

# 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 2019

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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 <a href="http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm">http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm</a>. 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 2019 Hospital ED PUDF is available in seven fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges, and Facility Type Data files. The sizes of the files are as follows:

#### First quarter, 491 facilities:

IP Base Data #1	406,180 records	166 variables	Fixed field format	311 MB	Tab-delimited	166 MB
IP Base Data #2	406,180 records	99 variables	Fixed field format	252 MB	Tab-delimited	109 MB
IP Charges	8,252,417 records	13 variables	Fixed field format	645 MB	Tab-delimited	384 MB
OP Base Data	2,544,659 records	128 variables	Fixed field format	2,148 MB	Tab-delimited	1,002 MB
OP Classification Data	2,544,659 records	83 variables	Fixed field format	687 MB	Tab-delimited	344 MB
OP Charges	21,413,050 records	19 variables	Fixed field format	2,185 MB	Tab-delimited	1,686 MB
Facility Type Data	491 records	30 variables	Fixed field format	44 KB	Tab-delimited	39 KB
	491 records	30 variables	Fixed field format	44 KB	Tab-delimited	39 KB

#### Second quarter, 492 facilities:

IP Base Data #1	398,940 records	166 variables	Fixed field format	306 MB	Tab-delimited	164 MB
IP Base Data #2	398,940 records	99 variables	Fixed field format	247 MB	Tab-delimited	107 MB
IP Charges	8,017,296 records	13 variables	Fixed field format	627 MB	Tab-delimited	372 MB
OP Base Data	2,463,527 records	128 variables	Fixed field format	2,079 MB	Tab-delimited	977 MB
OP Classification Data	2,463,527 records	83 variables	Fixed field format	665 MB	Tab-delimited	336 MB
OP Charges	21,350,818 records	19 variables	Fixed field format	2,179 MB	Tab-delimited	1,684 MB
Facility Type Data	492 records	31 variables	Fixed field format	44 KB	Tab-delimited	39 KB
	492 records	31 variables	Fixed field format	44 KB	Tab-delimited	39 KB

#### Third quarter, 488 facilities:

IP Base Data #1	400,377 records	166 variables	Fixed field format	307 MB	Tab-delimited	165 MB
IP Base Data #2	400,377 records	99 variables	Fixed field format	248 MB	Tab-delimited	107 MB
IP Charges	8,192,082 records	13 variables	Fixed field format	641 MB	Tab-delimited	382 MB
OP Base Data	2,440,133 records	128 variables	Fixed field format	2,059 MB	Tab-delimited	971 MB
OP Classification Data	2,440,133 records	83 variables	Fixed field format	659 MB	Tab-delimited	333 MB

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OP Charges	21,130,812 records	19 variables	Fixed field format	2,156 MB	Tab-delimited	1,668 MB
Facility Type Data	488 records	31 variables	Fixed field format	43 KB	Tab-delimited	39 KB

#### Fourth quarter, 489 facilities:

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IP Base Data #1	413,783 records	166 variables	Fixed field format	317 MB	Tab-delimited	172 MB
IP Base Data #2	413,783 records	99 variables	Fixed field format	256 MB	Tab-delimited	111 MB
IP Charges	8,737,281 records	13 variables	Fixed field format	683 MB	Tab-delimited	410 MB
OP Base Data	2,638,460 records	128 variables	Fixed field format	2,227 MB	Tab-delimited	1,040 MB
OP Classification Data	2,638,460 records	83 variables	Fixed field format	712 MB	Tab-delimited	356 MB
OP Charges	21,336,880 records	19 variables	Fixed field format	2,177 MB	Tab-delimited	1,686 MB
Facility Type Data	489 records	31 variables	Fixed field format	43 KB	Tab-delimited	39 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

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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:

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- 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, <a href="http://www.dshs.texas.gov/thcic/">http://www.dshs.texas.gov/thcic/</a>, 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].



## Texas Department of State Health Services

### **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			<u>-                                    </u>			
Description:	Record Identification Nu	Record Identification Number. Unique number assigned to identify the record. The					
	Record ID in the ED Inp	atient PUDF is no	ot linkable to the	Record ID in the ED			
	Outpatient PUDF or ED F			_			
<b>Beginning Position:</b>	1	Data Source:	Assigned				
Length:	12	Type:	Alphanumeric				
Field 2:	DISCHARGE						
Description:	Discharge Quarter. Year an	d quarter of discha	rge. <i>yyyy</i> Qn.				
<b>Beginning Position:</b>	13	Data Source:	Assigned				
Length:	6	Type:	Alphanumeric				
Field 3:	THCIC_ID						
Description:	Provider ID. Unique identifi	Provider ID. Unique identifier assigned to the provider by DSHS.					
DCUC/TUCIC		Dogo		DCUC Dogument #25 15012			

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Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If Suppression: a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'. **Assigned Beginning Position:** 19 **Data Source:** 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. Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) **Coding Scheme:** 1 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 Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital D 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 Lenath: 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 В Obstetric Unit 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 2<sup>nd</sup> most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC\_UNIT\_1. Calculated **Beginning Position:** 28 **Data Source:** Length: Alphanumeric Type: Field 8: SPEC\_UNIT\_3 **Description:** Specialty Units in which 3<sup>rd</sup> 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. Same as SPEC\_UNIT\_1. **Coding Scheme: Beginning Position:** 30 **Data Source:** Calculated Length: Alphanumeric 1 Type: DSHS/THCIC DSHS Document #25-15013 Page

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Field 10: SPEC\_UNIT\_5

**Description:** Specialty Units in which 5<sup>th</sup> 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:31Data Source:CalculatedLength:1Type: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:** 32 **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 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:** 34 **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:** 39 **Data Source:** Claim

**Length:** 2 **Type:** Alphanumeric

Field 14: PAT\_COUNTY

**Description:** FIPS code of patient's county.

Coding scheme:

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

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ning	Position: 41		!	Data Source:	Assigned; based	on patient Z	IP code
261	Kenedy	347	Nacogdoches	433	Stonewall		
259	Kendall	345	Motley	431	Sterling		
257	Kaufman	343	Morris	429	Stephens		
255	Karnes	341	Moore	427	Starr		
253	Jones	339	Montgomery	425	Somervell	•	Invalid
251	Johnson	337	Montague	423	Smith		
249	Jim Wells	335	Mitchell	421	Sherman	507	Zavala
247	Jim Hogg	333	Mills	419	Shelby	505	Zapata
245	Jefferson	331	Milam	417	Shackelford	503	Young
243	Jeff Davis	329	Midland	415	Scurry	501	Yoakum
241	Jasper	327	Menard	413	Schleicher	499	Wood
239	Jackson	325	Medina	411	San Saba	497	Wise
237	Jack	323	Maverick	409	San Patricio	495	Winkler
235	Irion	321	Matagorda	407	San Jacinto	493	Wilson
233	Hutchinson	319	Mason	405	San Augustine	491	Williamson
231	Hunt	317	Martin	403	Sabine	489	Willacy
229	Hudspeth	315	Marion	401	Rusk	487	Wilbarger
227	Howard	313	Madison	399	Runnels	485	Wichita
225	Houston	311	McMullen	397	Rockwall	483	Wheeler
223	Hopkins	309	McLennan	395	Robertson	481	Wharton
221	Hood	307	McCulloch	393	Roberts	479	Webb
219	Hockley	305	Lynn	391	Refugio	477	Washington
217	Hill	303	Lubbock	389	Reeves	475	Ward
215	Hidalgo	301	Loving	387	Red River	473	Waller
213	Henderson	299	Llano	385	Real	471	Walker
211	Hemphill	297	Live Oak	383	Reagan	469	Victoria
209	Hays	295	Lipscomb	381	Randall	467	Van Zandt
207	Haskell	293	Limestone	379	Rains	465	Val Verde
205	Hartley	291	Liberty	377	Presidio	463	Uvalde
203	Harrison	289	Leon	375	Potter	461	Upton
201	Harris	287	Lee	373	Polk	459	Upshur
199	Hardin	285	Lavaca	371	Pecos	457	Tyler
197	Hardeman	281	Lampasas	369	Parmer	455	Trinity
195	Hansford	279	Lamb	367	Parker	453	Travis
193	Hamilton	277	Lamar	365	Panola	451	Tom Green
191	Hall	283	La Salle	363	Palo Pinto	449	Titus
189	Hale	275	Knox	361	Orange	447	Throckmorton
187	Guadalupe	273	Kleberg	359	Oldham	445	Terry
185	Grimes	271	Kinney	357	Ochiltree	443	Terrell
183	Gregg	269	King	355	Nueces	441	Taylor
181	Grayson	267	Kimble	353	Nolan	439	Tarrant
179	Gray	265	Kerr	351	Newton	437	Swisher
177	Gonzales	263	Kent	349	Navarro	435	Sutton

Beginning Position: Length:

Type:

**PUBLIC\_HEALTH\_REGION**Public Health Region of patient's address.

Field 15: Description: Coding Scheme:

1 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

Alphanumeric

- 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
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- 7 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
- 10 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:44Data Source:AssignedLength:2Type: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)

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- 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- ` Invalid

Beginning Position:46Data Source:ClaimLength:2Type:Alphanumeric

Field 17: SEX CODE

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

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

STD diagnosis. If 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 Black4 White5 Otheri Invalid

**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:1Monday5Friday2Tuesday6Saturday

3 Wednesday 7 Sunday 4 Thursday 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 days.

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

Field 22:		_AGE						
Description:	Code	e indicating age of pa	atient in	days or	years on	date of	discl	narge.
Coding Scheme:	00	1-28 days	10	35-39			20	85-89
_	01	29-365 days	11	40-44			21	90+
	02	1-4 years	12	45-49			HI	V-STD and drug/alcohol use
	0.2	E O	12	50-54			22	patients:
	03 04	5-9 10-14	13 14	55-59			23	0-17 18-44
	05	15-17	15	60-64			23	45-64
	06	18-19	16	65-69			25	65-74
	07	20-24	17	70-74			26	75+
	08	25-29	18	75-79			20	Invalid
	09	30-34	19	80-84				Invana
Beginning Position:	56	30 34	Data S		Assigned			
Length:	2		Type:	Ju. 55.	Alphanur			
Field 23:		ST_PAYMENT_SRC						
Description:		e indicating the expe		marv so	urce of n	avment		
Coding Scheme:	09	Self Pay (Removed from			HM		aintena	ance Organization
county Scheme.	0,5	beginning 2Q2		ilut,		riculti m	uniterit	arice organization
	10	Central Certification	,		LI	Liability		
	11	Other Non-federal Progra	ams		LM	Liability N	1edical	I
	12	Preferred Provider Organ	nization (P	PO)	MA	Medicare		
	13	Point of Service (POS)			MB	Medicare	Part B	i e
	14	Exclusive Provider Organ	าเzation (E	PO)	MC	Medicaid		
	15 16	Indemnity Insurance	anizati '	'LMO'	TV	Title V	doral D	rogram
	16	Health Maintenance Orga Medicare Risk	aiiizātion (	TIMO)	OF	Other Fed	uerai P	rografii
	AM	Automobile Medical			VA	Veteran A	∆dmini	stration Plan
	BL	Blue Cross/Blue Shield			wc			ensation Health Claim
	CH	CHAMPUS			ZZ			nt or Unknown
	CI	Commercial Insurance			* *			Z, combined for 2004 & 200
	DS	Disability Insurance			`	Invalid		
Beginning Position:	58		Data S	ource:	Claim			
_ength:	2		Type:		Alphanur	neric		
Field 24:	SEC	ONDARY_PAYMEN			•			
Description:		e indicating the expe		ondary	source of	navmei	nt.	
Coding Scheme:		e as field FIRST_PAYME		.orradi y	304166 01	paymen		
Beginning Position:	60	c as held t INST_I ATME	Data S	ource	Claim			
Length:	2		Type:	oui cc.	Alphanur	neric		
Field 25:		E_OF_BILL	.,,,		7			
Description:		cates the specific type o	of hill					
Coding Scheme:		igit-Type of Facility		diait_Tvn	e of Care		3rd C	ligit-Sequence of claim
couning Scheme.		Hospital	1		, including M	1odicaro	0	Non-payment/Zero claim
	1	Hospital	-	Part A	, including i	ieuicare	U	Non payment, zero ciaim
	2 :	Skilled nursing	2		, Medicare P	art B	1	Admit through discharge
				only	,			claim
	3	Home health	3	Outpatier	nt		2	Interim-first claim
	4	Religious non-medical	4	Outpatier	t Other, Me	dicare	3	Interim-continuing claim
	-			Part B on	L.			_
		health care-Hospital		Ture Don	ıy			
	5	Religious non-medical	5		iy iate Care–Le	evel I	4	Interim-last claim
	5   	Religious non-medical health care-Extended care	2	Intermed	iate Care-Le			
	5   6	Religious non-medical health care-Extended care Intermediate care	6	Intermed Intermed	iate Care-Le iate Care-Le	evel II	5	Late charge(s) only claim
	5   6	Religious non-medical health care-Extended care	2	Intermed Intermed Sub-acute	iate Care-Le	evel II		Late charge(s) only claim Adjustment of prior claim
	5   6   7	Religious non-medical health care-Extended care Intermediate care Clinic	6 7	Intermed Intermed Sub-acute III	iate Care-Le iate Care-Le e inpatient -	evel II	5 6	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare)
	5   6   7	Religious non-medical health care-Extended care Intermediate care	6	Intermed Intermed Sub-acute	iate Care-Le iate Care-Le e inpatient -	evel II	5 6 7	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim
	5   6 : 7 !	Religious non-medical health care-Extended care Intermediate care Clinic	6 7 8	Intermed Intermed Sub-acute III Swing bee	iate Care–Leiate Care–Leiate Care–Leinpatient -	evel II	5 6	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare)
	5   6   7   8   62	Religious non-medical health care-Extended care Intermediate care Clinic	6 7 8 <b>Data S</b> 6	Intermed Intermed Sub-acute III Swing bee	iate Care-Le iate Care-Le e inpatient - d Claim	evel II - Level	5 6 7	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim
_ength:	5   6   7   8   62   3	Religious non-medical health care-Extended care Intermediate care Clinic Special facility	6 7 8	Intermed Intermed Sub-acute III Swing bee	iate Care–Leiate Care–Leiate Care–Leinpatient -	evel II - Level	5 6 7	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim
Length: Field 26:	5 6 7 8 8 62 3 <b>TOT</b>	Religious non-medical health care-Extended care Intermediate care Clinic Special facility  FAL_CHARGES	6 7 8 <b>Data So Type:</b>	Intermed Intermed Sub-acute III Swing bee	iate Care-Le iate Care-Le e inpatient - d Claim Alphanur	evel II - Level meric	5 6 7 8	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26:	5   6   7   7   8   9   1   1   1   1   1   1   1   1   1	Religious non-medical health care-Extended care Intermediate care Clinic  Special facility  FAL_CHARGES  of accommodation of	6 7 8 Data So Type:	Intermed Sub-acute III Swing becource:	iate Care-Le iate Care-Le e inpatient - d Claim Alphanur	evel II - Level meric	5 6 7 8	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description:	5   6   7   7   8   9   1   1   1   1   1   1   1   1   1	Religious non-medical health care-Extended care Intermediate care Clinic Special facility  FAL_CHARGES	6 7 8 Data So Type:	Intermed Sub-acute III Swing becource:	iate Care-Le iate Care-Le e inpatient - d Claim Alphanur	evel II - Level meric	5 6 7 8	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
ength: Field 26: Description:	5   6   7   6   8   1   1   1   1   1   1   1   1   1	Religious non-medical health care-Extended care Intermediate care Clinic  Special facility  FAL_CHARGES  of accommodation of	6 7 8 Data So Type:	Intermed Sub-acute III Swing becource: non-co harges.	iate Care-Le iate Care-Le e inpatient - d Claim Alphanur	evel II - Level meric	5 6 7 8	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position:	5   6   7   6   8   1   62   3   <b>TOT</b>   Sum char	Religious non-medical health care-Extended care Intermediate care Clinic  Special facility  FAL_CHARGES  of accommodation of	Data So Type:	Intermed Sub-acute III Swing becource: non-co harges.	iate Care-Le iate Care-Le e inpatient - d Claim Alphanur vered acc	evel II - Level meric	5 6 7 8	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position: Length:	5 6 7 8 62 3 <b>TOT</b> Sum char 65 12	Religious non-medical health care-Extended care Intermediate care Clinic  Special facility  FAL_CHARGES  of accommodation or ges, non-covered an	Data So Type: charges, cillary cl Data So Type:	Intermed Sub-acute III Swing becource: non-co harges.	iate Care-Le iate Care-Le inpatient -  d  Claim  Alphanur  vered acc	evel II - Level meric	5 6 7 8	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Length: Field 26: Description: Beginning Position: Length: Field 27:	5 6 7 8 8 62 3 <b>TOT</b> Sum char 65 12 <b>TOT</b>	Religious non-medical health care-Extended care Intermediate care Clinic  Special facility  TAL_CHARGES of accommodation or ges, non-covered an	Data So Type: charges, icillary cl Data So Type: ARGES	Intermed Sub-acute III Swing bee ource: non-co harges. ource:	iate Care-Le iate Care-Le inpatient -  d  Claim Alphanur  vered acc  Claim Numeric	evel II - Level meric commod	5 6 7 8 ation	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim Charges, ancillary
Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position:	5 6 7 8 8 62 3 <b>TOT</b> Sum char 65 12 <b>TOT</b> Sum	Religious non-medical health care-Extended care Intermediate care Clinic  Special facility  FAL_CHARGES  of accommodation or ges, non-covered an	Data Son Type:  charges, acillary cludata Son Type:  ARGES ommoda	Intermed Sub-acute III Swing ber ource: non-co harges. ource:	iate Care-Le iate Care-Le inpatient -  d  Claim Alphanur  vered acc  Claim Numeric	evel II - Level meric commod	5 6 7 8 ation	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim Charges, ancillary
Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position:	5 62 3 <b>TOT</b> Sum char 65 12 <b>TOT</b> Sum 77	Religious non-medical health care-Extended care Intermediate care Clinic  Special facility  TAL_CHARGES of accommodation or ges, non-covered an	Data Son Type:  charges, acillary class Son Type:  ARGES ommoda Data Son Da	Intermed Sub-acute III Swing ber ource: non-co harges. ource:	iate Care-Le iate Care-Le inpatient -  d  Claim Alphanur  vered acc  Claim Numeric  arges, noi Claim	evel II - Level meric commod	5 6 7 8 ation	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim Charges, ancillary
Length: Field 26: Description: Beginning Position: Length: Field 27: Description:	5 6 7 8 8 62 3 <b>TOT</b> Sum char 65 12 <b>TOT</b> Sum	Religious non-medical health care-Extended care Intermediate care Clinic  Special facility  TAL_CHARGES of accommodation or ges, non-covered an	Data Son Type:  charges, acillary cludata Son Type:  ARGES ommoda	Intermed Sub-acute III Swing ber ource: non-co harges. ource:	iate Care-Le iate Care-Le inpatient -  d  Claim Alphanur  vered acc  Claim Numeric	evel II - Level meric commod	5 6 7 8 ation	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim Charges, ancillary
Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position:	5 62 3 <b>TOT</b> Sum char 65 12 <b>TOT</b> Sum 77	Religious non-medical health care-Extended care Intermediate care Clinic  Special facility  TAL_CHARGES of accommodation or ges, non-covered an	Data Son Type:  charges, acillary class Son Type:  ARGES ommoda Data Son Da	Intermed Sub-acute III Swing bee ource: non-co harges. ource:	iate Care-Le iate Care-Le inpatient -  d  Claim Alphanur  vered acc  Claim Numeric  arges, noi Claim	evel II - Level meric commod	5 7 8 ation	Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim Charges, ancillary

