
	CCS_PROC_CODE_7	Type: 7	Alphanumeric
	CCS_PROC_CODE_7 Clinical Classifications	Type: 7 s Software (CCS) fo	Alphanumeric or Services and Procedures classification of
Beginning Position:	CCS_PROC_CODE_7 Clinical Classifications	Type: 7 s Software (CCS) fo	Alphanumeric for Services and Procedures classification of all procedure category.
	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c	Type: 7 s Software (CCS) folionically meaningful	Alphanumeric or Services and Procedures classification of
Length:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131	Type: 7 5 Software (CCS) folioically meaningfu Data Source: Type:	Alphanumeric for Services and Procedures classification of ul procedure category. Assigned
Length:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications	Type: 7 5 Software (CCS) for some second sec	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of
Length:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications	Type: 7 5 Software (CCS) for some second sec	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric
Length: Field 34: Beginning Position:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications PROC_CODE_8 into c 134	Type: 7 5 Software (CCS) for some second sec	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned
Length: Field 34: Beginning Position: Length:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications PROC_CODE_8 into c 134 3	Type: 7 s Software (CCS) for software (CCS) for the part of the pa	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category.
Length: Field 34: Beginning Position: Length:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications PROC_CODE_8 into c 134 3 CCS_PROC_CODE_9	Type: 7 s Software (CCS) for linically meaningfur Data Source: Type: 8 s Software (CCS) for linically meaningfur Data Source: Type: 9	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric
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Length: Field 34: Beginning Position: Length: Field 35:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications PROC_CODE_8 into c 134 3 CCS_PROC_CODE_9 Clinical Classifications PROC_CODE_9	Type: 7 s Software (CCS) felinically meaningfu Data Source: Type: 8 s Software (CCS) felinically meaningfu Data Source: Type: 9 s Software (CCS) felinically meaningfu Data Source: Type:	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category.
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Length: Field 34: Beginning Position: Length: Field 35: Beginning Position: Length:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications PROC_CODE_8 into c 134 3 CCS_PROC_CODE_9 Clinical Classifications PROC_CODE_9 137 3	Type: 7 s Software (CCS) for linically meaningfur Data Source: Type: 8 s Software (CCS) for linically meaningfur Data Source: Type: 9 s Software (CCS) for linically meaningfur Data Source: Type: 1	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category.
Length: Field 34: Beginning Position: Length: Field 35: Beginning Position: Length:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications PROC_CODE_8 into c 134 3 CCS_PROC_CODE_9 Clinical Classifications PROC_CODE_9 Clinical Classifications PROC_CODE_9 into c 137 3 CCS_PROC_CODE_1	Type: 7 s Software (CCS) felinically meaningfu Data Source: Type: 8 s Software (CCS) felinically meaningfu Data Source: Type: 9 s Software (CCS) felinically meaningfu Data Source: Type: 10	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric
Length: Field 34: Beginning Position: Length: Field 35: Beginning Position: Length:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications PROC_CODE_8 into c 134 3 CCS_PROC_CODE_9 Clinical Classifications PROC_CODE_9 Clinical Classifications PROC_CODE_9 into c 137 3 CCS_PROC_CODE_1 Clinical Classifications	Type: 7 s Software (CCS) felinically meaningfu Data Source: Type: 8 s Software (CCS) felinically meaningfu Data Source: Type: 9 s Software (CCS) felinically meaningfu Data Source: Type: 10 s Software (CCS) felinically meaningfu Data Source: Type:	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric
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Beginning Position: Length: Field 34: Beginning Position: Length: Field 35: Beginning Position: Length: Field 36: Beginning Position: Length: Field 36:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications PROC_CODE_8 into c 134 3 CCS_PROC_CODE_9 Clinical Classifications PROC_CODE_9 into c 137 3 CCS_PROC_CODE_1 Clinical Classifications PROC_CODE_1 Clinical Classifications PROC_CODE_1 Clinical Classifications PROC_CODE_1 Clinical Classifications PROC_CODE_10 into 140	Type: 7 s Software (CCS) for linically meaningfur Data Source: Type: 8 Software (CCS) for linically meaningfur Data Source: Type: 9 Software (CCS) for linically meaningfur Data Source: Type: 10 s Software (CCS) for linically meaningfur Data Source: Type: 10 s Software (CCS) for clinically meaningfur Data Source: Data Source: Data Source:	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of full procedure category. Assigned
Length: Field 34: Beginning Position: Length: Field 35: Beginning Position: Length: Field 36:	CCS_PROC_CODE_7 Clinical Classifications PROC_CODE_7 into c 131 3 CCS_PROC_CODE_8 Clinical Classifications PROC_CODE_8 into c 134 3 CCS_PROC_CODE_9 Clinical Classifications PROC_CODE_9 Clinical Classifications PROC_CODE_1 137 3 CCS_PROC_CODE_1 Clinical Classifications PROC_CODE_1 Clinical Classifications PROC_CODE_10 Clinical Classifications PROC_CODE_10 Clinical Classifications	Type: 7 s Software (CCS) for linically meaningfur Data Source: Type: 8 Software (CCS) for linically meaningfur Data Source: Type: 9 Software (CCS) for linically meaningfur Data Source: Type: 10 Software (CCS) for clinically meaningfur Data Source: Type:	Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric for Services and Procedures classification of all procedure category. Assigned Alphanumeric

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143 Data Source:	Assigned
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	r Services and Procedures classification of
146 Data Source:	Assigned
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3 Type:	Alphanumeric
CCS_PROC_CODE_14	
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CCS_PROC_CODE_17	
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PROC_CODE_18 into clinically meaningfu	
164 Data Source:	Assigned
3 Type:	Alphanumeric
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3 Type:	Alphanumeric
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	r Services and Procedures classification of
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	Assigned Alphanumeric
	лірнаниненс
	r Services and Procedures classification of
173 Data Source:	Assigned
3 Type:	Alphanumeric
	o Caratana and B
	Il procedure category. Assigned
	Alphanumeric
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	Clinical Classifications Software (CCS) for PROC_CODE_11 into clinically meaningful 143

Field 49:	CCS_PROC_CODE_23					
	Clinical Classifications Software (CCS) for Services and Procedures classification of					
	PROC_CODE_23 into clini	cally meaningfu	l procedure category.			
Beginning Position:	179	Data Source:	Assigned			
Length: Field 50:	3 CCS_PROC_CODE_24	Туре:	Alphanumeric			
i ielu 30.		ftware (CCS) for	Services and Procedures classification of			
	PROC_CODE_24 into clini					
Beginning Position:	182	Data Source:	Assigned			
Length:	3	Туре:	Alphanumeric			
Field 51:	CCS_PROC_CODE_25	ftware (CCS) for	Convices and Presedures classification of			
	PROC CODE 25 into clini		r Services and Procedures classification of			
Beginning Position:	185	Data Source:	Assigned			
Length:	3	Type:	Alphanumeric			
Field 52:	EAPG_GRP_VER					
		tient Group Vers	sion Number, as assigned by 3M™ EAPG			
Posinning Position	Grouper 188					
Beginning Position: Length:	188	Type:	Alphanumeric			
Field 53:	APC_GRP_VER	.,,,,	, aprilation of the control of the c			
			Version Number as assigned by 3M [™] APC			
	Grouper. Not available 40					
Beginning Position:	200	Data Source:	Assigned			
Length: Field 54:	12 CRG_STATUS_1	Туре:	Alphanumeric			
ricia 54.		status code as	assigned by 3M™ CRG Grouper. Not			
	available 4Q09.		assigned by six cite eroupen nec			
Beginning Position:	212	Data Source:	Assigned			
Length:	1	Туре:	Alphanumeric			
Field 55:	CRG_STATUS_2	status sada as	assigned by 3M™ CRG Grouper. Not			
	available 4Q09.	status code as	assigned by 3M CRG Grouper. Not			
Beginning Position:	213	Data Source:	Assigned			
Length:	1	Туре:	Alphanumeric			
Field 56:	CRG_STATUS_3		· II OMIM CDC C			
		status code as	assigned by 3M™ CRG Grouper. Not			
Beginning Position:	available 4Q09. 214	Data Source:	Assigned			
Length:	1	Type:	Alphanumeric			
Field 57:	CRG_STATUS_4					
		status code as	assigned by 3M™ CRG Grouper. Not			
Pasinning Desition	available 4Q09. 215	Data Course	Assigned			
Beginning Position: Length:	1	Data Source: Type:	Assigned Alphanumeric			
Field 58:	CRG_STATUS_5	.,,,,	The state of the s			
		status code as	assigned by 3M™ CRG Grouper. Not			
	available 4Q09.					
Beginning Position:	216	Data Source:	Assigned			
Length: Field 59:	CDC STATUS 6	Туре:	Alphanumeric			
rieiu 59:	CRG_STATUS_6	status code as	assigned by 3M™ CRG Grouper. Not			
	available 4Q09.	status code ds	assigned by Still Cita Glouper. Not			
Beginning Position:	217	Data Source:	Assigned			
Length:	1	Туре:	Alphanumeric			
Field 60:						
	CRG_STATUS_7					
	Clinical Risk Group (CRG)	status code as	assigned by 3M™ CRG Grouper. Not			
Reginning Desitions	Clinical Risk Group (CRG) available 4Q09.					
Beginning Position:	Clinical Risk Group (CRG)	status code as Data Source:	assigned by 3M™ CRG Grouper. Not Assigned			
Beginning Position: DSHS/THCIC www.dshs.texas.gov	Clinical Risk Group (CRG) available 4Q09. 218					