Field 28: TOTAL\_CHARGES\_ACCOMM **Description:** Sum of covered and non-covered accommodation charges. **Beginning Position:** 89 **Data Source:** Claim Length: Numeric 12 Type: Field 29: TOTAL\_NON\_COV\_CHARGES\_ACCOMM **Description:** Sum of non-covered accommodations charges. **Beginning Position:** 101 Data Source: Claim Length: Numeric 12 Type: Field 30: TOTAL\_CHARGES\_ANCIL **Description:** Sum of covered and non-covered ancillary charges. **Beginning Position:** 113 **Data Source:** Claim Length: Numeric 12 Type: Field 31: TOTAL\_NON\_COV\_CHARGES\_ANCIL **Description:** Sum of non-covered ancillary charges. **Beginning Position:** 125 **Data Source:** Claim Length: Type: Numeric 12 Field 32: ADMITTING\_DIAGNOSIS **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 137 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. Claim **Beginning Position:** 144 **Data Source:** Alphanumeric Length: Type: Field 34: POA\_PRINC\_DIAG\_CODE **Description:** Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital **Coding Scheme:** Yes Υ N No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr. 2012 only) 1 Invalid **Beginning Position:** 151 **Data Source:** Claim Lenath: Alphanumeric Type: Field 35: OTH\_DIAG\_CODE\_1 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 152 Claim Length: Type: Alphanumeric Field 36: POA\_OTH\_DIAG\_CODE\_1 **Description:** Code identifying whether Oth\_Diag\_Code\_1 code was present at the time the patient was admitted to the hospital **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: Data Source:** 160 Claim Length: Type: Alphanumeric Field 38: POA\_OTH\_DIAG\_CODE\_2 **Description:** Code identifying whether Oth\_Diag\_Code\_2 code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Beginning Position:** 167 Data Source: Claim Length: Type: Alphanumeric

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Field 39: OTH\_DIAG\_CODE\_3

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

Decimal is implied following the third character.

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

Length: 7 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

Data Source: **Beginning Position:** 175 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: 7 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: Type: Alphanumeric

Field 43: OTH\_DIAG\_CODE\_5

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

POA\_OTH\_DIAG\_CODE\_5 Field 44:

**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. **Data Source:** Claim

**Beginning Position:** Length:

Type: Alphanumeric

Field 46: POA\_OTH\_DIAG\_CODE\_6

**Description:** Code identifying whether Oth\_Diag\_Code\_6 code was present at the time the patient

was admitted to the hospital

Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme:** 

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

Length: Type: Alphanumeric

Field 47: OTH\_DIAG\_CODE\_7

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

> Decimal is implied following the third character. Claim

**Beginning Position:** 200 **Data Source:** 

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: Type: Alphanumeric

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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:** 

**Beginning Position:** 215 **Data Source:** Claim Lenath: 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.

**Beginning Position: Data Source:** 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

OTH DIAG CODE 10 Field 53:

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

Decimal is implied following the third character.

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

Field 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 Alphanumeric Type:

Length: Field 55: OTH\_DIAG\_CODE\_11

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

> Decimal is implied following the third character. Claim

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

Length: Alphanumeric Type:

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

**Data Source: Beginning Position:** 239 Claim Lenath: Type: Alphanumeric

Field 57: OTH\_DIAG\_CODE\_12

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

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

OTH DIAG CODE 13 Field 59:

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

Claim

Decimal is implied following the third character.

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

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

Alphanumeric Length: Type:

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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: Data Source:** 256 Claim Length: Alphanumeric Type: Field 62: POA\_OTH\_DIAG\_CODE\_14 **Description:** Code identifying whether Oth\_Diag\_Code\_14 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE Data Source: **Beginning Position:** 263 Claim Length: Type: 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. Data Source: **Beginning Position:** 264 Claim Length: Type: Alphanumeric POA\_OTH\_DIAG\_CODE\_15 Field 64: Description: Code identifying whether Oth\_Diag\_Code\_15 code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Beginning Position:** 271 **Data Source:** Claim Length: 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: 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: Alphanumeric Type: Field 67: OTH\_DIAG\_CODE\_17 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Claim Alphanumeric Length: Type: 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

Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme:** 

**Beginning Position:** 287 **Data Source:** Claim

Length: Type: Alphanumeric

Field 69: OTH\_DIAG\_CODE\_18

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

Decimal is implied following the third character.

Data Source: **Beginning Position:** 288 Claim

Lenath: Type: **Alphanumeric** 

Field 70: POA\_OTH\_DIAG\_CODE\_18

**Description:** Code identifying whether Oth\_Diag\_Code\_18 code was present at the time the

patient was admitted to the hospital

Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme:** 

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

Length: 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:** Data Source: 296 Claim

Length: Type: Alphanumeric

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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 Lenath: 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

Field 74: POA\_OTH\_DIAG\_CODE\_20

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

> patient was admitted to the hospital 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: Data Source:** Claim Length: Type: Alphanumeric

Field 76: POA\_OTH\_DIAG\_CODE\_21

Description: Code identifying whether Oth\_Diag\_Code\_21 code was present at the time the

patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 319 **Data Source:** Claim Length: Alphanumeric Type:

Field 77: OTH\_DIAG\_CODE\_22

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

Alphanumeric

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

**Beginning Position:** 320 Length: Type:

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 **Data Source: Beginning Position:** 327

Claim Lenath: Type: Alphanumeric

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:** Claim

**Beginning Position:** 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. Claim

**Beginning Position:** 336 **Data Source:** 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 Same as Field POA\_PRINC\_DIAG\_CODE

**Coding Scheme: Beginning Position:** 343 Data Source:

Length: Alphanumeric Type:

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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:344Data Source:ClaimLength:7Type:Alphanumeric

Field 84: POA E CODE 1

**Description:** Code identifying whether E Code 1 external cause of injury code was present at the

time the patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

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

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

Field 85: E\_CODE\_2

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

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

third character.

**Beginning Position:** 352 **Data Source:** Claim

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

Field 86: POA\_E\_CODE\_2

**Description:** Code identifying whether external cause of injury E\_Code\_2 code was present at the

time the patient was admitted to the hospital

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

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

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

Field 87: E\_CODE\_3

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

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

third character.

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

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

Field 88: POA\_E\_CODE\_3

**Description:** Code identifying whether E Code 3 external cause of injury code was present at the

time the patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Beginning Position: 367

Data Source: Claim

Length: 1 Type: Alphanumeric

Field 89: E\_CODE\_4

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

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

third character.

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

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

Field 90: POA\_E\_CODE\_4

**Description:** Code identifying whether E\_Code\_4 external cause of injury code was present at the

time the patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Beginning Position:375Data Source:ClaimLength:1Type:Alphanumeric

Field 91: E CODE 5

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

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

third character.