Length:	1	Type:	Alphanumeric
Field 61:	CRG_STATUS_8		
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	219	Data Source:	Assigned
_ength:	1	Type:	Alphanumeric
Field 62:	CRG_STATUS_9		
	Clinical Risk Group (CRG)	status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	220	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 63:	CRG_STATUS_10		
	Clinical Risk Group (CRG)	status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	221	Data Source:	Assigned
_ength:	1	Туре:	Alphanumeric
Field 64:	CRG_CODE_1		
	Clinical Risk Group (CRG)	code as assign	ed by 3M™ CRG Grouper. Not available
	4Q09.		
Beginning Position:	222	Data Source:	Assigned
ength:	5	Туре:	Alphanumeric
Field 65:	CRG_CODE_2		
	Clinical Risk Group (CRG)	code as assign	ed by 3M™ CRG Grouper. Not available
	4Q09.	5	,
Beginning Position:	227	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 66:	CRG_CODE_3		
	Clinical Risk Group (CRG)	code as assign	ed by 3M™ CRG Grouper. Not available
	4Q09.		
Beginning Position:	232	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 67:	CRG_CODE_4		•
		code as assign	ed by 3M™ CRG Grouper. Not available
		J	
	4009.		
Beginning Position:	4Q09. 237	Data Source:	Assigned
	4Q09. 237 5	Data Source: Type:	Assigned Alphanumeric
Beginning Position: Length: Field 68:	237		-
Length:	237 5 CRG_CODE_5	Туре:	Alphanumeric
Length:	237 5 CRG_CODE_5 Clinical Risk Group (CRG)	Туре:	-
Length: Field 68:	237 5 CRG_CODE_5	Туре:	Alphanumeric
Length:	237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09.	code as assign	Alphanumeric ed by 3M [™] CRG Grouper. Not available
Length: Field 68: Beginning Position:	237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242	Type: code as assign Data Source:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned
Length: Field 68: Beginning Position: Length:	CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6	Type: code as assign Data Source: Type:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric
Length: Field 68: Beginning Position: Length:	237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG)	Type: code as assign Data Source: Type:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned
Length: Field 68: Beginning Position: Length: Field 69:	CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6	Type: code as assign Data Source: Type:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric
Length: Field 68: Beginning Position: Length: Field 69: Beginning Position:	CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09.	Type: code as assign Data Source: Type: code as assign	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Assigned
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Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length:	237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7	Type: code as assign Data Source: Type: code as assign Data Source: Type:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric
Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length:	237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG)	Type: code as assign Data Source: Type: code as assign Data Source: Type:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Assigned
Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length: Field 70:	237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG) 4Q09.	Type: code as assign Data Source: Type: code as assign Data Source: Type: code as assign	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available
Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length: Field 70: Beginning Position:	237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG)	Type: code as assign Data Source: Type: code as assign Data Source: Type: code as assign Data Source:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric
Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length:	237 5 CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG) 4Q09. 252 5	Type: code as assign Data Source: Type: code as assign Data Source: Type: code as assign	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric
Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length:	CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG) 4Q09. 252 5 CRG_CODE_8	Type: code as assign Data Source: Type: code as assign Data Source: Type: code as assign Data Source: Type:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric Assigned Alphanumeric
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Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: Field 71:	CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG) 4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09.	Type: code as assign Data Source: Type: code as assign Data Source: Type: code as assign Data Source: Type: code as assign	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available
Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: Field 71: Beginning Position:	CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG) 4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257	Type: code as assign Data Source: Type:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Assigned Assigned
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Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: Field 71: Beginning Position: Length: Field 71:	CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG) 4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257 5 CRG_CODE_9 Clinical Risk Group (CRG)	Type: code as assign Data Source: Type:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Assigned Assigned
Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: Field 71: Beginning Position: Length: Field 72:	CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG) 4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257 5 CRG_CODE_9 Clinical Risk Group (CRG) 4Q09.	Type: code as assign Data Source: Type: code as assign	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric
Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: Field 71: Beginning Position: Length: Field 72: Beginning Position:	CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG) 4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257 5 CRG_CODE_9 Clinical Risk Group (CRG) 4Q09. 262	Type: code as assign Data Source: Type:	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric
Length: Field 68: Beginning Position: Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: Field 71: Beginning Position: Length: Field 72:	CRG_CODE_5 Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG) 4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257 5 CRG_CODE_9 Clinical Risk Group (CRG) 4Q09.	Type: code as assign Data Source: Type: code as assign	Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric

Field 73:	CRG_CODE_10		
		code as assign	ed by 3M™ CRG Grouper. Not available
	4Q09.	cour as assig.	ou sy sir site situapen not a anasie
Beginning Position:	267	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 74:	CRG_SEVERITY_1		
	Clinical Risk Group (CRG)	severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	272	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 75:	CRG_SEVERITY_2		
		severity code	as assigned by 3M™ CRG Grouper. Not
B	available 4Q09.	D . I. G.	A
Beginning Position:	273 1	Data Source:	Assigned
Length: Field 76:	CRG_SEVERITY_3	Туре:	Alphanumeric
rieiu 70.		coverity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	severity code	as assigned by Sin CKG Grouper, Not
Beginning Position:	274	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 77:	CRG_SEVERITY_4	- , ,	
	_	severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	,	, ,
Beginning Position:	275	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 78:	CRG_SEVERITY_5		
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	276	Data Source:	Assigned
Length: Field 79:	CRG_SEVERITY_6	Туре:	Alphanumeric
i ieiu 73.		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	severity code	as assigned by 514 CNG Grouper. Not
Beginning Position:	277	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 80:	CRG_SEVERITY_7		
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	•	,
Beginning Position:	278	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 81:	CRG_SEVERITY_8		
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	279	Data Source:	Assigned
Length: Field 82:	CRG_SEVERITY_9	Туре:	Alphanumeric
i iciu uz.		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	severity code	as assigned by Sin CRG Grouper, Not
Beginning Position:	280	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 83:	CRG_SEVERITY_10		·
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	-,	J ,
	281	Data Source:	Assigned
Beginning Position:	201	Data Source.	Alphanumeric

OUTPATIENT CHARGES DATA FILE

Field 1: RECORD_ID

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

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

Inpatient PUDF or ED Research Data Files (RDFs).

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

Field 2: REVENUE_CODE

Description: Code corresponding to each specific accommodation, ancillary service or billing

calculation related to the services being billed.

Coding Scheme:

All-inclusive room charges 0.133 Room charges for semi-private -3/4 beds - rooms - pedatric -3/4 beds - rooms - pe	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
rooms - general rooms - general rooms - general rooms - medical/surgical/GYN rooms - general rooms - gener	0101	All-inclusive room charges	0133	,	0156	
Room charges for private rooms - medical/surgical/CYN 2013 Room charges for semi-private rooms - obstetrics 1016 Room charges for private rooms - obstetrics 1017 Room charges for private rooms - pediatric 1018 Room charges for semi-private rooms - psychiatric 1018 Room charges for semi-private rooms - psychiatric 1019 Room charges for semi-private rooms - obstetrics 1019 Room charges for private rooms - obstetrics 1019 Room charges for semi-private rooms - detoxification 1019 Room charges for private rooms - obstetrics 1019 Room charges for private rooms - general 1019 Room charges for private rooms - obstetrics 1019 Room charges for private rooms - general 1011 Room charges for private rooms - general 1012 Room charges for private rooms - general 1012 Room charges for private rooms - general 1012 Room charges for private rooms - general 1014 Room charges for private (deluxe) rooms - general 1017 Room charges for semi-private rooms - general 1018 Room charges for private rooms - general 1019 Room charges for private rooms - general 1019 Room charges for private rooms - general 1011 Room charges for private rooms - general 1012 Room charges for semi-private rooms - peneral 1012 Room charges for semi-private rooms - peneral 1014 Room charges for private rooms - peneral 1014 Room charges for private (deluxe) rooms - peneral 1017 Room charges for semi-private rooms - peneral 1018 Room charges for semi-private rooms - peneral 1018 Room charges for semi-private rooms - peneral 1018 Room charges for private (deluxe) rooms - peneral 1019 Room charges for semi-private rooms - peneral 1016 Room charges for semi-private rooms - peneral 1016 Room charges for semi-private rooms - realistric 101	0110		0134		0157	
Room charges for private rooms - obstetrics 0.136 Room charges for semi-private - 3/4 beds - rooms - obstetrics 0.150 Room charges for other rooms - general 0.150 Room charges for private rooms - postpoint 0.150 Room charges for semi-private - 3/4 beds - rooms - oncology of charges for private rooms - hospice 0.150 Room charges for semi-private rooms - hospice 0.150 Room charges for private rooms - hospice 0.150 Room charges for private rooms - hospice 0.150 Room charges for private rooms - postpoint 0.150 Room charges for private rooms - general 0.150 Room charges for private rooms - postpoint 0.150 Room charges for private rooms - postpoint 0.150 Room charges for semi-private ro	0111		0135		0158	3
Room charges for private rooms - pediatric 137 Room charges for semi-private rooms - pediatric 138 Room charges for semi-private rooms - potential 139 Room charges for semi-private rooms - potential 137 Room charges for semi-private rooms - potential 137 Room charges for semi-private rooms - potential 138 Room charges for semi-private rooms - potential 139 Room charges for semi-private rooms - detoxification 139 Room charges for semi-private rooms - detoxification 140 Room charges for private rooms - rehabilitation 141 Room charges for private rooms - rehabilitation 142 Room charges for private rooms - redical/surgical/GYN 142 Room charges for private rooms - medical/surgical/GYN 143 Room charges for private rooms - medical/surgical/GYN 144 Room charges for private rooms - medical/surgical/GYN 145 Room charges for private rooms - pediatric 146 Room charges for private rooms - pediatric 146 Room charges for private rooms - pediatric 147 Room charges for semi-private rooms - pediatric 148 Room charges for private rooms - pediatric 149 Room charges for private rooms -	0112		0136	Room charges for semi-private	0159	_
Room charges for private rooms - psychiatric O138 Room charges for semi-private rooms - psychiatric O138 Room charges for semi-private rooms - hospice O139 Room charges for private rooms - hospice O140 Room charges for semi-private rooms - detoxification O140 Room charges for private rooms - detoxification O140 Room charges for private rooms - detoxification O140 Room charges for private rooms - noclogy O140 Room charges for private (deluxe) rooms - general O170 Room charges for nursery - general O170 Room charges for private rooms - other O170 Room charges for private rooms - other O170 Room charges for nursery - general O171 Room charges for nursery - general O172 Room charges for private rooms - other O172 Room charges for private rooms - other O173 Room charges for nursery - newborn level I O174 Room charges for semi-private rooms - other O174 Room charges for private (deluxe) rooms - pediatric O174 Room charges for nursery - newborn level II O174 Room charges for semi-private rooms - other O175 Room charges for semi-private rooms - pediatric O176 Room charges for semi-private rooms - pediatric O177 Room charges for semi-private rooms - pediatric O178 Room charges for semi-private rooms - pediatric O179 Room charges for semi-private rooms - pediatric O179 Room charges for semi-private rooms - oncology O179 Room charges for semi-private rooms - oncology O179 Room charges for semi-private rooms - oncology O179	0113		0137	detoxification	0160	
3/4 beds - rooms - darges for private rooms - hospice -3/4 beds - rooms - rehabilitation -self care -	0114		0138	- 3/4 beds - rooms - oncology	0164	
Olive Color Colo	0115			- 3/4 beds - rooms -	0167	
Colling Coll	0116		0139		0169	
Nom charges for private rooms - rehabilitation	0117		0140		0170	
Room charges for private rooms - other	0118		0141	(deluxe) rooms -	0171	
Room charges for semi-private rooms - general 0143 Room charges for private (deluxe) rooms - pediatric 0144 Room charges for private (deluxe) rooms - pediatric 0174 Room charges for nursery - newborn level III Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for semi-private (deluxe) rooms - hospice 0180 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for nursery - newborn level IV 0179 Room charges for LOA - peneral 0180 Room charges for LOA - peneral 0180 Room charges for semi-private (deluxe) rooms - detoxification 0180 Room charges for LOA - nursing home (for hospitalization) 0183 Room charges for semi-private (deluxe) rooms - other 0180 Room charges for ward rooms - nursing home (for hospitalization) 0189 Room charges for subacute care - level I (skilled care) 0190 Room charges for subacute care - Level I (skilled care) 0191 Room charges for subacute care - Level III (complex care 0191 Room charges for subacute care - Level I	0119		0142	Room charges for private	0172	
Room charges for semi-private rooms - medical/surgical/GYN O144 Room charges for private (deluxe) rooms - psychiatric O179 Room charges for nursery - newborn level IV	0120		0143	Room charges for private	0173	
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 - oncology 0183 Room charges for LOA - hospical therapeutic leave therapeutic leave therapeutic leave therapeutic leave therapeutic leave (deluxe) rooms - other 0126 Room charges for semi-private rooms - detoxification 0149 Room charges for private (deluxe) rooms - other 0185 Room charges for LOA - nursing home (for hospitalization) 0127 Room charges for semi-private rooms - oncology 0150 Room charges for ward rooms - general 0150 Room charges for ward rooms - general 0151 Room charges for ward rooms - obstetrics 0190 Room charges for subacute care - Level I (skilled care) 0130 Room charges for semi-private rooms - other 0152 Room charges for ward rooms - obstetrics 0192 Room charges for subacute care - Level II (comprehensive care) 0131	0121		0144	Room charges for private	0174	
Room charges for semi-private rooms - pediatric O146 Room charges for private (deluxe) rooms - detoxification O182 Room charges for semi-private rooms - psychiatric O147 Room charges for private (deluxe) rooms - oncology O183 Room charges for LOA - patient convenience-charges billable O185 Room charges for semi-private rooms - hospice O148 Room charges for private (deluxe) rooms - rehabilitation O149 Room charges for private (deluxe) rooms - rehabilitation O149 Room charges for private (deluxe) rooms - other O185 Room charges for LOA - nursing home (for hospitalization) O187 Room charges for semi-private rooms - oncology O189 Room charges for LOA - other O189 Room charges for LOA - other O189 Room charges for semi-private rooms - rehabilitation O150 Room charges for ward rooms - medical/surgical/GYN O151 Room charges for ward rooms - obstetrics O152 Room charges for ward rooms - obstetrics O153 Room charges for ward rooms - obstetrics O154 Room charges for ward rooms - obstetrics O154 Room charges for ward rooms - obstetrics O154 Room charges for subacute care - Level II (comprehensive care) O155 Room charges for ward rooms - obstetrics O154 Room charges for ward rooms - obstetrics O154 Room charges for ward rooms - obstetrics O155 Room charges for ward rooms - obstetrics O154 Room charges for ward rooms - obstetrics O155 Room charges for ward rooms - obstetrics O154 Room charges for ward rooms - obstetrics O155 Room charges for ward rooms - obstetrics O154 Room charges for ward rooms - obstetrics O155 Room charges for ward rooms - obstetrics O154 Room charges for ward rooms - obstetrics O155 Room charges for ward rooms - obstetrics O155 Room charges for ward rooms - obstetrics O155 Room charges for ward rooms - obstetrics O156 Room charges for ward rooms - obstetrics O157 Room charges for ward rooms - obstetrics O157 Room charges for ward rooms - obstetrics O15	0122		0145	Room charges for private	0179	
Room charges for semi-private rooms - psychiatric O147 Room charges for private (deluxe) rooms - oncology O183 Room charges for LOA - patient convenience-charges billable Convenience-charges for LOA - therefore Convenience-charges for LOA - nursing home (for hospitalization) Convenience-charges for LOA - other	0123		0146	Room charges for private		
Nome charges for semi-private rooms - hospice 0148 Room charges for private (deluxe) rooms - rehabilitation 0185 Room charges for LOA - nursing home (for hospitalization) 0127 Room charges for semi-private rooms - oncology 0150 Room charges for ward rooms - oncology 0151 Room charges for ward rooms - rehabilitation 0151 Room charges for ward rooms - medical/surgical/GYN 0150 Room charges for ward rooms - oncology 0151 Room charges for ward rooms - medical/surgical/GYN 0152 Room charges for ward rooms - obstetrics 0151 Room charges for ward rooms - obstetrics 0152 Room charges for ward rooms - obstetrics 0153 Room charges for ward rooms - obstetrics 0154 Room charges for ward rooms - obstetrics 0154 Room charges for ward rooms - obstetrics 0155 Room charges for ward rooms - obstetrics 0156 Room charges for subacute care - Level II (comprehensive care) 0157 Room charges for ward rooms - obstetrics 0158 Room charges for subacute care - Level III (complex care) 0159 Room charges for subacute care - Level III (complex care) 0158 Room charges for subacute care - Level III (complex care) 0158 Room charges for subacute care - Level III (complex care) 0158 Room charges for subacute care - Level III (complex care) 0159 Room charges for subacute care - Level III (complex care) 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158 0158	0124		0147	Room charges for private		convenience-charges billable
Room charges for semi-private rooms - detoxification	0125		0148	Room charges for private		therapeutic leave
Room charges for semi-private rooms - oncology	0126		0149	Room charges for private	0185	nursing home (for
Room charges for semi-private rooms - rehabilitation	0127		0150	Room charges for ward rooms -	0189	·
0129 Room charges for semi-private rooms - other 0130 Room charges for semi-private - 3/4 beds - rooms - general 0131 Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN 0152 Room charges for ward rooms - pediatric 0153 Room charges for ward rooms - pediatric 0154 Room charges for ward rooms - pediatric 0155 Room charges for ward rooms - pediatric 0156 Room charges for ward rooms - pediatric 0157 Room charges for subacute care - Level II (comprehensive care) 0158 Room charges for subacute care - Level III (complex care) 0159 Room charges for subacute care - Level III (complex care) 0150 Room charges for ward rooms - pediatric 0151 Room charges for subacute care - Level III (complex care)	0128		0151	Room charges for ward rooms -	0190	
0130 Room charges for semi-private - 3/4 beds - rooms - general 0131 Room charges for semi-private - 3/4 beds - rooms - general 0134 Room charges for ward rooms - pediatric 0155 Room charges for ward rooms - pediatric 0156 Room charges for ward rooms - post-private - 3/4 beds - rooms - medical/surgical/GYN 0157 Room charges for ward rooms - psychiatric 0158 Room charges for subacute care - Level III (complex care) 0159 Room charges for subacute care - Level III (complex care) 0159 Room charges for subacute care - Level III (complex care)	0129		0152	Room charges for ward rooms -	0191	
0131 Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN Room charges for ward rooms - psychiatric Room charges for ward rooms - psychiatric Room charges for ward rooms - psychiatric Room charges for subacute care - Level III (complex care) DSHS/THCIC	0130		0153	Room charges for ward rooms -	0192	care - Level II (comprehensive
DSHS/THCIC DSHS Document #25-15013	0131	- 3/4 beds - rooms -	0154	Room charges for ward rooms -	0193	Room charges for subacute
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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 – 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)	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient
0207	Room charges for intensive care - burn care	0255	Pharmacy - drugs incident to radiology	0304	(home) Laboratory – non-routine
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	dialysis Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	microbiology 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 -
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	general Laboratory pathological -
0214	 heart transplant Room charges for coronary care 	0262	IV Therapy - pharmacy services	0312	cytology Laboratory pathological -
0214	- intermediate coronary care unit (CCU)	0263	IV Therapy - drug/supply delivery		histology
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0314	Laboratory pathological - biopsy
0220	Special charges - general	0269	IV Therapy - other	0319	Laboratory pathological - other
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0320	Radiology - diagnostic - general
0222	charge Special charges - technical	0271	Medical surgical supplies and devices - nonsterile	0321	Radiology - diagnostic - angiocardiography
0223	support charge Special charges - UR service	0272	Medical surgical supplies and	0322	Radiology - diagnostic - arthrography
	charge	0273	devices - sterile Medical surgical supplies and	0323	Radiology - diagnostic - arteriography
0224	Special charges - late discharge, medically necessary	0274	devices - take-home Medical surgical supplies and	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other		devices - prosthetic/orthotic	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0221	general
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home	0331	Radiology - therapeutic and/or 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	0333	chemotherapy administration - radiation therapy
0239	Incremental nursing care - other	0289	Oncology - other	0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV
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0339	Radiology - therapeutic and/or chemotherapy administration -	0391	Blood and blood component administration, storage and	0449	Speech-language pathology - other
0240	other	0202	processing - administration	0450	Emergency room - general
0340 0341	Nuclear medicine - general Nuclear medicine - diagnostic	0392	Blood and blood component administration, storage and processing – processing and	0451	Emergency room - EMTALA emergency medical screening
0342	procedures Nuclear medicine - therapeutic	0399	storage Blood and blood component	0452	services Emergency room - beyond
0242	procedures		administration, storage and processing - other	0456	EMTALA screening Emergency room - urgent care
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	0459	- , -
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0401	Other imaging convices		Emergency room - other
0349	Nuclear medicine - other		Other imaging services - diagnostic mammography	0460	Pulmonary function - general
0350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
0351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
0352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
0360	Operating room services -	0410	Respiratory services - general	0479	Audiology - other
0361	general Operating room services -	0412	Respiratory services -	0480	Cardiology - general
	minor surgery		inhalation	0481	Cardiology - cardiac cath lab
0362	Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy	0482	Cardiology - stress test
0367	kidney Operating room services -	0419	Respiratory services - other	0483	Cardiology - echocardiology
0369	kidney transplant Operating room services - other	0420	Physical therapy - general	0489	Cardiology - other
	· ·	0421	Physical therapy - visit charge	0490	Ambulatory surgical care - general
0370	Anesthesia - general	0422	Physical therapy - hourly charge	0499	Ambulatory surgical care -
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate	0500	other Outpatient services - general
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0509	Outpatient services - other
0374	Anesthesia - acupuncture	0429	Physical therapy - other	0510	Clinic - general
0379	Anesthesia - other	0430	Occupational therapy - general	0511	Clinic - chronic pain
0380	Blood - general	0431	Occupational therapy - visit	0512	Clinic - dental
0381	Blood - packed red cells	0432	charge Occupational therapy - hourly	0513	Clinic - psychiatric
0382	Blood - whole blood		charge	0514	Clinic - OB/GYN
0383	Blood - plasma	0433	Occupational therapy - group rate	0515	Clinic - pediatric
0384	Blood - platelets	0434	Occupational therapy - evaluation	0516	Clinic - urgent care
0385	Blood - leukocytes	0439	Occupational therapy - other	0517	Clinic - family practice
0386	Blood - other components	0440	Speech-language pathology - general	0519	Clinic - other
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0520	Freestanding Clinic - general
0389	Blood - other	0442	Speech-language pathology - hourly charge	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
	processing - general	0444	Speech-language pathology - evaluation or reevaluation	0523	Freestanding Clinic - family practice
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0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a	0570	Home health aide - general	0624	Medical/surgical supplies - FDA investigational devices
	Member in a Covered Part A Stay at SNF	0571	Home health aide - visit charge	0631	Drugs requiring specific identification - single source
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered	0572	Home health aide - hourly charge	0632	Drugs requiring specific identification - multiple source
	Part A Stay) or NF or ICF MR or Other Residential Facility	0579 0580	Home health aide - other Other visits (home health) -	0633	Drugs requiring specific identification - restrictive
0526	Freestanding Clinic - urgent care	0581	general Other visits (home health) -	0634	prescription Drugs requiring specific
		0582	visit charge Other visits (home health) -		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting	0583	hourly charge Other visits (home health) -	0635	Drugs requiring specific identification - EPO, 10,000 or more units
	Nurse Services(s) to a Member's Home when in a		assessment	0636	Drugs requiring specific
0528	Home Health Shortage Area Freestanding Clinic – Visit by	0589	Other visits (home health) - other		identification - requiring detailed coding
	RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)	0590	Units of service (home health) - general	0637	Drugs requiring specific identification - self-
0529	Freestanding Clinic - other	0600	Oxygen (home health) - general	0640	administrable Home IV therapy services -
		0601	Oxygen (home health) - stat/equip/supply or contents	0641	general Home IV therapy services –
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter	0011	non-routine nursing, central line
0531	Osteopathic service - therapy	0603	per minute	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other	0603	Oxygen (home health) - 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 – non-routine nursing, peripheral
0541	Ambulance service - supplies	0600	0 (1 1 11)	0645	line
0542	Ambulance service - medical transport	0609 0610	Oxygen (home health) - other Magnetic Resonance	0645	Home IV therapy services - training patient/caregiver, central line
0543	Ambulance service - heart mobile	0010	Technology (MRT) - MRI - general	0646	Home IV therapy services - training, disabled patient,
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain	0647	central line Home IV therapy services -
0545	Ambulance service - air ambulance	0612	(including brain stem) 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	0013	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		lower extremities		home care
0552	Skilled nursing - hourly charge	0618	Magnetic Resonance 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 -	0657	Hospice services - physician services
0561	Medical social services - visit charge	0622	incident to radiology Medical/surgical supplies -	0658	Hospice services - room and board - nursing facility
0562	Medical social services - hourly charge		incident to other diagnostic services	0659	Hospice services - other
0569	Medical social services - other	0623	Medical/surgical supplies - surgical dressings	0660	Respite care - general