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

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

Field 92: POA\_E\_CODE\_5

**Description:** Code identifying whether E\_Code\_5 external cause of injury code was present at the

time the patient was admitted to the hospital

**Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

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

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Field 93:   E_CODE_6	Length:	1	Туре:	Alphanumeric
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.   Data Source: Type:   Alphanumeric				
Beginning Position:  Beginning Position:  384  POA_E_CODE_6  POA_E_CODE_6  Description:  Coding Scheme:  Beginning Position:  Coding Scheme:  Beginning Position:  Coding Scheme:  Beginning Position:  Beginning Position:  Coding Scheme:  Beginning Position:  Beginning Position:  Code_6 External cause of injury code was present at the time the patient was admitted to the hospital country and patients was admitted to the hospital country and patients. Type: Code_7 external cause of injury code was present at the time the patient was admitted to the hospital country and patients. Type: Code_8 country applicable, of an additional external cause of injury. Decimal is implied following the third character.  Beginning Position:  Coding Scheme:  Beginning Position:  Codidentifying whether E_Code_9 external cause of injury co				a in all discretes Ash. Tale Cale and Tale discrete if
third character.    Beginning Position:   7	Description:			
Beginning Position:   384   Data Source:   Claim			nai externai cau	se of injury. Decimal is implied following the
Length: 7   Type: Alphanumeric	Paginning Docition		Data Source	Claim
POA_E_CODE_6				
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Same as Field POA PRINC DIAG CODE   Engining Position:   1   Type:   Alphanumeric   Type:	•			
Length:	Coding Scheme:			
Field 95:  Description:  Beginning Position:  Beginning Position:  Beginning Position:  Beginning Position:  Codi identifying whether E. Code   Alphanumeric    Field 97:  Description:  Beginning Position:  Beginning Position:  Beginning Position:  Code identifying whether E. Code   Alphanumeric    Field 97:  Description:  CODE_8  Beginning Position:  CODE_8  Beginning Position:  ICD-10-CM external cause of injury code was present at the time the patient was admitted to the hospital    Beginning Position:  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:  Beginning Position:  COding Scheme:  Beginning Position:  Code identifying whether E_Code_8 external cause of injury code was present at the time the patient was admitted to the hospital  Same as Field POA_PRINC_DIAG_CODE  Data Source:  Claim  Type: Alphanumeric  Claim  Type: Alphanumeric  Claim  Type: Alphanumeric  Claim  Coding Scheme:  Beginning Position:  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:  Beginning Position:  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:  Beginning Position:  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:  Beginning Position:  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:  Code identifyin	<b>Beginning Position:</b>	391	Data Source:	Claim
Description:   TCD-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:   39			Туре:	Alphanumeric
applicable, of an additional external cause of injury. Decimal is implied following the third character.  Beginning Position: Poscription: Code identifying whether E_Code_7 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE Beginning Position: Length: 1				
Third character.   Supplementary   Supplemen	Description:			
Beginning Position: 7   Type:   Alphanumeric			nal external cau	se of injury. Decimal is implied following the
Poach   Poac				
Field 96: POA_E_CODE_7  Description: Code identifying whether E_Code_7 ext=rnal cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE Beginning Position: Length: 1 Type: Alphanumeric Field 97: POA_E_CODE_8  Description: 400 Data Source: Claim Alphanumeric Beginning Position: 400 Data Source: Claim Alphanumeric Field 98: POA_E_CODE_8  Description: 400 Data Source: Claim Alphanumeric Field 98: POA_E_CODE_8  Code identifying whether E_Code_8 ext=rnal cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE Beginning Position: 407 Data Source: Claim Alphanumeric Field 99: Description: 407 Data Source: Claim Alphanumeric Field 99: Description: 407 Data Source: Claim Alphanumeric Field 99: Description: 408 Data Source: Claim Alphanumeric  Beginning Position: 408 Data Source: Claim Alphanumeric Field 100: POA_E_CODE_9  Description: 408 Data Source: Claim Alphanumeric Field 100: POA_E_CODE_9  Description: 408 Data Source: Claim Alphanumeric Field 101: POA_E_CODE_9  Description: 408 Data Source: Claim Alphanumeric Field 101: POA_E_CODE_9  Description: 408 Data Source: Claim Alphanumeric Field 101: POA_E_CODE_9  Description: 408 Data Source: Claim Alphanumeric Field 101: POA_E_CODE_9  Description: 408 Data Source: Claim Alphanumeric Field 101: Data Source: Claim Alphanumeric Field 101: Data Source: Claim Alphanumeric Field 102: POA_E_CODE_10  Description: 416 Data Source: Claim Alphanumeric Field 102: POA_E_CODE_10  Description: 416 Data Source: Claim Alphanumeric Field 103: POA_E_CODE_10  Description: 416 Data Source: Claim Alphanumeric Field 103: POA_E_CODE_10  Code identifying whether E_Code_10 ext=rnal cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE  Data Source: Claim Alphanumeric Field 102: POA_E_CODE_10  Code identifying whether E_Code_10 ext=rnal cause of injury code was present at the time the patient was admitted				
Code identifying whether E_Code_7 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE 399			Туре:	Alphanumeric
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Field 97:   CODE_8   CODE_8   CDD=0. 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.   Code identifying whether E_Code_8 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE   Code identifying whether E_Code_8 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE   Code identifying whether E_Code_8 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE   Code identifying whether E_Code_9 external cause of injury. Decimal is implied following the third character.   Data Source: Claim Alphanumeric   Code identifying whether E_Code_9 external cause of injury. Decimal is implied following the third character.   Code identifying whether E_Code_9 external cause of injury code was present at the time the patient was admitted to the hospital   Code identifying whether E_Code_9 external cause of injury code was present at the time the patient was admitted to the hospital   Code identifying whether E_Code_9 external cause of injury. Decimal is implied following the third character.   Code_10				Claim
Field 97:   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: Length:			.,,,.	Alphanamene
applicable, of an additional external cause of injury. Decimal is implied following the third character.  400  Data Source: Claim Type: Alphanumeric  Code identifying whether E_Code_8 external cause of injury code was present at the time the patient was admitted to the hospital  Same as Field POA_PRINC_DIAG_CODE  Beginning Position: 407  Data Source: Claim  Coding Scheme: Same as Field POA_PRINC_DIAG_CODE  Same as Field POA_PRINC_DIAG_CODE  Type: Alphanumeric  Claim  1 Type: Alphanumeric  Claim  1 TOD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.  Beginning Position: 408  Data Source: Claim  Type: Alphanumeric  Coding Scheme: 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  Same as Field POA_PRINC_DIAG_CODE  Beginning Position: 1 Type: Alphanumeric  Coding Scheme: PCODE_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: 1 Type: Alphanumeric  Beginning Position: 1 Type: Alphanumeric  Coding Scheme: 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  Description: Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital  Same as Field POA_PRINC_DIAG_CODE			se of injury code	e, including the 4th, 5th, 6th and 7th digits if
Seginning Position:   400   Data Source:   Claim   Alphanumeric				
Beginning Position: Length: 7   Type: Alphanumeric			nar externar caa	se of injury: Beenhar is implied following the
POA_E_CODE_8	<b>Beginning Position:</b>		Data Source:	Claim
Code identifying whether   E_Code_8 ext=rnal cause of injury code was present at the time the patient was admitted to the hospital		7	Type:	Alphanumeric
time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE Beginning Position: Length: Field 99: Description:  ECODE_9  Description:  Eginning Position: Length: Field 100: Description:  Coding Scheme: Beginning Position: Length: Field 100: Description:  Code identifying whether E_Code_9 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE  Beginning Position: Length: Field 101: Description:  Coding Scheme: Beginning Position: Length: Field 101: Description:  Code identifying whether E_Code_9 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE  Beginning Position: Length: Field 101: Description:  Code identifying whether E_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: Length: Field 102: 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  Description:  Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital  Same as Field POA_PRINC_DIAG_CODE  DSHS/THCIC  Page  DSHS Document #25-15013	Field 98:	POA_E_CODE_8		
Coding Scheme:         Same as Field POA_PRINC_DIAG_CODE         Data Source:         Claim           Field 99:         E_CODE_9         Type:         Alphanumeric           Beginning Position:         LCD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.           Beginning Position:         408         Data Source: Type:         Claim Alphanumeric           Field 100:         POA_E_CODE_9         POA_E_CODE_9           Description:         Code identifying whether E_Code_9 ext=rul cause of injury code was present at the time the patient was admitted to the hospital           Coding Scheme:         Same as Field POA_PRINC_DIAG_CODE           Beginning Position:         415         Data Source: Data Source: Alphanumeric           Field 101:         E_CODE_10           Description:         LCD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.           Beginning Position:         416         Data Source: Type: Alphanumeric           Beginning Position:         416         Data Source: Type: Alphanumeric           Beginning Position:         400         POA_E_CODE_10           Description:         400         Data Source: Claim Alphanumeric	Description:			
Beginning Position: Length:       407       Data Source: Type:       Claim Alphanumeric         Field 99: Pield 99: Description: Description: Description: Applicable, of an additional 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: Length: Tield 100: Description: Description: Description: Code identifying whether E_Code_9 external cause of injury code was present at the time the patient was admitted to the hospital source: Data Source: Claim Alphanumeric         Beginning Position: Length: Tield 101: Description: Description: Alfo Code identifying whether E_Code_9 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: Length: Tield 102: Description: Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital cause of injury code was present at the time the patient was admitted to the hospital cause of injury code was present at the time the patient was admitted to the hospital cause of injury code was present at the time the patient was admitted to the hospital cause of injury code was present at the time the patient was admitted to the hospital cause of injury code was present at the time the patient was admitted to the hospital cause of injury code was present at the time the patient was admitted to the hospital cause of injury code was present at the time the patient was admitted to the hospital cause of injury code was present at the time the patient was admitted to the hospital cause of injury code was present at the time the patient was admitted to the hospital caus				spital
Length:       1       Type:       Alphanumeric         Field 99:       E_CODE_9         Description:       ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.         Beginning Position:       408       Data Source: Claim         Length:       7       Type:       Alphanumeric         Field 100:       POA_E_CODE_9       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       Claim         Beginning Position:       415       Data Source: Data Source: Alphanumeric         Field 101:       E_CODE_10       Decomplicable, of an additional external cause of injury. Decimal is implied following the third character.         Beginning Position:       416       Data Source: Claim       Claim         Length:       7       Type: Alphanumeric         Field 102:       POA_E_CODE_10         Description:       Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital         Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         DSHS/THCIC       Page       DSHS Document #25-15013				
Field 99:				
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: Length: 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 Same as Field POA_PRINC_DIAG_CODE Beginning Position: Length: Field 101: Field 101: 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: Length: Type: Claim Alphanumeric Claim Length: Type: Claim Alphanumeric Claim Alphanumeric Claim Alphanumeric Claim Alphanumeric Same as Field POA_PRINC_DIAG_CODE  Description: Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE  DSHS/THCIC  Page  DSHS Document #25-15013			туре.	Alphanumenc
applicable, of an additional external cause of injury. Decimal is implied following the third character.  408			iso of injury cod	o including the 4th 5th 6th and 7th digits if
third character.  408	Description.			
Beginning Position: 408 Type: Claim Length: 7 Type: Alphanumeric  Field 100: POA_E_CODE_9  Description: Code identifying whether E_Code_9 external cause of injury code was present at the time the patient was admitted to the hospital  Coding Scheme: Same as Field POA_PRINC_DIAG_CODE  Beginning Position: 415 Data Source: Claim Length: 1 Type: Alphanumeric  Field 101: E_CODE_10  Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.  Beginning Position: 416 Data Source: Claim Length: 7 Type: Alphanumeric  Field 102: POA_E_CODE_10  Description: Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital  Coding Scheme: Same as Field POA_PRINC_DIAG_CODE  DSHS/THCIC Page DSHS Document #25-15013			nai externai cau	se of injury. Decimal is implied following the
Type: Alphanumeric	Reginning Position:		Data Source:	Claim
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  Same as Field POA_PRINC_DIAG_CODE Beginning Position:				
Coding Scheme: Beginning Position: Length:  Type: Code, January code was present at the time the patient was admitted to the hospital  Coding Scheme: Beginning Position: Length:  Type:  Code, January code was present at the time the patient was admitted to the hospital  Coding Scheme:  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:  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:  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:  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:  DSHS/THCIC  Page  DSHS Document #25-15013		POA_E_CODE_9		
time the patient was admitted to the hospital  Same as Field POA_PRINC_DIAG_CODE  Beginning Position: Length:  Field 101:  Description:  Beginning Position: Length:  Type:  Alphanumeric  E_CODE_10  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: Length:  Type:  Alphanumeric  Claim Type: Alphanumeric  Field 102: Description:  Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital  Same as Field POA_PRINC_DIAG_CODE  DSHS/THCIC  Page  DSHS Document #25-15013	Description:	Code identifying whethe		
Beginning Position: Length:  Type:  Alphanumeric  Field 101:  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: Length:  Type:  Alphanumeric  Claim  7  Type:  Alphanumeric  Field 102:  POA_E_CODE_10  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:  DSHS/THCIC  Page  DSHS Document #25-15013		time the patient was add	mitted to the ho	
Length: 1   Type: Alphanumeric			_DIAG_CODE	
Field 101:  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: Length: Type: Claim Type: Alphanumeric  Field 102: Description: Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE  DSHS/THCIC  Page  DSHS Document #25-15013				
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: Length:  7 Data Source: Claim 7 Alphanumeric  Field 102: POA_E_CODE_10  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:  DSHS/THCIC  Page  DSHS Document #25-15013			Туре:	Aipnanumeric
applicable, of an additional external cause of injury. Decimal is implied following the third character.  Beginning Position: Length:  Type:  Alphanumeric  Field 102: Description: Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE  DSHS/THCIC  Page  DSHS Document #25-15013				a traduction that Atha Etha Cab and Tab distants
third character.  416 Data Source: Claim Length: 7 Type: Alphanumeric  Field 102: POA_E_CODE_10  Description: Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital  Coding Scheme: Same as Field POA_PRINC_DIAG_CODE  DSHS/THCIC Page DSHS Document #25-15013	Description:			
Beginning Position: 416 Data Source: Claim Length: 7 Type: Alphanumeric  Field 102: POA_E_CODE_10  Description: Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital  Coding Scheme: Same as Field POA_PRINC_DIAG_CODE  DSHS/THCIC Page DSHS Document #25-15013			nai externai cau	se of injury. Decimal is implied following the
Type: Alphanumeric	Reginning Positions		Data Source	Claim
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the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE  DSHS/THCIC  Page  DSHS Document #25-15013			r E Code 10 ex	ternal cause of injury code was present at
Coding Scheme:       Same as Field POA_PRINC_DIAG_CODE         DSHS/THCIC       Page       DSHS Document #25-15013	•			
DSHS/THCIC Page DSHS Document #25-15013	Coding Scheme:			p
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Beginning Position:423Data Source:ClaimLength:1Type:Alphanumeric

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:** 7 **Type:** Alphanumeric

Field 104: PRINC\_SURG\_PROC\_DAY

**Description:** Day of principal surgical or other procedure *equals* Principal Surgical Procedure Date

minus Admission/Start of Care Date

Beginning Position:431Data Source:CalculatedLength:4Type:Alphanumeric

Field 105: OTH\_SURG\_PROC\_CODE\_1

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

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

**Beginning Position:** 435 **Data Source:** Claim

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

Field 106: OTH\_SURG\_PROC\_DAY\_1

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

Admission/Start of Care Date

Beginning Position:442Data Source:CalculatedLength:4Type:Alphanumeric

Field 107: OTH\_SURG\_PROC\_CODE\_2

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

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

**Beginning Position:** 446 **Data Source:** Claim

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

Field 108: OTH\_SURG\_PROC\_DAY\_2

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

Admission/Start of Care Date
453 **Data Source:** Calculated

**Beginning Position:** 453 **Data Source:** 

**Length:** 4 **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:** 457 **Data Source:** Claim

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

Field 110: OTH\_SURG\_PROC\_DAY\_3

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

Admission/Start of Care Date

Beginning Position:464Data Source:CalculatedLength:4Type:Alphanumeric

Field 111: OTH\_SURG\_PROC\_CODE\_4

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

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

Beginning Position: 468 Data Source: Claim

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

Field 112: OTH\_SURG\_PROC\_DAY\_4

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

Admission/Start of Care Date

Beginning Position: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

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

Admission/Start of Care Date

Beginning Position:486Data Source:CalculatedLength:4Type:Alphanumeric

Field 115: OTH\_SURG\_PROC\_CODE\_6

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

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

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

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

Field 116: OTH\_SURG\_PROC\_DAY\_6

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

Admission/Start of Care Date

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

Field 117: OTH\_SURG\_PROC\_CODE\_7

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

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

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

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

Field 118: OTH\_SURG\_PROC\_DAY\_7

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

Admission/Start of Care Date

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

Field 119: OTH\_SURG\_PROC\_CODE\_8

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

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

Beginning Position:512Data Source:ClaimLength:7Type:Alphanumeric

Field 120: OTH SURG PROC DAY 8

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

Admission/Start of Care Date

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

Field 121: OTH\_SURG\_PROC\_CODE\_9

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

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

Beginning Position:523Data Source:ClaimLength:7Type:Alphanumeric

Field 122: OTH\_SURG\_PROC\_DAY\_9

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

Admission/Start of Care Date.