charge/skilled nursing Charge	0661	Respite care - hourly	0732	EKG/ECG services - telemetry	0823	Hemodialysis - outpatient or
chargodalde/homemaker/componing non chargodalde/homemaker/componin	0662	•	0739	EKG/ECG services - other	0024	, ,
Mespite care - delily charge 0750 Gastrointestinal services - general 19750 Gastrointestinal services - general 19750 Gastrointestinal services - general 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 19750 1975	0002	charge/aide/homemaker/compa		,	0024	, ,
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Outpatient special residence - general or coaservation room services - general or coaservation room services - general or coaservation room services - general or contracted or contract or contracted or contracted or contract or contracted or contract or co	0669	Respite care - other		general	0826	
general Offset Operation O		•	0760			(effective 7/1/17)
hospital based Notified Not		general	0761		0829	· · · · · · · · · · · · · · · · · · ·
Observation Room or	0671		0762	Room	0830	
Outpatient special residence - or of the preventive care services - or	0672		0762	Observation Room -	0831	Peritoneal dialysis - outpatient
Trauma response - level I I	0679		0769	Treatment or observation room	0022	rate
Trauma response - level III general Gene	0681	Trauma response - level I			0032	
vaccine administration or home – maintenance 100% or home – support services 2 peneral services – general or home – support services 2 peneral or home – support services 2	0682	Trauma response - level II	0770		0833	
Trauma response - other 0790 Extra-corporeal shockwave therapy - general 0800 Pre-hospice/Palliative Care Services - general 0800 Inpatient renal dialysis services - general 0801 Pre-hospice/Palliative Care Services - voltate therapy - general 18080 Inpatient renal dialysis services - voltate therapy - general 18080 Inpatient renal dialysis services - voltate therapy - general 18080 Inpatient renal dialysis services - voltate therapy - general 18080 Inpatient renal dialysis services - voltate to home - general 18080 Inpatient renal dialysis services - voltate of the peritoneal (non-CAPD) 0841 CAPD - outpatient or home - composite or other rate 18080 Pre-hospice/Palliative Care Services - voltation and education 0804 Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) 0842 CAPD - outpatient or home - nome supplies 0842 CAPD - outpatient or home - nome supplies 0843 CAPD - outpatient or home - continuous ambulatory peritoneal dialysis (CAPD) 0844 CAPD - outpatient or home - nome supplies 0844 CAPD - outpatient or home - nome supplies 0845 Pre-hospice/Palliative Care Services - inpatient care 0809 Inpatient renal dialysis services 0845 CAPD - outpatient or home - general 0865 Pre-hospice/Palliative Care Services - other 0865 Pre-hospice/Palliativ	0683	Trauma response - level III	0771		0834	
Trauma response - other	0684	Trauma response - level IV	0780	Telemedicine services - general	0835	
Services - general Services - visit charge Services - hourly charge Services - hourly charge Services - hourly charge Services - hourly charge Services - evaluation Services - evaluation Services - verible of the Services - volutation Services - physician services Services - physician services Services - other Services - other Services - other Services - souther Services -	0689	Trauma response - other	0790	•	0839	Peritoneal dialysis - outpatient
Services	0690	• •	0800	· · · · · · · · · · · · · · · · · · ·	0840	CAPD - outpatient or home -
Inpatient renal dialysis services - hourly charge	0691	• •	0801		0841	CAPD - outpatient or home -
Pre-hospice/Palliative Care Services - evaluation Services - evaluation Services - evaluation Services - evaluation Pre-hospice/Palliative Care Services - consultation and education Services - inpatient care Services - inpatient care Services - inpatient care Services - physician services Services - physician services Services - physician services Services - other Services - Services - Services - Services - Services - Services - Services Services - Ser	0692	• •	0802		0842	CAPD - outpatient or home -
Pre-hospice/Palliative Care Services - consultation and education Decitione Decition	0693		0803	Inpatient renal dialysis services	0843	CAPD - outpatient or home –
education	0694				0844	• •
Services – inpatient care 0696 Pre-hospice/Palliative Care Services – physician services 0699 Pre-hospice/Palliative Care Services – other 0810 Acquisition of body components- general 0700 Cast Room services – general 0710 Recovery Room services – general 0720 Labor/Delivery Room services – labor 0721 Labor/Delivery Room services – delivery 0722 Labor/Delivery Room services – delivery 0723 Labor/Delivery Room services – delivery 0724 Labor/Delivery Room services – delivery 0725 Labor/Delivery Room services – delivery 0726 Labor/Delivery Room services – delivery 0727 Labor/Delivery Room services – delivery 0728 Labor/Delivery Room services – delivery 0729 Labor/Delivery Room services – delivery 0720 Labor/Delivery Room services – delivery 0721 Labor/Delivery Room services – delivery 0722 Labor/Delivery Room services – delivery 0723 Labor/Delivery Room services – delivery 0724 Labor/Delivery Room services – delivery 0725 Labor/Delivery Room services – delivery 0726 Labor/Delivery Room services – delivery 0727 Labor/Delivery Room services – delivery 0728 Labor/Delivery Room services – delivery 0729 Labor/Delivery Room services – delivery 0720 Labor/Delivery Room services – delivery 0720 Labor/Delivery Room services – delivery 0721 Labor/Delivery Room services – delivery 0722 Labor/Delivery Room services – delivery 0723 Labor/Delivery Room services – delivery 0724 Labor/Delivery Room services – delivery 0725 Labor/Delivery Room services – delivery 0726 Labor/Delivery Room services – delivery 0727 Labor/Delivery Room services – delivery 0728 Labor/Delivery Room services – delivery 0729 Labor/Delivery Room services – delivery 0730 EKG/ECG services – general 0731 EKG/ECG services – Holter 0732 Labor/Delivery Room services – delivery 0733 EKG/ECG services – Holter 0734 Labor/Delivery Room services – delivery 0735 Labor/Delivery Room services – delivery 0740 Magnetoencephalography (MEG) – MEG (M			0804			•
0696Pre-hospice/Palliative Care Services - physician services- other0849CAPD - outpatient or home - other0699Pre-hospice/Palliative Care Services - other0810Acquisition of body components- general0850CCPD - outpatient or home - general0700Cast Room services - general0811Acquisition of body components - living donor0851CCPD - outpatient or home - composite or other rate0710Recovery Room services - general0812Acquisition of body components - cadaver donor0852CCPD - outpatient or home - home supplies0720Labor/Delivery Room services - labor0813Acquisition of body components - unknown donor0853CCPD - outpatient or home - home equipment0721Labor/Delivery Room services - delivery0814Acquisition of body components - unsuccessful organ search- donor bank charges0855CCPD - outpatient or home - maintenance 100%0723Labor/Delivery Room services - delivery0815Acquisition of body components - stem cells- allogeneic0855CCPD - outpatient or home - support services0724Labor/Delivery Room services - birthing center0819Acquisition of body components - other donor0860Magnetoencephalography (MEG) - General0729Labor/Delivery Room services - birthing center0820Hemodialysis - outpatient or home - general0860Magnetoencephalography (MEG) - MEG0730EKG/ECG services - Holter0821Hemodialysis - outpatient or other rother0880Misce	0695		0800		0845	
Services - other components- general general ORSI CAST Room services - general ORSI Recovery Room services - general ORSI Miscellaneous dialysis - general ORSI Miscellaneous dialysis - general ORSI Miscellaneous dialysis - general	0696	• •	0003		0849	•
Recovery Room services - general Services - general Services - general Acquisition of body components - cadaver donor Services - general Acquisition of body components - cadaver donor Services - general Acquisition of body components - cadaver donor Services - general Acquisition of body components - unknown donor Services - general Acquisition of body components - unknown donor Services - general Acquisition of body components - unknown donor Services - general Services - general Acquisition of body components - unsuccessful organ search- donor bank charges Services - general Services Services Services - general Services Servic	0699		0810		0850	•
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	0731	· · · · · · · · · · · · · · · · · · ·	0822		0881	

0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
0003	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play therapy	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	Behavior health treatments/services - activity	0944	Other therapeutic services - drug rehabilitation	0987 0988	Professional fees - hospital visit Professional fees - consultation
0905	therapy Behavior health	0945	Other therapeutic services - alcohol rehabilitation	0989	Professional fees - private duty
	treatments/services - intensive outpatient services - psychiatric	0946	Other therapeutic services - complex medical equipment -	0990	nurse Patient convenience items -
0906	Behavior health treatments/services - intensive	0947	routine Other therapeutic services -	0991	general Patient convenience items -
	outpatient services - chemical dependency	0347	complex medical equipment - ancillary		cafeteria/guest tray
0907	Behavior health treatments/services -	0948	Other therapeutic services – pulmonary rehabilitation	0992	Patient convenience items - private linen service
	community behavioral health program	0949	Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health treatment/services -	0951	other Other therapeutic services –	0994	Patient convenience items - TV/radio
0912	rehabilitation Behavior health treatment/services - partial	0952	athletic training Other therapeutic services - kinesiotherapy	0995	Patient convenience items - nonpatient room rentals
	hospitalization - less intensive	0953	Other therapeutic services –	0996	Patient convenience items - late discharge charge
0913	Behavior health treatment/services - partial hospitalization - intensive		chemical dependency (drug and alcohol)	0997	Patient convenience items - admission kits
0914	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 treatment/services - group	0962	Professional fees - ophthalmology	1000	other Behavior health
0916	therapy Behavior health	0963	Professional fees - anesthesiologist (MD)	1001	accommodations - general Behavior health
	treatment/services - family therapy	0964	Professional fees - anesthetist (CRNA)	1001	accommodations - residential treatment - psychiatric
0917	Behavior health treatment/services -	0969	Professional fees - other	1002	Behavior health accommodations - residential
0918	biofeedback Behavior health treatment/services - testing	0971	Professional fees - laboratory		treatment - chemical dependency
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	peripheral vascular lab Other diagnostic services -	0975	Professional fees - operating room		accommodations - group home
0923	electromyogram Other diagnostic services - pap	0976	Professional fees - respiratory	2100	Alternative therapy services - general
0924	smear Other diagnostic services -	0977	therapy Professional fees - physical	2101	Alternative therapy services - acupuncture
	allergy test	0978	therapy Professional fees - occupational	2102	Alternative therapy services -
0925	Other diagnostic services - pregnancy test	3770	therapy		acupressure