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

Field 123: OTH\_SURG\_PROC\_CODE\_10

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

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

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

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

Field 124: OTH\_SURG\_PROC\_DAY\_10

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

Admission/Start of Care Date.

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

Field 125: OTH SURG PROC CODE 11

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

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

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

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

Field 126: OTH SURG PROC DAY 11

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

Admission/Start of Care Date.

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

Field 127: OTH\_SURG\_PROC\_CODE\_12

**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: 578
Length: 7

Data Source: Claim
Type: Alphanumeric

Field 132: OTH\_SURG\_PROC\_DAY\_14

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

Admission/Start of Care Date.

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

Field 133: OTH\_SURG\_PROC\_CODE\_15

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

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

Beginning Position: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

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

Admission/Start of Care Date.

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

Field 139: OTH\_SURG\_PROC\_CODE\_18

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

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

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

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

Field 140: OTH\_SURG\_PROC\_DAY\_18

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

Admission/Start of Care Date.

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

Field 141: OTH SURG PROC CODE 19

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

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

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

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

Field 142: OTH\_SURG\_PROC\_DAY\_19

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

Admission/Start of Care Date.

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

Field 143: OTH\_SURG\_PROC\_CODE\_20

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

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

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

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

Field 144: OTH SURG PROC DAY 20

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

Admission/Start of Care Date.

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

Field 145: OTH\_SURG\_PROC\_CODE\_21

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

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

**Beginning Position:** 655 **Data Source:** Claim

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

Field 146: OTH\_SURG\_PROC\_DAY\_21

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

Admission/Start of Care Date.

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

Field 147: OTH\_SURG\_PROC\_CODE\_22

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

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

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

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

Field 148: OTH\_SURG\_PROC\_DAY\_22

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

Admission/Start of Care Date.

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

Field 149: OTH\_SURG\_PROC\_CODE\_23

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

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

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

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

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Field 150:	OTH_SURG_PROC_DAY_23  Day of other surgical or other procedure aguals Other Surgical Procedure Data minus				
Description:	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>				
Beginning Position:	Admission/Start of Care Date.  684				
Length:	4 <b>Type:</b> Alphanumeric				
Field 151:	OTH_SURG_PROC_CODE_24				
Description:	Code for surgical or other procedure other than the principal procedure performed				
•	during the period covered by the bill. ICD-10-PCS code.				
<b>Beginning Position:</b>	688 Data Source: Claim				
Length:	7 <b>Type:</b> 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>				
Danimalan Basikian	Admission/Start of Care Date.				
Beginning Position: Length:	695 <b>Data Source:</b> Calculated 4 <b>Type:</b> 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.				
<b>Beginning Position:</b>	699 <b>Data Source:</b> Assigned				
Length:	2 <b>Type:</b> 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 <b>Data Source:</b> Assigned				
Length:	3 Type: Alphanumeric				
Field 155:	MS_GROUPER_VERSION_NBR				
Description:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and				
	previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS				
Beginning Position:	DRG and, MS MDC codes 704 Data Source: Assigned				
beginning Fosition.					
Lenath:	· · · · · · · · · · · · · · · · · · ·				
Length: Field 156:	5 <b>Type:</b> Alphanumeric				
Field 156:	5 Type: Alphanumeric MS_GROUPER_ERROR_CODE				
	5 Type: Alphanumeric  MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  DisableHac = 0 and at least one HAC POA is invalid.				
Field 156: Description:	Type: Alphanumeric  MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid or exempt				
Field 156: Description:	Type: Alphanumeric  MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  No errors. DRG successfully assigned.  Diagnosis code cannot be used as  Diagnosis code cannot be used as  Diagnosis code cannot be used as				
Field 156: Description:	Type: Alphanumeric  MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  No errors. DRG successfully assigned.  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is N or U  Record does not meet criteria for any  Record does not meet criteria for any  Alphanumeric  DisableHac = 0 and at least one HAC POA is N or U  DisableHac is invalid and at least one HAC POA is N or U				
Field 156: Description:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  Oo No errors. DRG successfully assigned.  Diagnosis code cannot be used as principal diagnosis  Record does not meet criteria for any DRG  DIAGNO NO PROPER ERROR_CODE  19 DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is N or U  DisableHac is invalid and at least one HAC POA is invalid or exempt				
Field 156: Description:	Type: Alphanumeric  MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned.  01 Diagnosis code cannot be used as principal diagnosis  02 Record does not meet criteria for any DRG  03 Invalid Age  Alphanumeric  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid or exempt  21 DisableHac is invalid and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt				
Field 156: Description:	Type: Alphanumeric  MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  No errors. DRG successfully assigned.  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is N or U  Record does not meet criteria for any DRG  Invalid Age  Invalid Age  Invalid Sex  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt				
Field 156: Description:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  No errors. DRG successfully assigned.  Diagnosis code cannot be used as principal diagnosis  Record does not meet criteria for any DRG  Invalid Age  Invalid Sex  Alphanumeric  DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt  DisableHac = 0 and there are multiple HACs that				
Field 156: Description:	Type: Alphanumeric  MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  No errors. DRG successfully assigned.  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is N or U  Record does not meet criteria for any DRG  Invalid Age  Invalid Age  Invalid Sex  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  Alphanumeric  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt				
Field 156: Description:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  Oo No errors. DRG successfully assigned.  O1 Diagnosis code cannot be used as principal diagnosis  O2 Record does not meet criteria for any DRG  O3 Invalid Age  O4 Invalid Sex  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt				
Field 156: Description:	Type: Alphanumeric  MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned.  01 Diagnosis code cannot be used as principal diagnosis  02 Record does not meet criteria for any DRG  03 Invalid Age  04 Invalid Sex  05 Invalid Discharge Status  Alphanumeric  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U  DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or the principal Diagnosis (CMS only)  20 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or the principal Diagnosis (CMS only)  21 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or that have different HAC POA values that are not Y or the principal Diagnosis (CMS only)  23 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or the principal Diagnosis (CMS only)				
Field 156: Description:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  Oo No errors. DRG successfully assigned.  O1 Diagnosis code cannot be used as principal diagnosis  O2 Record does not meet criteria for any DRG  O3 Invalid Age  O4 Invalid Sex  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt				
Field 156: Description: Coding Scheme:  Beginning Position:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status  19 DisableHac = 0 and at least one HAC POA is invalid or exempt 03 DisableHac is invalid and at least one HAC POA is invalid or exempt 04 DisableHac = 0 and at least one HAC POA is exempt 05 DisableHac = 0 and at least one HAC POA is exempt 06 DisableHac is invalid and at least one HAC POA is exempt 07 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U 08 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W 10 DisableHac is invalid and there are multiple HACs 11 Invalid Principal Diagnosis 12 Assigned				
Field 156: Description: Coding Scheme:  Beginning Position: Length:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  Oo No errors. DRG successfully assigned.  O1 Diagnosis code cannot be used as principal diagnosis  O2 Record does not meet criteria for any DRG  O3 Invalid Age  O4 Invalid Sex  D5 Invalid Discharge Status  D6 Invalid Principal Diagnosis  10 Invalid Principal Diagnosis  Type:  Alphanumeric				
Field 156: Description: Coding Scheme:  Beginning Position: Length: Field 157:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid or exempt  01 Diagnosis code cannot be used as principal diagnosis  02 Record does not meet criteria for any DRG  03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is invalid or exempt  04 Invalid Sex 23 DisableHac = 0 and at least one HAC POA is exempt  05 Invalid Discharge Status 24 DisableHac = 0 and at least one HAC POA is exempt  06 DisableHac = 0 and at least one HAC POA is exempt  07 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U  DisableHac is invalid and at least one HAC POA is exempt  DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U  DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W  10 Illogical Principal Diagnosis (CMS only) 25 that have different HAC POA values that are not Y or W  APR_MDC				
Field 156: Description: Coding Scheme:  Beginning Position: Length: Field 157: Description:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid Discharge Status 07 Invalid Discharge Status 08 Invalid Principal Diagnosis (CMS only) 19 DisableHac is invalid and at least one HAC POA is invalid or exempt 09 DisableHac = 0 and at least one HAC POA is exempt 09 DisableHac is invalid and at least one HAC POA is exempt 09 DisableHac is invalid and at least one HAC POA is exempt 09 DisableHac is invalid and at least one HAC POA is exempt 09 DisableHac is invalid and at least one HAC POA is exempt 09 DisableHac is invalid and at least one HAC POA is exempt 09 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W  10 Illogical Principal Diagnosis 10 Type:  APR_MDC  Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper.				
Field 156: Description: Coding Scheme:  Beginning Position: Length: Field 157: Description: Beginning Position:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid Discharge Status 17 Data Source: 18 Alphanumeric  Alphanumeric  Alphanumeric  MS DRG code assignment  DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac is invalid and at least one HAC POA is exempt  DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U  DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W  Assigned  APR_MDC  Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper.  Assigned				
Field 156: Description: Coding Scheme:  Beginning Position: Length: Field 157: Description: Beginning Position: Length:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex  05 Invalid Discharge Status  06 Invalid Discharge Status  07 Invalid Discharge Status  08 Invalid Principal Diagnosis  19 DisableHac = 0 and at least one HAC POA is Nor U DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W  10 Illogical Principal Diagnosis 10 Type: Assigned APR_MDC  Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper.  Assigned Alphanumeric				
Field 156: Description: Coding Scheme:  Beginning Position: Length: Field 157: Description: Beginning Position: Length: Field 158:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid Discharge Status 07 DRG 08 Data Source: Type:  10 APR_MDC  Major Diagnostic Category (MDC) as assigned  MS DRG code assignment  19 DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is nor U  DisableHac = 0 and at least one HAC POA is exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U  DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W  10 Illogical Principal Diagnosis  10 Tope: Assigned  APR_MDC  Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper.  APR_DRG				
Field 156: Description: Coding Scheme:  Beginning Position: Length: Field 157: Description: Beginning Position: Length:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Illogical Principal Diagnosis (CMS only) 17 Invalid Principal Diagnosis 18 Data Source: 19 DisableHac = 0 and at least one HAC POA is invalid or exempt 19 DisableHac is invalid and at least one HAC POA is invalid or exempt 10 DisableHac = 0 and at least one HAC POA is exempt 10 DisableHac = 0 and at least one HAC POA is exempt 10 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U 10 DisableHac is invalid and at least one HAC POA is exempt 11 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U 11 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W 11 Invalid Principal Diagnosis 10 Top Data Source: Assigned 11 APR_MDC 12 APR_DRG 13 All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG 14 All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG 15 Alphanumeric				
Field 156: Description: Coding Scheme:  Beginning Position: Length: Field 157: Description: Beginning Position: Length: Field 158:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid Discharge Status 07 DRG 08 Data Source: Type:  10 APR_MDC  Major Diagnostic Category (MDC) as assigned  MS DRG code assignment  19 DisableHac = 0 and at least one HAC POA is invalid or exempt  DisableHac is invalid and at least one HAC POA is nor U  DisableHac = 0 and at least one HAC POA is exempt  DisableHac = 0 and at least one HAC POA is exempt  DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U  DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W  10 Illogical Principal Diagnosis  10 Tope: Assigned  APR_MDC  Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper.  APR_DRG				
Field 156: Description: Coding Scheme:  Beginning Position: Length: Field 157: Description: Beginning Position: Length: Field 158: Description:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid Discharge Status 07 Invalid Discharge Status 08 Invalid Principal Diagnosis (CMS only) 19 Data Source: Assigned 20 APR_MDC Major Diagnostic Category (MDC) as assigned 21 Data Source: Assigned 22 Assigned 23 Alphanumeric 24 Assigned 25 APR_DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG Grouper 27 Type: Assigned 4 Alphanumeric 4 Assigned Alphanumeric 4 Assigned Alphanumeric 4 Assigned Alphanumeric 5 Assigned Alphanumeric 6 Assigned Alphanumeric 7 Assigned Alphanumeric 7 Assigned Alphanumeric				
Field 156: Description: Coding Scheme:  Beginning Position: Length: Field 157: Description: Beginning Position: Length: Field 158: Description: Beginning Position:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid Discharge Status 07 Invalid Discharge Status 08 Data Source: 10 APR_MDC Major Diagnostic Category (MDC) as assigned  APR_DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned Als Patient Refined (APR) Diagnosis Related Group (DRG) as assigned Assigned Assigned Assigned Grouper Assigned Alphanumeric Assigned Assigned Alphanumeric Assigned Assigned Assigned Alphanumeric Assigned Alphanumeric Assigned Assigned Alphanumeric Apr_DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG Assigned Assigned Assigned Assigned Alsphanumeric Assigned Alsphanumeric Assigned Alsphanumeric Assigned Alsphanumeric Apr_DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG Assigned Alsphanumeric Assigned Alsphanumeric Assigned Alsphanumeric Assigned Alsphanumeric Assigned Alsphanumeric Apr_DRG Alsphanumeric Assigned Assigned Assigned Assigned Assigned				
Field 156: Description: Coding Scheme:  Beginning Position: Length: Field 157: Description: Beginning Position: Length: Field 158: Description: Beginning Position: Length: Beginning Position: Length:	MS_GROUPER_ERROR_CODE  Error codes identify potential variations with MS DRG code assignment  00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 06 Invalid Discharge Status 07 Invalid Discharge Status 08 Invalid Principal Diagnosis (CMS only) 19 Data Source: Assigned 20 APR_MDC Major Diagnostic Category (MDC) as assigned 21 Data Source: Assigned 22 Assigned 23 Alphanumeric 24 Assigned 25 APR_DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG Grouper 27 Type: Assigned 4 Alphanumeric 4 Assigned Alphanumeric 4 Assigned Alphanumeric 4 Assigned Alphanumeric 5 Assigned Alphanumeric 6 Assigned Alphanumeric 7 Assigned Alphanumeric 7 Assigned Alphanumeric				

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DSHS Document #25-15013 Last Updated: September, 2020

DSHS/THCIC www.dshs.texas.gov/THCIC

Description:	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis
2 000 i paio i i	Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of
	dying.
Coding Scheme:	1 Minor
	2 Moderate 3 Major
	4 Extreme
<b>Beginning Position:</b>	717 <b>Data Source:</b> Assigned
Length:	1 Type: Alphanumeric
Field 160: Description:	ILLNESS_SEVERITY Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis
Description.	Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of
	physiologic decompensation.
Coding Scheme:	1 Minor
	2 Moderate
	3 Major
	4 Extreme 0 No class specified
Beginning Position:	718 <b>Data Source:</b> Assigned
Length:	1 Type: Alphanumeric
Field 161:	APR_GROUPER_VERSION_NBR
Description:	3M™ All Patient Refined Diagnosis Related Grouper version used to assign APR DRG
Beginning Position:	codes, APR MDC codes, Risk of Mortality rankings, and Severity of Illness rankings 719 Data Source: Assigned
Length:	5 <b>Type:</b> Alphanumeric
Field 162:	APR_GROUPER_ERROR_CODE
Description:	Error codes identify potential variations with APR DRG code assignment
Coding Scheme:	00 No errors. DRG successfully 12 Gestational age/birth weight conflict (APR only)
	assigned. 01 Diagnosis code cannot be used as 19 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 DRG
	03 Invalid Age 21 DisableHac is invalid and at least one HAC POA is
	invalid or exempt  04 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
	have different HAC POA values that are not Y, W, N, U
	09 Invalid discharge age in days (AP & 25 DisableHac is invalid and there are multiple HACs that
	APR only) have different HAC POA values that are not Y or W 11 Invalid Principal Diagnosis
Beginning Position:	724 <b>Data Source:</b> Assigned
Length:	2 <b>Type:</b> 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
Cadina Cahama	minimum cell size of five.
Coding Scheme:	99999999999999999999999999999999999999
<b>Beginning Position:</b>	726 <b>Data Source:</b> Assigned
Length:	10 Type: 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.