2103	Alternative thera massage	py services -	2109	Alternative therapy service other	es -	3104	Adult day care, social - daily
2104	Alternative thera reflexology	py services -	3101	Adult day care, medical an social - hourly	ıd :	3105	Adult foster care - daily
2105	Alternative thera biofeedback	py services -	3102	Adult day care, social - ho	urly	3109	Adult foster care - other
2106	Alternative thera hypnosis	py services -	3103	Adult day care, medical an social - daily	ıd		
Beginn	ing Position:	13		Data Source:	Claim		
Length		4		Туре:	Alphanu	meric	
Field 3:		HCPCS_QUAI					
Descrip	otion:	Code identifyii HCPCS_PROCE		type/source of the de CODE.	scriptive	numl	ber used in
Beginn	ing Position:	17		Data Source:	Claim		
Length	:	2		Туре:	Alphanu	meric	
Field 4		HCPCS_PRO	CEDUF	RE_CODE			
Descrip	otion:	HCFA Commo	n Proce	edure Coding System	(HCPCS)	code	applicable to ancillary
		services or acc					
Coding	Scheme:			hs.gov/HCPCSReleaseCo	deSets/Al	NHCPC	S/list.asp for complete list of
		Level II HCPCS	codes.		.		
_	ing Position:	19 5		Data Source:	Claim Alphanu	morio	
Length Field 5:		MODIFIER_1		Туре:	Alphaniu	menc	
Descrip				cumstances related to	the norf	ormai	nce of the service
•	Scheme:	ruentines spec	lai Cii C	umstances related to	the pen	Official	ice of the service
22	Increased proced	lural corvices	58	Staged or Related Procedu	ıra or	81	Minimum Assistant Surgeon
	•		30	Service by the Same Physi			_
23	Or		or Other Qualified Health (Care	82	Repeat procedure by same physician	
24	24 Unrelated Evaluation and Management Service by the			Professional During the Postoperative Period		90	Reference (Outside) Laboratory
	Same Physician of		59	Distinct Procedural Service	<u> </u>	91	Repeat Clinical Diagnostic
	Qualified Health		62	Two Surgeons		71	Laboratory Test
	Professional during a Postoperative Period			-	· 6 L-	92	Alternative Laboratory Platform
25	Significant, Sepa		63	Procedure Performed on Ir less than 4kg	IIdIILS		Testing
	Identifiable Evalu	ation and	66	Surgical Team	95		Synchronous Telemedicine Service Rendered Via a Real-
	Management Ser Same Physician of		73	Discontinued Outpatient			Time Interactive Audio and
	Qualified Health		, 3	Hospital/Ambulatory Surge	ery		Video Telecommunications
	Professional on the			Center (ASC) Procedure pr	rior to		System
	of the Procedure Service	or Other		the Administration of Anesthesia		99	Multiple Modifiers
26	Professional Com	ponent	74	Discontinued Outpatient		1P	Performance Measure Exclusion Modifier due to Medical Reasons
27	Multiple Outpatie	•		Hospital/Ambulatory Surge		2P	Performance Measure Exclusion
27	E/M Encounters of Date	•		Center (ASC) Procedure af Administration of Anesthes			Modifier due to Patient Reasons
32	Mandated Service	es	76	Repeat Procedure by Same Physician or Other Qualifie		3P	Performance Measure Exclusion Modifier due to System Reasons
33	Preventive Service	ce		Health Care Professional		8P	Performance Measure Reporting Modifier- Action not performed,
47	Anesthesia by Su	ırgeon	77	Repeat Procedure by Anotl Physician or Other Qualifie			reason not otherwise specified
50	Bilateral Procedu	re		Health Care Professional		P1	A normal healthy patient
51	Multiple Procedur		78	Unplanned Return to the Operating/Procedure Room		P2	A patient with mild systemic disease
52	Reduced Services	-		the Same Physician or Oth Qualified Health Care	er	Р3	A patient with severe systemic
53	Discontinued Pro			Professional Following Initi Procedure for a Related	ial	P4	disease A patient with severe systemic
54 55	Surgical Care On	•		Procedure During the			disease that is a constant
33	Postoperative Ma Only	mayement	79	Postoperative Period Unrelated Procedure or Se	rvice	P5	threat to life A moribund patient who is not
56	Preoperative Mar		, ,	by the Same Physician or (Qualified Health Care		-	expected to survive without the operation
57	Decision for Surg	jery		Professional During the		Р6	A declared brain-dead patient
				Postoperative Period		. •	whose organs are being
			80	Assistant Surgeon			removed for donor purposes

DSHS/THCIC

www.dshs.texas.gov/THCIC

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E1 Upper	left eyelid			diagnostic mammograph	ny on	T1	Left foot, second digit
E2 Lower	left eyelid			same patient, same day		T2	Left foot, third digit
E3 Upper	right eyeli	d	GH	Diagnostic mammogram converted from screenin		T3	Left foot, fourth digit
	right eyeli			mammogram on same d	-	T4	Left foot, fifth digit
	and, secon		LC	Left circumflex coronary	artery	T5	Right foot, great toe
	,	3	LD	Left anterior descending			
	and, third o			coronary artery		T6	Right foot, second digit
	and, fourth	-	LM . –	Left main coronary arter	•	T7	Right foot, third digit
	and, fifth d		LT	Left side of the body pro		T8	Right foot, fourth digit
_	hand, thun	nb	Q M	Ambulance service provi under arrangement by a		Т9	Right foot, fifth digit
F6 Right h	hand, seco	nd digit		provider of services		TA	Left foot, great toe
F7 Right h	hand, third	l digit	QN	Ambulance service furnis		XE	Separate Encounter
F8 Right h	hand, fourt	th digit		directly by a provider of services		XS	Separate Structure
F9 Right h	hand, fifth	digit	RC	Right coronary artery		XP	Separate Practitioner
FA Left ha	and, thumb)	RI	Ramus intermedius coro	nary	XU	Unusual Non-Overlapping
		payment of a		artery			Service
screen	ning mamm	nography and	RT	Right side of the body procedure			
Beginning Po	sition:	24		Data Source:	Claim		
Length:		2		Туре:	Alphanu	ımeric	
Field 6:		MODIFIER_2				,	6.1
Description:		Identifies special Same as Field MC		cumstances related t	to the per	torma	nce of the service.
Coding Schen Beginning Po		26	וחוטו	Data Source:	Claim		
Length:		2		Type:	Alphanu	umeric	
Field 7:		MODIFIER_3					
Description:				cumstances related t	the per	forma	nce of the service.
Coding Scheme:		Same as Field MC	りいけに	-K I			
				-	Claim		
Beginning Po Length:		28 2		Data Source: Type:	Claim Alphanu	umeric	
Beginning Po Length: Field 8:		28 2 MODIFIER_4		Data Source: Type:	Alphanu		
Beginning Po Length: Field 8: Description:	sition:	28 2 MODIFIER_4 Identifies specia	al circ	Data Source: Type: cumstances related t	Alphanu		
Beginning Po Length: Field 8: Description: Coding Schen	ne:	28 2 MODIFIER_4 Identifies special Same as Field MC	al circ	Data Source: Type: cumstances related tel.	Alphanu to the per		
Beginning Po Length: Field 8: Description: Coding Schen Beginning Po Length:	ne:	28 2 MODIFIER_4 Identifies special Same as Field MC 30 2	al circ	Data Source: Type: cumstances related text ER_1 Data Source: Type:	Alphanu	forma	nce of the service.
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Field 14:	FINAL_EAPG_CATEGORY_CODE	
	Enhanced Ambulatory Patient Group (E	APG) category code, as assigned by 3M™
	EAPG Grouper. Not available 4Q09.	
Beginning Position:	81 Data Source:	Assigned
Length:	2 Type:	Alphanumeric
Field 15:	FINAL_EAPG_TYPE_CODE	
	Enhanced Ambulatory Patient Group (E	APG) type code, as assigned by 3M™ EAPG
	Grouper. Not available 4Q09.	
Beginning Position:	83 Data Source:	Assigned
Length:	2 Type:	Alphanumeric
Field 16:	FINAL_EAPG	
	Final Enhanced Ambulatory Patient Gro	oup (EAPG), as assigned by 3M™ EAPG
	Grouper. Not available 4Q09.	
Beginning Position:	85 Data Source:	Assigned
Length:	5 Type:	Alphanumeric
Field 17:	APC_PROCEDURE_CODE	
	Ambulatory Payment Classification (AP	C) procedure code as assigned by 3M™ APC
	Grouper. Not available 4Q09.	
Beginning Position:	90 Data Source:	Assigned
Length:	5 Type:	Alphanumeric
Field 18:	APC_PX_STATUS_IND_CODE	
	Ambulatory Payment Classification (AP	C) procedure status indicator as assigned by
	3M [™] APC Grouper. Not available 4Q09	
Beginning Position:	95 Data Source:	Assigned
Length:	2 Type:	Alphanumeric
Field 19:	APC_WEIGHT	
	Ambulatory Payment Classification (AP	C) weighting as assigned by 3M™ APC
	Grouper. Not available 4Q09.	
Beginning Position:	97 Data Source:	Assigned
Length:	9 Type:	Alphanumeric

FACILITY TYPE INDICATOR 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:			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	e Provider_Name	during the middle of a year. This will be
	noted in such cases in	which we are av	vare of those mid-year name changes.
Beginning Position:	1	Data Source:	Assigned
Length:	6	Туре:	Alphanumeric
Field 2:	PROVIDER_NAME		
Description:	Hospital name provide	ed by the hospita	l.
Beginning Position:	7	Data Source:	Provider
Length:	55	Туре:	Alphanumeric
Field 3:	FAC_TEACHING_IN		
Description:	Teaching Facility Indic		
Suppression:			discharges (Provider ID equals '999999').
Coding Scheme:	A Member, Council of Te	aching Hospitals	
But to the Butter	X Other teaching facility	D . I. G.	D
Beginning Position:	62	Data Source:	Provider
Length: Field 4:	1 FAC DEVEL IND	Туре:	Alphanumeric
	FAC_PSYCH_IND	licator	
Description:	Psychiatric Facility Inc		discharges (Provider ID equals 10000001)
Suppression: Beginning Position:	63	Data Source:) discharges (Provider ID equals '999999'). Provider
Length:	1	Type:	Alphanumeric
Field 5:	FAC_REHAB_IND	турсі	Alphanamene
Description:	Rehabilitation Facility	Indicator	
Suppression:			O discharges (Provider ID equals '999999').
Beginning Position:	64	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 6:	FAC_ACUTE_CARE_	IND	
Description:	Acute Care Facility Ind		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:	65	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 7:	FAC_SNF_IND		
Description:	Skilled Nursing Facility		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:	66	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 8:	FAC_LONG_TERM_A		
Description:	Long Term Acute Care	•	
Suppression: Beginning Position:	Suppressed for nospitals 67	Data Source:) discharges (Provider ID equals '999999'). Provider
Length:	1	_	Alphanumeric
Field 9:	FAC_OTHER_LTC_IN	Type: ND	Aprianament
Description:	Other Long Term Care		ır
Suppression:) discharges (Provider ID equals '999999').
Beginning Position:	68	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 10:	FAC_PEDS_IND		
Description:	Pediatric Facility Indic	ator.	
Suppression:			discharges (Provider ID equals '999999').
Coding Scheme:	C Member, National Asso	ciation of Children	's Hospitals and Related Institutions (NACHRI)
	X Facilities that also trea		,
Beginning Position:	69	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
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www.dsiis.tcAas.gov/11	1010		Last Opulica. I cordary, 2016

E1 11 44			
Field 11:	FAC_CARDIOVASCULA		
Description:	Cardiovascular facility in	ndicator.	
Beginning Position:	70	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 12:	FAC_CHIROPRACTIC	IND	
Description:	Chiropractic care facility		
Beginning Position:	•	Data Source:	Provider
Length:		Type:	Alphanumeric
Field 13:			Alphanumenc
	FAC_ENDOSCOPY_IN		
Description:	Endoscopy facility indica		
Beginning Position:		Data Source:	Provider
Length:		Type:	Alphanumeric
Field 14:	FAC_FOOT_IND		
Description:	Foot care facility indicate	or.	
Beginning Position:	73	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 15:	FAC_GASTROENTERO		<u> </u>
Description:	Gastroenterology facility		
Beginning Position:	<u>-</u> .	Data Source:	Provider
Length:		Туре:	Alphanumeric
Field 16:	FAC_GENERAL_IND		
Description:	General care facility indi	icator.	
Beginning Position:	75	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 17:	FAC_NEUROLOGICAL	IND	
Description:	Neurological care facility		
Beginning Position:	-	Data Source:	Provider
Length:		Type:	Alphanumeric
Field 18:	FAC_OB_GYN_IND	Турсі	Auphanamene
Description:		fo allibu in dia	atau
•	Obstetric and gynecolog		
Beginning Position:		Data Source:	Provider
Length:		Туре:	Alphanumeric
Field 19:	FAC_OPTHAMOLOGY_	_IND	Alphanumeric
		_IND	Alphanumeric
Field 19:	FAC_OPTHAMOLOGY_ Ophthalmology facility in	_IND	Provider
Field 19: Description:	FAC_OPTHAMOLOGY_ Ophthalmology facility in 78	_ IND ndicator.	
Field 19: Description: Beginning Position:	FAC_OPTHAMOLOGY_ Ophthalmology facility in 78 1	_IND ndicator. Data Source:	Provider
Field 19: Description: Beginning Position: Length:	FAC_OPTHAMOLOGY_ Ophthalmology facility in 78 1 FAC_ORAL_IND	_IND ndicator. Data Source: Type:	Provider
Field 19: Description: Beginning Position: Length: Field 20: Description:	FAC_OPTHAMOLOGY_ Ophthalmology facility in 78 1 FAC_ORAL_IND Oral health care facility	_IND ndicator. Data Source: Type: indicator.	Provider Alphanumeric
Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position:	FAC_OPTHAMOLOGY_ Ophthalmology facility in 78 1 FAC_ORAL_IND Oral health care facility 79	_IND ndicator. Data Source: Type: indicator. Data Source:	Provider Alphanumeric Provider
Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length:	FAC_OPTHAMOLOGY_ Ophthalmology facility in 78 1 FAC_ORAL_IND Oral health care facility 79 1	_IND ndicator. Data Source: Type: indicator. Data Source: Type:	Provider Alphanumeric
Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	FAC_OPTHAMOLOGY_ Ophthalmology facility in 78 1 FAC_ORAL_IND Oral health care facility 79 1 FAC_ORTHOPEDIC_IN	_IND ndicator. Data Source: Type: indicator. Data Source: Type: ND	Provider Alphanumeric Provider
Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	FAC_OPTHAMOLOGY_ Ophthalmology facility in 78 1 FAC_ORAL_IND Oral health care facility 79 1 FAC_ORTHOPEDIC_IN Orthopedic care facility in 19	IND ndicator. Data Source: Type: indicator. Data Source: Type: ND indicator.	Provider Alphanumeric Provider Alphanumeric
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Field 26: FAC_UROLOGY_IND **Description:** Urology care facility indicator. Data Source: **Beginning Position:** 85 Provider Length: Alphanumeric Type: Field 27: FAC_OTHER_IND **Description:** Other facility indicator. **Data Source: Beginning Position:** 86 Provider Length: Alphanumeric Type: Field 28: POA PROVIDER INDICATOR **Description:** Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC, Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long Term Care Hospitals. **Coding Scheme:** Mixed (Facility has sections that would be exempted from reporting POA for those Μ patients) R Required Χ Exempt Invalid 87 **Beginning Position: Data Source:** Assigned Length: Alphanumeric Type: Field 29: CERT_STATUS_IP **Description:** Assignment of a code to indicate the certification of data (inpatient) and submission of comments by the hospital. Certified, without comment **Coding Scheme:** 1 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 88 Data Source: **Beginning Position: Assigned** Length: Alphanumeric Type: Field 30: CERT_STATUS_OP **Description:** Assignment of a code to indicate the certification of data (outpatient) and submission of comments by the hospital. **Coding Scheme:** 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 89 **Beginning Position: Data Source: Assigned** Length: Type: Alphanumeric