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

less than the minimum cell size of five.

**Coding Scheme:** 9999999998 Cell size less than 5

9999999999 Temporary license or license number could not be matched

**Beginning Position:** 736 **Data Source:** Assigned **Length:** 10 **Type:** 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: Data Source:** Calculated Length: Numeric 12 Type: Field 11: **USED DME AMOUNT Description:** Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293. **Beginning Position: Data Source:** Calculated 121 Length: 12 Type: Numeric PT AMOUNT Field 12: **Description:** Ancillary Service Charge, Physical Therapy Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. **Beginning Position:** 133 **Data Source:** Calculated Length: Numeric 12 Type: **OT AMOUNT** Field 13: **Description:** Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X. **Beginning Position:** 145 **Data Source:** Calculated Length: Numeric 12 Type: SPEECH AMOUNT Field 14: **Description:** Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X. **Beginning Position:** 157 Data Source: Calculated Length: 12 Type: Numeric IT\_AMOUNT Field 15: **Description:** Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X. **Beginning Position:** 169 **Data Source:** Calculated Length: 12 Type: Numeric Field 16: **BLOOD\_AMOUNT Description:** Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X. **Beginning Position:** 181 **Data Source:** Calculated Length: Numeric Type: 12 Field 17: **BLOOD ADMIN AMOUNT Description:** Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X. **Beginning Position:** 193 **Data Source:** Calculated Length: Type: Numeric 12 Field 18: OR AMOUNT **Description:** Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X. **Beginning Position:** 205 **Data Source:** Calculated Length: Numeric 12 Type: Field 19: LITH AMOUNT **Description:** Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.

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Type:

**Data Source:** 

Calculated

Numeric

**Beginning Position:** 

Length:

217

12

Field 20: CARD\_AMOUNT **Description:** Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X. **Beginning Position:** 229 **Data Source:** Calculated Length: Type: Numeric Field 21: **ANES AMOUNT** Description: Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X. **Beginning Position:** 241 **Data Source:** Calculated Length: Numeric Type: Field 22: LAB AMOUNT **Description:** Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X. **Beginning Position:** 253 Data Source: Calculated Lenath: 12 Type: Numeric 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: Data Source:** Calculated 313 Length: Type: Numeric Field 28: PRO FEE AMOUNT **Description:** Ancillary Service Charge, Professional Fee Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. **Beginning Position:** 325 **Data Source:** Calculated Length: Numeric 12 Type: Field 29: **ORGAN AMOUNT Description:** Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X. **Beginning Position:** Data Source: Calculated

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Length: Field 30:		12 FSDD AMOUN	IT	Туре:	Numeric					
escript			<b>ESRD_AMOUNT</b> Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using							
escript		MEDPAR algorit	hm. S		ociated with		nue codes other than 0100			
Beginnir	g Position:	349	cerreer	Data Source:	Calculated					
ength:		12		Туре:	Numeric					
ield 31:		CLINIC_AMOU								
escript	ion:		of cha	arges associated v			culated using MEDPAR s other than 0100-0219,			
Beginning Position: Length:		361 12	U51X.	Data Source: Type:	Calculated Numeric					
ield 32:	<u> </u>	OCCUR_CODE	_1							
escript		Code describing	g a sigi	nificant event rela	ting to the o	laim.				
Coding S	Scheme:									
01	Auto accident		27	Date Home Health Pl		47	Date cost outlier status begins			
02		ance Involved - Accident/Other	28	Established or Last R  Date Comprehensive Rehabilitation Plan E	Outpatient	A1 A2	Birthdate - Insured A  Effective Date - Insured A			
03	Accident/ Tort	Liability		or Last Reviewed	stablished	712	Policy			
04	Accident/ Emp	loyment Related	29	Date Outpatient PT P		А3	Payer A benefits exhausted			
05	Other accident	t		established or last re		A4	Split Bill Date			
06	Crime Victim		30	Date Outpatient ST F established or last re		В1	Birthdate - Insured B			
09		ility Treatment			B2	Effective date - Insured B Police				
10	Last Menstrua	I Pariod	32	Date beneficiary noti	•	В3	Payer B benefits exhausted			
			32	intent to bill (proced		C1	Birthdate - Insured C			
11	Onset of Symp	•	37	treatments)		C2	Effective date - Insured C Polic			
12	Dependent Inc			Date of inpatient hos discharge for non-co transplant patients		C3	Payer C benefits exhausted			
16	Date of Last T	• •	38	Date treatment started for		DR	Katrina disaster related			
17	Established or	patient OT Plan ed or Last Reviewed		home IV therapy  Date discharged on a	V therapy		Birthdate - Insured D  Effective date - Insured D			
18	Date of Retire Patient/Benefi		39 40	continuous course if IV therapy		E2 E3	Policy Payer D benefits exhausted			
19	Date of Retire	ment - Spouse		Scheduled date of admission			•			
20	Date Guarante Began	ee of Payment	41	Date of first test of pre- admission testing		F1 F2	Birthdate - Insured E  Effective date - Insured E Policy			
21	Date UR Notic	e Received	42	Date of discharge (hospice only)		F3	Payer E benefits exhausted			
22	Date Active Ca		43	Scheduled date of ca surgery	inceled	G1	Birthdate - Insured F			
24	Date Insuranc	e Denied	44	Date treatment start	ed - OT	G2	Effective date - Insured F Policy			
25	Date Benefits Primary Payer	Terminated by	45	Date treatment start		G3	Payer F benefits exhausted			
26	Date SNF Bed	Became Available	46	Date treatment start Cardiac rehabilitation						
Beginning Position: Length:		373		Data Source:	Claim					
		2		Type:	Alphanume	eric				
ield 33:		OCCUR_DAY_		-			(0) 1 (0) 7			
escript		Occurrence Day 375	equa.	ls Occurrence Date  Data Source:	e <i>minus</i> Adr Calculated		n/Start of Care Date.			
Beginning Position: Length: Field 34:		3/3 4		Type:	Alphanume					
		OCCUR_CODE	_2	/ E = -: -	p	-				
escript				nificant event rela	ting to the o	laim.				
Coding Scheme: Beginning Position:		Same as Field OC	CCUR_C	<del>_</del>	Clari					
		379 2		Data Source: Type:	Claim Alphanume	eric				
Length: Field 35:		OCCUR_DAY_	2	ı ype.	Aipilallulli	J1 1C				
escript				ls Occurrence Date	e <i>minus</i> Adr	nissio	n/Start of Care Date.			
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	shs.texas.gov/	THCIC		38		T	ast Updated: September, 2020			

**Beginning Position:** 381 **Data Source:** Calculated Length: Alphanumeric Type: Field 36: OCCUR CODE 3 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 385 Data Source: Claim Length: Alphanumeric Type: Field 37: OCCUR\_DAY\_3 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 387 Lenath: Alphanumeric Type: Field 38: OCCUR\_CODE\_4 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 391 **Data Source:** Claim Length: Alphanumeric Type: Field 39: OCCUR\_DAY\_4 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 40: OCCUR\_CODE\_5 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR\_CODE 1. **Coding Scheme: Beginning Position: Data Source:** 397 Claim Length: Type: Alphanumeric Field 41: OCCUR\_DAY\_5 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 399 Data Source: Calculated Length: Type: Alphanumeric Field 42: OCCUR CODE 6 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR CODE 1. Coding Scheme: **Beginning Position:** 403 **Data Source:** Claim Length: Type: Alphanumeric Field 43: OCCUR\_DAY\_6 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 405 **Data Source:** Calculated Length: Type: Alphanumeric Field 44: OCCUR\_CODE\_7 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR\_CODE\_1. **Beginning Position:** 409 Data Source: Claim Length: Alphanumeric Type: Field 45: OCCUR DAY 7 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 411 Length: 4 Type: Alphanumeric Field 46: OCCUR\_CODE\_8 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 415 **Data Source:** Claim Alphanumeric Length: Type: Field 47: OCCUR\_DAY\_8 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Calculated **Beginning Position:** 417 **Data Source:** Length: Type: **Alphanumeric** Field 48: OCCUR\_CODE\_9 Description: Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 421 **Data Source:** Alphanumeric Length: Type: Field 49: OCCUR\_DAY\_9 DSHS/THCIC DSHS Document #25-15013 Page

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**Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 423 Data Source: Calculated Alphanumeric Length: Type: Field 50: OCCUR CODE 10 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 427 Data Source: Claim Length: Alphanumeric Type: Field 51: OCCUR\_DAY\_10 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 429 Data Source: Calculated Length: Alphanumeric Type: Field 52: OCCUR\_CODE\_11 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR\_CODE 1. **Coding Scheme: Beginning Position:** 433 **Data Source:** Claim Length: Type: Alphanumeric Field 53: OCCUR DAY 11 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 435 **Data Source:** Calculated Length: Type: Alphanumeric OCCUR CODE 12 Field 54: **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 439 **Data Source:** Claim Length: Alphanumeric Type: Field 55: OCCUR\_DAY\_12 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 441 Length: Type: Alphanumeric Field 56: OCCUR SPAN CODE 1 Description: Code describing a significant event relating to the claim that may affect payer processing. Oualifying stay dates (for SNF use only) 78 SNF prior stay dates **Coding Scheme:** 70 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 Μ0 QIO/UR approved stay dates 74 Noncovered level of care/Leave of absence М1 Provider liability - no utilization 75 SNF level of care M2 Inpatient respite dates 76 Patient Liability Period М3 ICF level of care 77 Provider Liability - Utilization Charged Μ4 Residential level of care **Beginning Position:** 445 **Data Source:** Claim Length: Alphanumeric Type: Field 57: OCCUR SPAN FROM 1 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position: Data Source:** 447 Calculated Length: Alphanumeric Type: Field 58: OCCUR\_SPAN\_THRU\_1 Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 453 **Data Source:** Calculated Length: **Alphanumeric** Type: Field 59: OCCUR\_SPAN\_CODE\_2 **Description:** Code describing a significant event relating to the claim that may affect payer processing. Same as Field OCCUR\_CODE\_SPAN\_1. **Coding Scheme: Beginning Position:** 459 **Data Source:** Claim Length: Alphanumeric Type: Field 60: OCCUR\_SPAN\_FROM\_2 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC DSHS Document #25-15013 Page

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**Beginning Position:** 461 **Data Source:** Calculated Length: Alphanumeric Type: Field 61: OCCUR SPAN THRU Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 467 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 62: OCCUR SPAN CODE 3 Description: Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 473 **Data Source:** Claim Length: Alphanumeric Type: Field 63: OCCUR\_SPAN\_FROM\_3 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 475 **Data Source:** Calculated Alphanumeric Length: Type: Field 64: OCCUR SPAN THRU 3 **Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care **Beginning Position:** 481 Data Source: Calculated Length: Alphanumeric 6 Type: Field 65: OCCUR\_SPAN\_CODE\_4 Description: Code describing a significant event relating to the claim that may affect payer processina. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position: Data Source:** 487 Claim Length: Type: Alphanumeric Field 66: **OCCUR SPAN FROM 4 Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 489 **Data Source:** Calculated Length: 6 Type: Alphanumeric Field 67: OCCUR\_SPAN\_THRU\_4 **Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 495 Data Source: Calculated Lenath: **Alphanumeric** Type: Field 68: CONDITION\_CODE\_1 **Description:** Code describing a condition relating to the claim. **Coding Scheme:** 01 Military service related 11 Disabled beneficiary but no 27 Patient referred to a sole community hospital for a LGHP coverage exists 02 Condition is employment diagnostic laboratory test 17 Patient is homeless related 28 Patient and/or spouse's EGHP is 03 Patient covered by insurance 18 Maiden name retained secondary to Medicare not reflected here 19 Child retains mother's name Disabled beneficiary and/or 29 04 Information only bill. family member's LGHP is 20 Beneficiary requested billing secondary to Medicare 05 Lien has been filed 21 Billing for denial notice 30 Non-research services provided 06 ESRD patient in first 18 months to patients enrolled in a 22 Patient on multiple drug of entitlement covered by EGHP qualified clinical trial regimen 07 Treatment of non-terminal 31 Patient is student (full time -23 Home care giver available condition for hospice patient day) 08 Beneficiary would not provide 24 Home IV patient also receiving Patient is student 32 information concerning other **HHA** services (cooperative/work study insurance coverage 25 Patient is non-US resident program) 09 Neither patient or spouse is Patient is student (full time -33 26 VA eligible patient chooses to employed night) receive services in a Medicare 10 Patient and/or spouse is certified facility 34 Patient is student (part-time) employed but no EGHP exists DSHS/THCIC DSHS Document #25-15013 Page