Texas Department of State Health Services

Texas Hospital Emergency Department Data Set DATA FILE LAYOUTS

Inpatient Base Data #1 File

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

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

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

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

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	MS_MDC	699	2	Alphanumeric
154	MS_DRG	701	3	Alphanumeric
155	MS_GROUPER_VERSION_NBR	704	5	Alphanumeric
156	MS_GROUPER_ERROR_CODE	709	2	Alphanumeric
157	APR_MDC	711	2	Alphanumeric
158	APR_DRG	713	4	Alphanumeric
159	RISK_MORTALITY	717	1	Alphanumeric
160	ILLNESS_SEVERITY	718	1	Alphanumeric
161	APR_GROUPER_VERSION_NBR	719	5	Alphanumeric
162	APR_GROUPER_ERROR_CODE	724	2	Alphanumeric
163	ATTENDING_PHYSICIAN_UNIF_ID	726	10	Alphanumeric
164	OPERATING_PHYSICIAN_UNIF_ID	736	10	Alphanumeric
165	ENCOUNTER_INDICATOR	746	2	Alphanumeric
166	PROVIDER_NAME	748	55	Alphanumeric
	Record_Length		802	

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

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Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
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
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

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
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
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

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
	Record_Length		648	

Inpatient Charges Data File

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	Record_Length		80	

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

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

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

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

Number	Field Name (OP Base Data File)	Position	Length	Field Type
128	PROVIDER_NAME	829	55	Alphanumeric
	Record_Length		883	

Outpatient Classification File

Number	Field Name (OP Classification File)	Position	Length	Field Type
Namber	RECORD ID - not linkable to the	1 03161011	Lengen	Tield Type
1	Record_ID in the ED Inpatient PUDF	1	12	Alphanumeric
	or ED Research Data Files (RDFs).			-
2	CCS_PRINC_DIAG_CODE	13	4	Alphanumeric
3	CCS_OTH_DIAG_CODE_1	17	4	Alphanumeric
4	CCS_OTH_DIAG_CODE_2	21	4	Alphanumeric
5	CCS_OTH_DIAG_CODE_3	25	4	Alphanumeric
6	CCS_OTH_DIAG_CODE_4	29	4	Alphanumeric
7	CCS_OTH_DIAG_CODE_5	33	4	Alphanumeric
8	CCS_OTH_DIAG_CODE_6	37	4	Alphanumeric
9	CCS_OTH_DIAG_CODE_7	41	4	Alphanumeric
10	CCS_OTH_DIAG_CODE_8	45	4	Alphanumeric
11	CCS_OTH_DIAG_CODE_9	49	4	Alphanumeric
12	CCS_OTH_DIAG_CODE_10	53	4	Alphanumeric
13	CCS_OTH_DIAG_CODE_11	57	4	Alphanumeric
14	CCS_OTH_DIAG_CODE_12	61	4	Alphanumeric
15	CCS_OTH_DIAG_CODE_13	65	4	Alphanumeric
16	CCS_OTH_DIAG_CODE_14	69	4	Alphanumeric
17	CCS_OTH_DIAG_CODE_15	73	4	Alphanumeric
18	CCS_OTH_DIAG_CODE_16	77	4	Alphanumeric
19	CCS_OTH_DIAG_CODE_17	81	4	Alphanumeric
20	CCS_OTH_DIAG_CODE_18	85	4	Alphanumeric
21	CCS_OTH_DIAG_CODE_19	89	4	Alphanumeric
22	CCS_OTH_DIAG_CODE_20	93	4	Alphanumeric
23	CCS_OTH_DIAG_CODE_21	97	4	Alphanumeric
24	CCS_OTH_DIAG_CODE_22	101	4	Alphanumeric
25	CCS_OTH_DIAG_CODE_23	105	4	Alphanumeric
26	CCS_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
36	CCS_PROC_CODE_10	140	3	Alphanumeric
37	CCS_PROC_CODE_11	143	3	Alphanumeric

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Number	Field Name (OP Classification File)	Position	Length	Field Type
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
52	EAPG_GRP_VER	188	12	Alphanumeric
53	APC_GRP_VER	200	12	Alphanumeric
54	CRG_STATUS_1	212	1	Alphanumeric
55	CRG_STATUS_2	213	1	Alphanumeric
56	CRG_STATUS_3	214	1	Alphanumeric
57	CRG_STATUS_4	215	1	Alphanumeric
58	CRG_STATUS_5	216	1	Alphanumeric
59	CRG_STATUS_6	217	1	Alphanumeric
60	CRG_STATUS_7	218	1	Alphanumeric
61	CRG_STATUS_8	219	1	Alphanumeric
62	CRG_STATUS_9	220	1	Alphanumeric
63	CRG_STATUS_10	221	1	Alphanumeric
64	CRG_CODE_1	222	5	Alphanumeric
65	CRG_CODE_2	227	5	Alphanumeric
66	CRG_CODE_3	232	5	Alphanumeric
67	CRG_CODE_4	237	5	Alphanumeric
68	CRG_CODE_5	242	5	Alphanumeric
69	CRG_CODE_6	247	5	Alphanumeric
70	CRG_CODE_7	252	5	Alphanumeric
71	CRG_CODE_8	257	5	Alphanumeric
72	CRG_CODE_9	262	5	Alphanumeric
73	CRG_CODE_10	267	5	Alphanumeric
74	CRG_SEVERITY_1	272	1	Alphanumeric
75	CRG_SEVERITY_2	273	1	Alphanumeric
76	CRG_SEVERITY_3	274	1	Alphanumeric
77	CRG_SEVERITY_4	275	1	Alphanumeric

Number	Field Name (OP Classification File)	Position	Length	Field Type
78	CRG_SEVERITY_5	276	1	Alphanumeric
79	CRG_SEVERITY_6	277	1	Alphanumeric
80	CRG_SEVERITY_7	278	1	Alphanumeric
81	CRG_SEVERITY_8	279	1	Alphanumeric
82	CRG_SEVERITY_9	280	1	Alphanumeric
83	CRG_SEVERITY_10	281	1	Alphanumeric
	Record_Length		281	

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
14	FINAL_EAPG_CATEGORY_CODE	81	2	Alphanumeric
15	FINAL_EAPG_TYPE_CODE	83	2	Alphanumeric
16	FINAL_EAPG	85	5	Alphanumeric
17	APC_PROCEDURE_CODE	90	5	Alphanumeric
18	APC_PX_STATUS_IND_CODE	95	2	Alphanumeric
19	APC_WEIGHT	97	9	Alphanumeric
	Record_Length		105	

Facility Type Indicator File

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	PROVIDER_NAME	7	55	Alphanumeric
3	FAC_TEACHING_IND	62	1	Alphanumeric
4	FAC_PSYCH_IND	63	1	Alphanumeric
5	FAC_REHAB_IND	64	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	65	1	Alphanumeric
7	FAC_SNF_IND	66	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	67	1	Alphanumeric
9	FAC_OTHER_LTC_IND	68	1	Alphanumeric
10	FAC_PEDS_IND	69	1	Alphanumeric
11	FAC_CARDIOVASCULAR_IND	70	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	71	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	72	1	Alphanumeric
14	FAC_FOOT_IND	73	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	74	1	Alphanumeric
16	FAC_GENERAL_IND	75	1	Alphanumeric
17	FAC_NEUROLOGICAL_IND	76	1	Alphanumeric
18	FAC_OB-GYN_IND	77	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	78	1	Alphanumeric
20	FAC_ORAL_IND	79	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	80	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	81	1	Alphanumeric
23	FAC_PAIN MNGMT_IND	82	1	Alphanumeric
24	FAC_PLASTIC_IND	83	1	Alphanumeric
25	FAC_THORACIC_IND	84	1	Alphanumeric
26	FAC_UROLOGY_IND	85	1	Alphanumeric
27	FAC_OTHER_IND	86	1	Alphanumeric
28	POA_PROVIDER_INDICATOR	87	1	Alphanumeric
29	CERT_STATUS_IP	88	1	Alphanumeric
30	CERT_STATUS_OP	89	1	Alphanumeric
	Record_Length	89		