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36	General care patient in a special unit	74	Home	AM	Non-emergency medically necessary stretcher transport
37	Ward accommodation at patient	75	Home - 100% reimbursement		required
	request	76	Back-up in facility dialysis	AN	Pre-admission screening not required
38	Semi-private room not available	77	Provider accepts or is obligated/required due to a	В0	Medicare coordinated care demonstration claim
39	Private room medically necessary		contractual arrangement or law to accept payment by a primary	В1	Beneficiary is ineligible for
40	Same day transfer	78	payer as payment  New coverage not implemented	В4	demonstration program  Admission unrelated to
41 42	Partial hospitalization  Continuing care not related to	79	by HMO CORF services provided offsite	D.D.	discharge on same day
42	inpatient admission	80	Home dialysis - nursing facility	BP C1	Gulf Oil Spill of 2010  Approved as billed
43	Continuing care not provided within prescribed postdischarge window	81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review
44	Inpatient admission changed to	82	C-section/Inductions <39 weeks-Elective	C3	Partial approval
45	outpatient Ambiguous Gender Category	83	C-section/Inductions 39 weeks	C4	Admission/services denied
46	Non-availability statement on		or greater	C5	Postpayment review applicab
40	file	84	Dialysis for Acute Kidney Injury (AKI)	C6	Admission Preauthorization
47	Transfer from another Home Health Agency	85	Delayed Recertification of	C7	Extended Authorization
48	Psychiatric residential	2.5	Hospice Terminal Illness	D0	Changes to Service Dates
-	treatment centers for children and adolescents (RTCs)	86	Additional Hemodialysis Treatment with Medical	D1	Changes to Charges
49	Product replacement within product lifecycle	Α0	Justification TRICARE external partnership	D3	Second or Subsequent Interi PPS Bill
50	Product Replacement for Known Recall of a Product	A1	program EPSDT/CHAP	D4	Change in clinical codes (ICE for diagnosis and/or procedu codes.
51	Attestation of Unrelated Outpatient Nondiagnostic	A2	Physically handicapped children's program	D5	Cancel to correct Insured's I or Provider ID
52	Services	А3	Special Federal Funding	D6	Cancel Only to Repay a
52 53	Out of Hospice Service Area	A4	Family planning	D7	Duplicate or OIG Overpayme
55	Initial placement of a medical device provided as part of a	A5	Disability		Change to Make Medicare th Secondary Payer
54	clinical trial or a free sample No Skilled Home Health Visits in	A6	Vaccines/Medicare 100% payment	D8	Change to Make Medicare th Primary Payer
	Billing Period. Policy Exception  Documented at the Home	A9	Second opinion surgery	D9	Any Other Change
	Health Agency	AA	Abortion performed due to rape	DR	Disaster related
55	SNF bed not available	AB	Abortion performed due to incest	E0	Changes in Patient Status
56	Medical appropriateness	AC	Abortion performed due to	G0	Distinct Medical Visit
57 58	SNF readmission Terminated Medicare+Choice		serious fatal genetic defect, deformity, or abnormality	H0	Delayed Filing, Statement of Intent Submitted
	organization enrollee	AD	Abortion performed due to life endangering physical condition	H2	Discharge by a Hospice Provider for Cause
59 60	Non-primary ESRD facility  Day outlier	AE	Abortion performed due to	Н3	Reoccurrence of GI Bleed
61	Cost outlier		physical health of mother that is not life endangering	ЦΛ	Comorbid Category
66	Provider does not wish cost	AF	Abortion performed due to emotional/psychological health	H4 H5	Reoccurrence of Pneumonia Comorbid Category Recurrence of Pericarditis
67	outlier payment  Beneficiary elects not to use life	AG	of mother  Abortion performed due to		Comorbid Category
68	time reserve (LTR) days Beneficiary elects to use life		social or economic reasons	P1 P7	Do not Resuscitate Order (D Direct Inpatient Admission fr
	time reserve (LTR) days	AH AI	Elective abortion Sterilization		Emergency Room
69	IME/DGME/N&AH Payment Only	AJ	Payer responsible for co-	R1	Request for reopening Reaso Code - Mathematical or
70	Self-administered anemia management drug		payment	<b>D</b> 2	Computational Mistake
71	Full care in unit	AK	Air ambulance required	R2	Request for reopening Reason Code -Inaccurate Data Entry
72 73	Self-care in unit	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason Code - Misapplication of a Fe
	Self-care training				Schedule
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R4	Request for re Code - Compu	eopening Reason ater Errors	R7	Request for reopening Code - Corrections ot		WO	United Mine Workers of America (UMWA) Demonstration
R5	•	opening Reason		clerical errors			Ìndicator
-	Code - Incorre	ectly Identified	R8	Request for reopening		W2	Duplicate of Original Bill
	Duplicate Clai			Code - New and Mate Evidence	rial	W3	Level I Appeal
R6		eopening Reason Clerical Errors or	R9	Request for reopening	n Reason	W4	Level II Appeal
		and Omissions not	KJ	Code - Faulty Evidence			
	Specified in R			,		W5	Level III Appeal
Beginnin Length:	g Position:	501 2		Data Source: Type:	Claim Alphanum	eric	
Field 69:		CONDITION_	CODE	_2			
Descript				idition relating to t	he claim.		
Coding Scheme:		Same as Field CC	NDITIO		<b>.</b>		
	g Position:	503		Data Source:	Claim	oric	
Length: Field 70:		2 CONDITION_0	CODE	Type:	Alphanum	ieric	
Descript				ے۔ ndition relating to t	he claim		
Coding S		Same as Field 68		ialdon relating to t	ine cialiffi		
	g Position:	505		Data Source:	Claim		
ength:		2		Туре:	Alphanum	eric	
ield 71:		CONDITION_	_				
Descript				dition relating to t	he claim.		
Coding S		Same as Field CC	NDITIO		Claire		
Beginnin Length:	g Position:	507 2		Data Source: Type:	Claim Alphanum	eric	
ield 72	).	CONDITION_0	CODE		Alphanum	ieric	
Descrip				 ndition relating to t	he claim		
Coding S		Same as Field CC			ine ciaiiii.		
	g Position:	509	1 4	Data Source:	Claim		
_ength:		2		Туре:	Alphanum	eric	
Field 73:		CONDITION_					
Descript				dition relating to t	he claim.		
Coding Scheme: Beginning Position:		Same as Field CC 511	NDITIO		Clains		
Length:	ig Position:	2		Data Source: Type:	Claim Alphanum	eric	
Field 74:		CONDITION_	CODE		, upriariari		
Descript	ion:			 ndition relating to t	he claim.		
Coding S	cheme:	Same as Field CC					
_	g Position:	513		Data Source:	Claim		
Length:		2		Type:	Alphanum	eric	
Field 75:		CONDITION_	_		la a la di		
Descript				ndition relating to t	ne claim.		
Coding S Reginnin	g Position:	Same as Field CC 515	וונטוונ	Data Source:	Claim		
Length:	.g . ositioiii	2		Type:	Alphanum	eric	
ield 76:		VALUE_CODE	_1		•		
Descript	ion:	Code describing	infor	mation that may af	ffect payer	proces	ssing.
Coding S	cheme:						
01		semi-private rate	09	Coinsurance amount calendar year	in the first	15	Worker's compensation
02	rooms	o semi-private	10	Lifetime reserve amo second calendar year		16	Public health service (PHS) or other federal agency
04	04 Inpatient professional component charges which are combined billed		11	Coinsurance amount second calendar year		21	Catastrophic
05	Professional c		12	Working aged beneficiary/spouse wi		22	Surplus  Recurring monthly income
06	billed separate Blood deducti	•	13	employer group healt ESRD beneficiary in a coordination period w	Medicare	24	Medicaid Rate Code
				employer group healt		25	Offset to the patient - payment
08	Life time rese first calendar	rve amount in the year	14	No fault, including au	-		amount - prescription drugs
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Descripti		_	ay be affected.  Data Source:  Type:	Claim Alphanumeric	
Beginnin Length: Field 77:	g Position: 517 2 VALUE_AMOU	INT 1	Data Source: Type:	Claim Alphanumeric	
52	Speech Therapy visits	A9	Patient height	YS	Part B Deductible
51	Occupational Therapy visits	A8	Patient weight	Y	Conventional Provider Payment
50	Physical Therapy visits	Α7	Co-payment payer A	Y3	Part B Coinsurance
49	Hematocrit reading		drugs - diagnostic stu other	45.0	
48	Hemoglobin reading	A6	patient Covered self-administ	rable Y1	Service is Delivered  Part A Demonstration Payment
47	Any liability insurance	-	drugs - administrable and situation furnishe	in form	, , , , , , , , , , , , , , , , , , , ,
46	Number of grace days	A5	drugs - emergency Covered self-administ	FC	Manufacturer for a Medical
45	payment received Accident hour	A4	A Covered self-administ	FC	
	accept from primary payer when this amount is less than charges but higher than	A2 A3	Coinsurance payer A  Estimated responsibili	D! ity payer	•
44	Amount provider agreed to	A1	Deductible payer A	D <sub>4</sub>	4 Clinical Trial Number Assigned by NLM/NIH
43	Disabled beneficiary under age 65 with LGHP	A0	Special zip code repor	rting Di	
42	VA	84	Shorter Duration Hem	nodialysis CE	Other assessments or allowances (e.g., medical education) - payer C
41	by HMO Black lung	83	Lifetime Reserve Days		health care related taxes - payer C
40	New coverage not implemented	82	Co-insurance Days	CA	assessments, allowances or
39	Units of blood replaced	81	Non-covered Days	C	Co-payment payer C
38	Blood deductible units	80	Covered Days	C	B Estimated responsibility payer C
37	premiums Units of blood furnished	69	State charity care per	centage C2	2 Coinsurance payer C
35	Offset to the patient - payment amount - health insurance	68	EPO-drug	C	, , ,
34	Offset to the patient - payment amount - other medical services	66 67	Medicaid spend down Peritoneal dialysis	amount BE	Other assessments or allowances (e.g., medical education) - payer B
33	Offset to the patient - payment amount - podiatric services	61	Place of Residence wh service is furnished (H hospice)	HHA and	assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance transport	60	HHA branch MSA	BA	<i>y</i> , <i>y</i> ,
31	Patient Liability Amount	59	Oxygen saturation	B	B 7 Co-payment payer B
30	Preadmission testing	58	Arterial blood gas	B3	B Estimated responsibility payer
29	Offset to the patient - payment amount - chiropractic services	57	Home health aide - ho hours		. ,
28	Offset to the patient - payment amount - dental services	56	Skilled nurse - home	visit hours Bi	education) - payer A
27	Offset to the patient - payment amount - vision and eye services	55	Eligibility threshold fo care	r charity A	payer A  Other assessments or allowances (e.g., medical
20	Offset to the patient - payment amount - hearing and ear services	54	Newborn birth weight		assessments, allowances or health care related taxes -
26	Offset to the nationt - nayment	53	Cardiac rehab visits	AA	A Regulatory surcharges,

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Type:

Alphanumeric

Length:

9

Field 78: VALUE\_CODE\_2 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position:** 528 **Data Source:** Claim Length: Type: **Alphanumeric** Field 79: **VALUE AMOUNT 2 Description:** Dollar amount that may be affected. **Beginning Position:** 530 Data Source: Claim Length: Alphanumeric Type: VALUE\_CODE\_3 Field 80: **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position:** 539 **Data Source:** Claim Length: Type: Alphanumeric Field 81: VALUE\_AMOUNT\_3 **Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 82: VALUE\_CODE\_4 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE 1. **Beginning Position:** 550 **Data Source:** Claim Length: Type: **Alphanumeric** Field 83: **VALUE AMOUNT 4 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:** 561 **Data Source:** Claim Lenath: Alphanumeric Type: Field 85: **VALUE AMOUNT 5** 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:** Claim Length: Alphanumeric Type: Field 87: **VALUE AMOUNT 6 Description:** Dollar amount that may be affected. **Beginning Position:** 574 **Data Source:** Claim Length: Alphanumeric Type: 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: Alphanumeric Type: Field 89: **VALUE AMOUNT 7 Description:** Dollar amount that may be affected. **Beginning Position:** 585 **Data Source:** Claim Length: Type: Alphanumeric 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:** 596 **Data Source:** Claim DSHS/THCIC DSHS Document #25-15013 Page

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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: Data Source:** Alphanumeric Length: Type: Field 93: VALUE\_AMOUNT\_9 Description: Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Alphanumeric Length: 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:** 638 **Data Source:** Claim Length: Alphanumeric Type: Field 99: **VALUE AMOUNT 12 Description:** Dollar amount that may be affected. **Beginning Position:** 640 **Data Source:** Claim Length: 9 Alphanumeric Type:

Alphanumeric

Length:

## **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: Data Source:** Assigned 1 Length: Alphanumeric 12 Type:

Field 2: REVENUE\_CODE

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

calculation related to the services being billed.

## **Coding Scheme:**

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	- 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		ŕ
0130 0131	Room charges for semi-private - 3/4 beds - rooms - general Room charges for semi-private	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive care)
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0103	nursing home (for hospitalization)
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0185	therapeutic leave  Room charges for LOA –
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182 0183	Room charges for LOA - patient convenience-charges billable Room charges for LOA -
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0115	Room charges for private rooms - hospice	0136	- 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0114	Room charges for private rooms - psychiatric	0137	- 3/4 beds - rooms - oncology Room charges for semi-private	0164	general  Room charges for other rooms  - Sterile Environment
0113	Room charges for private rooms - pediatric	0137	- 3/4 beds - rooms - detoxification Room charges for semi-private	0160	Room charges for other rooms -
0112	Room charges for private rooms - obstetrics	0136	- 3/4 beds - rooms - hospice  Room charges for semi-private	0159	rehabilitation Room charges for ward rooms - other
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private	0158	Room charges for ward rooms
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms -
0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice

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

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0389	Blood - other	0442	Speech-language pathology - hourly charge	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0519 0520	Clinic - other  Freestanding Clinic - general
0386	Blood - other components	0440	Speech-language pathology - general	0517	Clinic - family practice
0385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
0384	Blood - platelets	0434	Occupational therapy - evaluation	0515	Clinic - pediatric
0382 0383	Blood - whole blood  Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0381	Blood - packed red cells	0432	Occupational therapy - hourly charge	0512	Clinic - psychiatric
0380	Blood - general	0431	Occupational therapy - visit charge	0511 0512	Clinic - chronic pain  Clinic - dental
0379	Anesthesia - other	0430	Occupational therapy - general	0510	Clinic - general
0374	Anesthesia - acupuncture	0429	Physical therapy - other	0509	Outpatient services - other
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0500	Outpatient services - general
0371	Anesthesia - incident to radiology	0423	charge Physical therapy - group rate	0499	Ambulatory surgical care - other
0370	Anesthesia - general	0422	Physical therapy - hourly	0490	Ambulatory surgical care - general
0369	Operating room services - other	0421	Physical therapy - visit charge	0489	Cardiology - other
0367	Operating room services - kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
0302	organ transplant other than kidney	0419	hyperbaric oxygen therapy Respiratory services - other	0482	Cardiology - stress test
0361	Operating room services - minor surgery Operating room services -	0413	inhalation Respiratory services -	0480 0481	Cardiology - general  Cardiology - cardiac cath lab
0360	Operating room services - general	0410 0412	Respiratory services - general  Respiratory services -	0479	Audiology - other
0359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
0352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0351	CT scan - head		Other imaging services - screening mammography Other imaging services - PET	0470	Audiology - general
0350	CT scan - general	0402	ultrasound	0469	Pulmonary function - other
0349	Nuclear medicine - other	0401	Other imaging services - diagnostic mammography Other imaging services -	0460	Pulmonary function - general
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0401		0459	Emergency room - other
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	0456	EMTALA screening Emergency room - urgent care
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	services  Emergency room - beyond
0341	Nuclear medicine - diagnostic procedures		processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration	0449	evaluation or reevaluation Speech-language pathology - other
000-	chemotherapy administration - chemotherapy - IV	0201	administration, storage and processing - general	0444	group rate Speech-language pathology -
0335	Radiology - therapeutic and/or	0390	Blood and blood component	0443	Speech-language pathology -

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0560 0561	Medical social services - general  Medical social services - visit	0621	Medical/surgical supplies - incident to radiology	0658	Hospice services - physician services  Hospice services - room and
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656 0657	Hospice services - general inpatient care (nonrespite)
0552	Skilled nursing - hourly charge	0618	Magnetic Resonance Technology (MRT) - MRA – other	0655	Hospice services - inpatient respite care
0550	Skilled nursing - general Skilled nursing - visit charge		Technology (MRT) - MRA – lower extremities	0652	Hospice services - continuous home care
0549 0550	Ambulance service - other	0616	head and neck Magnetic Resonance	0651	Hospice services - routine home
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance Technology (MRT) - MRA -	0650	other Hospice services - general
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other	0649	peripheral Home IV therapy services -
0546	Ambulance service - neonatal		Technology (MRT) - MRI - spinal cord (including spine)	0648	Home IV therapy services - training, disabled patient,
0545	Ambulance service - air ambulance	0612	Technology (MRT) - MRI - brain (including brain stem) Magnetic Resonance	0647	Home IV therapy services - training, patient/caregiver, peripheral
0543 0544	Ambulance service - heart mobile Ambulance service - oxygen	0611	general  Magnetic Resonance	0646	Home IV therapy services - training, disabled patient, central line
0542	Ambulance service - medical transport	0610	Magnetic Resonance Technology (MRT) - MRI -	0616	training patient/caregiver, central line
0541	Ambulance service - supplies	0609	Oxygen (home health) - other	0645	line Home IV therapy services -
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	Home IV therapy services - nonroutine nursing, peripheral
0539	Osteopathic service - other		stat/equip/supply over 4 liters per minute	0643	Home IV therapy services - IV start/change, peripheral line
0531	Osteopathic service - therapy	0603	per minute Oxygen (home health) -	0642	Home IV therapy services - IV site care, central line
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter	0641	Home IV therapy services - nonroutine nursing, central line
0529	Freestanding Clinic - other	0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	non RHC/FQHC Site (e.g. Scene of Accident)	0600	general Oxygen (home health) - general	0637	Drugs requiring specific identification - self-administrable
0528	Home Health Shortage Area Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other	0590	other Units of service (home health) -	0636	Drugs requiring specific identification - requiring detailed coding
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a	0583 0589	Other visits (home health) - assessment Other visits (home health) -		Drugs requiring specific identification - EPO, 10,000 or more units
		0582	Other visits (home health) - hourly charge	0635	identification - EPO, less than 10,000 units
0526	Freestanding Clinic - urgent care	0581	Other visits (home health) - visit charge	0634	prescription  Drugs requiring specific
	Part A Stay) or NF or ICF MR or Other Residential Facility	0580	Other visits (home health) - general	0633	identification - multiple source  Drugs requiring specific identification - restrictive
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered	0579	charge Home health aide - other	0632	identification - single source  Drugs requiring specific
	Member in a Covered Part A Stay at SNF	0571 0572	Home health aide - visit charge  Home health aide - hourly	0631	investigational devices  Drugs requiring specific
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a	0570	Home health aide - general	0624	surgical dressings Medical/surgical supplies - FDA
0523	Freestanding Clinic - family practice	0569	Medical social services - other	0623	services Medical/surgical supplies -
0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic

0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or
0660	Respite care - general	0731	EKG/ECG services - holter monitor	0822	home - composite or other rate Hemodialysis - outpatient or
0661	Respite care - hourly	0732	EKG/ECG services - telemetry	0823	home – home supplies Hemodialysis - outpatient or
0662	charge/skilled nursing Respite care - hourly	0739	EKG/ECG services - other	0824	home – home equipment Hemodialysis - outpatient or
	charge/aide/homemaker/compa nion	0740	EEG services - general		home – maintenance 100%
0663	Respite care - daily charge	0750	Gastrointestinal services -	0825	Hemodialysis - outpatient or home - support services
0669	Respite care - other	0760	general  Treatment or observation room services - general	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/ Observation Room - Treatment	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based	0762	Room	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0762	Specialty Room - Treatment/ Observation Room - Observation Room	0831	or home - general  Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I			0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home - maintenance 100%
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	or home - support services Peritoneal dialysis - outpatient
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	or home - other  CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	Inpatient renal dialysis services - hemodialysis	0841	general  CAPD - outpatient or home -
0692	Pre-hospice/Palliative Care Services – hourly charge	0802	Inpatient renal dialysis services		composite or other rate
0693	Pre-hospice/Palliative Care	0803	<ul> <li>peritoneal (non-CAPD)</li> <li>Inpatient renal dialysis services</li> </ul>	0842	CAPD - outpatient or home – home supplies
0694	Services - evaluation Pre-hospice/Palliative Care		- continuous ambulatory peritoneal dialysis (CAPD)	0843	CAPD - outpatient or home – 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)  Inpatient renal dialysis services	0845	CAPD - outpatient or home - support services
0696	Pre-hospice/Palliative Care Services – physician services	0005	- 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 -
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	general  CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home - home equipment
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components - unsuccessful organ search-	0854	CCPD - outpatient or home - maintenance 100%
0722	Labor/Delivery Room services - delivery	0815	donor bank charges Acquisition of body components	0855	CCPD - outpatient or home -
0723	Labor/Delivery Room services - circumcision	5015	- stem cells- allogeneic	0859	support services  CCPD - outpatient or home -
0724	Labor/Delivery Room services - birthing center	0819	Acquisition of body components - other donor	0860	other  Magnetoencephalography
0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general	0861	(MEG) - General Magnetoencephalography (MEG) - MEG

0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock  Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
0903	treatments/services - milieu therapy Behavioral health	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	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	
0903	treatments/services - intensive	0946	Other therapeutic services -	0969	Professional fees - private duty nurse
0906	outpatient services - psychiatric  Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment - ancillary	0991	Patient convenience items - 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 - other	0993	Patient convenience items - telephone/telegraph
0911	Behavior health treatment/services -	0951	Other therapeutic services – athletic training	0994	Patient convenience items - TV/radio
0912	rehabilitation Behavior health	0952	Other therapeutic services - kinesiotherapy	0995	Patient convenience items - nonpatient room rentals
0012	treatment/services - partial hospitalization - less intensive	0953	Other therapeutic services –	0996	Patient convenience items - late discharge charge
0913	Behavior health treatment/services - partial hospitalization - intensive	0960	chemical dependency (drug and alcohol) Professional fees - general	0997	Patient convenience items - admission kits
0914	Behavior health treatment/services - individual		-	0998	Patient convenience items - beauty shop/barber
0915	therapy Behavior health	0961 0962	Professional fees - psychiatric  Professional fees -	0999	Patient convenience items - other
	treatment/services - group therapy	0963	ophthalmology Professional fees -	1000	Behavior health accommodations - general
0916	Behavior health treatment/services - family		anesthesiologist (MD)	1001	Behavior health accommodations - residential
0917	therapy Behavior health	0964	Professional fees - anesthetist (CRNA)		treatment - psychiatric
0917	treatment/services - biofeedback	0969	Professional fees - other	1002	Behavior health accommodations - residential treatment - chemical
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1003	dependency Behavior health
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic	1000	accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services - peripheral vascular lab	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	Other diagnostic services - electromyogram	0975	Professional fees - operating room	2100	accommodations - group home Alternative therapy services -
0923	Other diagnostic services - pap smear	0976	Professional fees - respiratory therapy		general

2101	Alternative thera acupuncture	py services -	2105	Alternative therapy service biofeedback	ces -	3102	Adult day care, social - hourly
2102	Alternative thera acupressure	py services -	2106	Alternative therapy service hypnosis	ces -	3103	Adult day care, medical and social - daily
2103	Alternative thera massage	py services -	2109	Alternative therapy service other	ces -	3104	Adult day care, social - daily
2104	Alternative thera reflexology	py services -	3101	Adult day care, medical a social - hourly	nd	3105	Adult foster care - daily
	3,			,		3109	Adult foster care - other
Beair	nning Position:	13		Data Source:	Claim		
Leng	th:	4		Type:	Alphanu	ımeric	:
Field	_	HCPCS_QUA					
Desci	ription:	Code identify HCPCS PROC		e type/source of the do	escriptiv	e nui	mber used in
Begir	nning Position:	17		Data Source:	Claim		
Lengt		2		Type:	Alphanu	ımeric	
Field	4 ription:	HCPCS_PRO		<del>_</del>	(LICDC)	· · · · ·	da amaliaabla ka amaillam.
Desci	ription:	services or a			(HCPCS	s) coc	le applicable to ancillary
Codir	ng Scheme:				odeSets/	ANHC	PCS/list.asp for complete list.
	nning Position:	19		Data Source:	Claim		os, netrusp rei comprete netr
Lengi		5		Type:	Alphanu	ımeric	
Field	5:	MODIFIER_					
	ription:	Identifies spe	cial c	ircumstances related to	the pe	rform	ance of the service
	ng Scheme:					91	
22	•		59	Distinct Procedural Service			Repeat Clinical Diagnostic Laboratory Test
23	Unusual Anesthesia		62	Two Surgeons		92	Alternative Laboratory Platform
24	24 Unrelated Evaluation and Management Service by the Same		63	Procedure Performed on Infa	ants		Testing
	Physician or Other (		66	less than 4kg Surgical Team		95	Synchronous Telemedicine Service Rendered Via a Real-Time
	Care Professional de	_	73	Discontinued Outpatient			Interactive Audio and Video
25	Postoperative Period Significant, Separat		/3	Hospital/Ambulatory Surgery			Telecommunications System
23	Evaluation and Man	agement e Physician or Ith Care 74 Same Day of		Center (ASC) Procedure prior the Administration of Anesth		99	Multiple Modifiers
	Service by the Sam Other Qualified Hea		74	Discontinued Outpatient	icsia	1P	Performance Measure Exclusion Modifier due to Medical Reasons
	Professional on the			Hospital/Ambulatory Surgery		2P	Performance Measure Exclusion
26	the Procedure or Ot Professional Compo			Center (ASC) Procedure after Administration of Anesthesia			Modifier due to Patient Reasons
27	Multiple Outpatient		76	Repeat Procedure by Same Physician or Other Qualified	Haalth	3P	Performance Measure Exclusion Modifier due to System Reasons
_	Encounters on the S			Care Professional	. icaidi	8P	Performance Measure Reporting
32	Mandated Services		77	Repeat Procedure by Anothe			Modifier- Action not performed, reason not otherwise specified
33	Preventive Service			Physician or Other Qualified Care Professional	пеанп	P1	A normal healthy patient
47	Anesthesia by Surg	eon	78	Unplanned Return to the		P2	A patient with mild systemic
50	Bilateral Procedure			Operating/Procedure Room I Same Physician or Other Qu	,	Р3	disease A patient with severe systemic
51	Multiple Procedures			Health Care Professional Foll Initial Procedure for a Relate		13	disease
52	Reduced Services			Procedure During the	.u	P4	A patient with severe systemic disease that is a constant threat to
53	Discontinued Proced	ure	79	Postoperative Period Unrelated Procedure or Serv	rice by		life
54	Surgical Care Only		75	the Same Physician or Other	•	P5	A moribund patient who is not
55 56	Preoperative Manager Preoperat	•		Qualified Health Care Profess During the Postoperative Per			expected to survive without the operation
		•	80	Assistant Surgeon		P6	A declared brain-dead patient
57 58	Decision for Surgery		81	Minimum Assistant Surgeon			whose organs are being removed for donor purposes
20	Staged or Related F Service by the Sam	e Physician or	82	Repeat procedure by same		E1	Upper left eyelid
	Other Qualified Hea Professional During		00	physician		E2	Lower left eyelid
	Postoperative Perior		90	Reference (Outside) Laborat	ory	E3	Upper right eyelid

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E4	Lower right eyelid		GH		tic mammogram		T1	Left foot, second digit	
F1	Left hand, second di	git			ed from screening gram on same day	<i>,</i>	T2	Left foot, third digit	
F2	Left hand, third digit	:	LC		umflex coronary a		Т3	Left foot, fourth digit	
F3	Left hand, fourth dig	it	LD		erior descending co	•	T4	Left foot, fifth digit	
F4	Left hand, fifth digit			artery		,	T5	Right foot, great toe	
F5	Right hand, thumb		LM	Left main coronary artery			Т6	Right foot, second digit	
F6	Right hand, second	diait	LT	Left side	of the body proce	edure	T7	Right foot, third digit	
F7	Right hand, third dig	•	Q		nce service provide		T8	Right foot, fourth digit	
F8			М	arrangement by a provider of services			T9	Right foot, fifth digit	
F9	Right hand, fourth d Right hand, fifth digi	_	QN	Ambulan	nce service furnish	ed	TA		
			<b>D.</b>	•	by a provider of se	ervices		Left foot, great toe	
FA	Left hand, thumb		RC	_	ronary artery		XE	Separate Encounter	
GG	Performance and par screening mammogr		RI	Ramus ir artery	ntermedius corona	ıry	XS	Separate Structure	
	diagnostic mammog	raphy on	RT	•	le of the body prod	cedure	XP	Separate Practitioner	
	same patient, same	day.		J			XU	Unusual Non-Overlapping Service	
Begir	nning Position:	24			Data Source:	Clain	n		
Leng	th:	2			Туре:	Alpha	anume	ric	
Field		MODIFIER					_	6.1	
	ription: ng Scheme:	Identifies sp Same as Field			tances related	I to the	perfor	mance of the service.	
	nning Position:	26	INOL	/IFILK_I	Data Source:	Clain	n		
Leng	th:	2			Туре:	Alpha	anume	ric	
Field		MODIFIER		_			_		
	ription: ng Scheme:	Identifies sp Same as Field			tances related	I to the	perfor	mance of the service.	
	nning Position:	28	INOL	'11 1LK_1	Data Source:	Clain	n		
Leng	Length: 2				Туре:	Alpha	anume	ric	
Field		MODIFIER	_						
	ription: ng Scheme:	Same as Field			tances related	i to the	perror	mance of the service.	
	nning Position:	30				Clain	Claim		
Leng		2			Туре:	Alpha	anume	ric	
Field	_	UNIT_MEA				Land to the			
	ription: ng Scheme:	DA Days		ne units	s in which a va	lue is be	eing e	xpressea.	
	.9	- ,		nal unit					
		UN Unit				<b>.</b>			
Leng	nning Position:	32 2			Data Source: Type:		n anume	ric	
Field		UNITS_OF	SER	VICE	.,,,,,,		andine		
	ription:	Numeric val			У				
	nning Position:	34			Data Source:				
Leng Field		7 UNIT_RAT	=		Туре:	Num	eric		
	ription:	Rate per un							
	Beginning Position: 41			Data Source: Claim		laim			
Leng		12			Туре:	Num	eric		
Field	12: ription:	CHRGS_LII Total amour							
	nning Position:	53	ונ טו ו	Tie Cilai	ge <b>Data Source:</b>	Assig	ıned		
Leng	th:	14			Type:	Num			
Field		CHRGS_NC				·			
	ription:		overe	d amour	nt of the charg				
	eginning Position: 67 Data Source: Ass			Assig	jned				
Begii Leng		14			Type:	Num	eric		

## **OUTPATIENT BASE DATA FILE**

Field 1:	SERVICE_QUARTER			
Description:	Quarter during which	service occurred. \	ear and quarter of	service. vvvvOn.
Beginning Position:	1	Data Source:	Assigned	7,7,7, €
Length:	6	Type:	Alphanumeric	
Field 2:	RECORD_ID			
Description:	Record Identification N	lumber. Unique nu	mber assigned to ide	entify the record. The
	Record_ID in the ED C			
	Inpatient PUDF or ED			_
<b>Beginning Position:</b>	7	Data Source:	Assigned	
Length:	12	Туре:	Alphanumeric	
Field 3:	THCIC_ID			
Description:	Provider ID. Unique id			
Suppression:				ed into the Provider ID
			5 events for a part	icular gender, including
	`unknown', Provider ID	is '999998'.		
<b>Beginning Position:</b>	19	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 4:	SPEC_UNIT_1			
Description:				ed on number of days by
	Type of Bill or Revenue		number of days in	
Coding Scheme:	C D	Coronary Care Unit Detoxification Unit	P Y	Pediatric Unit Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	Н	Hospice Unit	U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	B O	Obstetric Unit	Blank	Acute Care
Beginning Position:	25	Oncology Unit  Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 5:	SPEC_UNIT_2	- 7		
Description:		2 <sup>nd</sup> most davs dur	ing stay occurred by	ased on number of days
•	by Type of Bill or Reve			,
Coding Scheme:	Same as SPEC_UNIT_1			
<b>Beginning Position:</b>	26	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 6:	SPEC_UNIT_3			
Description:			ing stay occurred ba	ased on number of days
	by Type of Bill or Reve	nue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.			
Beginning Position:	27 1	Data Source:	Calculated	
Length: Field 7:	SPEC UNIT 4	Туре:	Alphanumeric	
Description:		Ath most days dur	ing stay occurred ba	sed on number of days
_ 5561 iption1	by Type of Bill or Reve		ing stay occurred be	isca on number of udys
Coding Scheme:	Same as SPEC_UNIT_1.	inde code.		
Beginning Position:	28	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 8:	SPEC_UNIT_5		•	
Description:		5 <sup>th</sup> most days dur	ing stay occurred ba	ased on number of days
	by Type of Bill or Reve		- ,	-,-
Coding Scheme:	Same as SPEC_UNIT_1.			
<b>Beginning Position:</b>	29	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 9:	SEX_CODE			
Description:	Gender of the patient			
Suppression:				se or an HIV diagnosis. If a
				ng unknown, Provider ID is
Coding Schome:	'999998' and Provider Na	ime and Patient ∠IP (	loae are blank for thos	e patients.
Coding Scheme:	M Male			
DSHS/THCIC		Page	DS	SHS Document #25-15013

F Female U Unknown ` Invalid

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

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

417	Shackelford	t	441	Taylor	465	Val Verde	489	Willacy
419	Shelby		443	Terrell	467	Van Zandt	491	Williamson
421	Sherman		445	Terry	469	Victoria	493	Wilson
423	Smith		447	Throckmorton	471	Walker	495	Winkler
425	Somervell		449	Titus	473	Waller	497	Wise
427	Starr		451	Tom Green	475	Ward	499	Wood
	Stephens		453	Travis	477	Washington	501	Yoakum
	Sterling		455	Trinity	479	Webb	503	Young
	Stonewall		457	Tyler	481	Wharton	505	Zapata
				•				Zavala
	Sutton		459	Upshur	483	Wheeler	507	Zavala
	Swisher -		461	Upton	485	Wichita	,	
439	Tarrant		463	Uvalde	487	Wilbarger		Invalid
Beginning Po	cition	31		D-	ita Source:	Assigned: based or	n nationt 7	ZID codo
Length:	JSILIOII.	3			pe:	Assigned; based or Alphanumeric	i patient z	ir code
Field 11:		PAT_STA	TE		pe.	Aiphanumenc		
Description:		_		iont's mailing :	addraga in T	avec and continue		Chandard 2
Description:						exas and contiguo	us states	. Standard 2-
6 II 6 I				Service abbre	eviation.			
Coding Scher	me:	AR Arkan						
		LA Louisi						
		NM New N OK Oklah						
		TX Texas						
				tes and America	n Torritorios			
			ın cour		ii reiritories			
		_	ın cour					
Beginning Po	sition:	34	iii coui		Source:	Claim		
Length:		2		Туре		Alphanumeric		
Field 12:		PAT_ZIP		71-				
Description:			ive-di	git ZIP code.				
Suppression:	•							
			uits ai t	e Diank II a ZIP (	code has fewe	r than 30 patients. I	f state eau	Jals 'ZZ'. ZIP code
						r than 30 patients. I ntrv) ZIP code is bla		
		equals '888	884'. If	state equals 'FC	' (foreign cou	ntry) ZIP code is bla	nk. If ICD	-10-CM indicates
		equals `888 alcohol or o	888'. If Irug us	state equals `FC se or an HIV diag	" (foreign cou gnosis the ZIP		nk. If ICD acility has	-10-CM indicates fewer than fifty
		equals `888 alcohol or o outpatient	888'. If drug us service	state equals `FC se or an HIV diag s reported for th	?' (foreign cou gnosis the ZIP ne quarter the	ntry) ZIP code is bla code is blank. If a f	nk. If ICD acility has f a facility	-10-CM indicates fewer than fifty has fewer than 5
Beginning Po		equals `888 alcohol or o outpatient	888'. If drug us service	state equals `FC se or an HIV diag s reported for th of a particular g	?' (foreign cou gnosis the ZIP ne quarter the	ntry) ZIP code is bla code is blank. If a f ZIP code is blank. I	nk. If ICD acility has f a facility	-10-CM indicates fewer than fifty has fewer than 5
Length:		equals '888 alcohol or coutpatient: patients repartients repartients reparties reparti	884. If drug us service ported	state equals `FC se or an HIV diag s reported for th of a particular g Data Type	" (foreign cou gnosis the ZIP ne quarter the ender, includi a <b>Source:</b>	ntry) ZIP code is bla code is blank. If a f ZIP code is blank. I ng `unknown', the Z	nk. If ICD acility has f a facility	-10-CM indicates fewer than fifty has fewer than 5
-		equals '888 alcohol or coutpatients repatients repaired and see alcohol or coutpatients repatients repatients repatients repatients repaired and see alcohol or coutpatients repatients rep	884. If drug us service ported	state equals `FC se or an HIV diag s reported for th of a particular g Data Type	" (foreign cou gnosis the ZIP ne quarter the ender, includi a <b>Source:</b>	ntry) ZIP code is bla code is blank. If a f ZIP code is blank. I ng `unknown', the Z Claim	nk. If ICD acility has f a facility	-10-CM indicates fewer than fifty has fewer than 5
Length:		equals '888 alcohol or coutpatients repatients repatients repatients repart    PAT_COL	188'. If drug us service ported	state equals `FC se or an HIV diag se reported for the of a particular g  Data  Type	" (foreign cou gnosis the ZIP ne quarter the ender, includi a <b>Source:</b>	ntry) ZIP code is bla code is blank. If a f ZIP code is blank. I ng `unknown', the Z Claim Alphanumeric	nk. If ICD acility has f a facility IP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 13:		equals '888 alcohol or coutpatients repatients repatien	188'. If drug us service ported	state equals `FC se or an HIV diag se reported for the of a particular g  Data  Type fent's residentia	" (foreign cougnosis the ZIP ne quarter the ender, includin Source:	ntry) ZIP code is bla code is blank. If a f ZIP code is blank. I ng `unknown', the Z Claim	nk. If ICD acility has f a facility IP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 13:	osition:	equals '888 alcohol or o outpatient : patients rej 36 5 PAT_COL Country o Organizati	ISSA'. If drug us service ported INTRI f patie	state equals `FC ie or an HIV diag is reported for the of a particular g  Data Type  ent's residentia  Standardizati	" (foreign cougnosis the ZIP ne quarter the ender, including Source:  I address. Lion (ISO).	ntry) ZIP code is bla code is blank. If a f ZIP code is blank. I ng 'unknown', the Z Claim Alphanumeric st maintained by	nk. If ICD acility has f a facility IP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
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Length: Field 13: Description:	osition:	equals '888 alcohol or coutpatients repatients repatien	JNTR) f patie	state equals 'FC ie or an HIV diags's reported for the of a particular general state of the office o	" (foreign cougnosis the ZIP ne quarter the ender, includin Source:  I address. Lion (ISO).  ts from one co	ntry) ZIP code is bla code is blank. If a f ZIP code is blank. I ng 'unknown', the Z Claim Alphanumeric st maintained by	nk. If ICD acility has f a facility IP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 13: Description: Suppression: Coding scher	osition:	equals '888 alcohol or of outpatients repatients repatients repart to the second secon	JNTR) f patie	state equals 'FC ie or an HIV diags's reported for the of a particular general state of the office o	" (foreign cougnosis the ZIP ne quarter the ender, including Source:  I address. Lion (ISO). ts from one cough	ntry) ZIP code is bla code is blank. If a f ZIP code is blank. I ng 'unknown', the Z Claim Alphanumeric st maintained by sountry.	nk. If ICD acility has f a facility IP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
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Length: Field 13: Description: Suppression: Coding scher Beginning Po	osition: : : ne:	equals '888 alcohol or of outpatients repatients repati	INTRY In patie In patie In few SO.org	state equals 'FC se or an HIV diags's reported for the of a particular general state of the off a particular general standardization of the off complete list than 5 patien for complete list	(foreign cougnosis the ZIP ne quarter the ender, including Source:  a Source:  l address. Lion (ISO). ts from one cough. a Source:	ntry) ZIP code is bla code is blank. If a f ZIP code is blank. I ng 'unknown', the Z Claim Alphanumeric st maintained by sountry.	nk. If ICD acility has f a facility IP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.
Length: Field 13: Description: Suppression: Coding scher Beginning Po Length: Field 14:	esition:	equals '888 alcohol or of outpatients repatients repati	INTRY f patie ion for if few SO.org  HEAL htth Re trong, E	state equals 'FC ie or an HIV diag is reported for the of a particular g  Data Type of ent's residentia of Standardizati er than 5 patien for complete lis Data Type TH_REGION egion of patien Bailey, Briscoe, Car	" (foreign cougnosis the ZIP ne quarter the ender, including Source: " laddress. Lion (ISO). " ts from one cot. " a Source: " t's address. " t's address.	ntry) ZIP code is bla code is blank. If a f ZIP code is blank. I ng 'unknown', the Z Claim Alphanumeric st maintained by sountry. Claim Alphanumeric	nk. If ICD acility has f a facility live in a facility IP Code is the Interrupt in a facility in a f	-10-CM indicates fewer than fifty has fewer than 5 blank.  national
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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 10 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties 43 Assigned **Beginning Position:** Data Source: 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. **Data Source:** Calculated **Beginning Position:** 45 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 85-89 **Coding Scheme:** 10 20 01 29-365 days 11 40-44 21 90+ 02 1-4 years 12 45-49 HIV-STD and drug/alcohol use patients: 03 5-9 13 50-54 22 0-17 04 10-14 14 55-59 23 18-44 05 15-17 15 45-64 60-64 24 06 18-19 16 65-69 25 65-74 07 20-24 17 70-74 26 75+ 08 25-29 75-79 18 Invalid 30-34 19 80-84 09 **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 2 Not of Hispanic Origin Invalid **Beginning Position:** 50 **Data Source:** Claim Length: Type: Alphanumeric Field 19: FIRST PAYMENT SRC **Description:** Code indicating the expected primary source of payment. Health Maintenance Organization Self Pay (Removed from 5010 format, **Coding Scheme:** 09 НМ beginning 2Q2012 data) 10 Central Certification ΙT Liability Liability Medical 11 Other Non-federal Programs LM 12 Preferred Provider Organization (PPO) MΑ Medicare Part A 13 Point of Service (POS) MB Medicare Part B 14 Exclusive Provider Organization (EPO) MC Medicaid 15 Indemnity Insurance TV Title V Health Maintenance Organization (HMO) 16 OF Other Federal Program Medicare Risk ΑМ Automobile Medical VA Veteran Administration Plan BL Blue Cross/Blue Shield WC Workers Compensation Health Claim CHAMPUS ZZ Charity, Indigent or Unknown DSHS/THCIC DSHS Document #25-15013 Page

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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. **Coding Scheme:** 1st digit-Type of Facility 2<sup>nd</sup> digit-Type of Care 3rd digit-Sequence of claim Hospital Inpatient, including Medicare Non-payment/Zero claim 2 Inpatient, Medicare Part B Skilled nursing Admit through discharge 1 only claim 3 Home health Outpatient Interim-first claim Outpatient Other, Medicare Religious non-medical 4 3 Interim-continuing claim health care-Hospital Part B only 5 Religious non-medical 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 III (Not used by Medicare) 8 Special facility 8 Swing bed Replacement of prior claim 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 42 02 26 VA eligible patient chooses to 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 Patient and/or spouse's EGHP is 28 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 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 09 Neither patient or spouse is 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 Disabled beneficiary but no 11 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 40 Same day transfer Home IV patient also receiving 55 SNF bed not available **HHA** services DSHS/THCIC DSHS Document #25-15013 Page

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Last Updated: September, 2020

ginning ngth: eld 23:	2 CONDITION		Type: Alphanum	eric	
ainnin	<b>Position:</b> 58		Data Source: Claim	W5	Level III Appeal
A5	Disability		codes.	W4	Level II Appeal
A4	Family planning		for diagnosis and/or procedure	W3	Level I Appeal
A3	Special Federal Funding	D4	Change in clinical codes (ICD)	W2	Duplicate of Original Bill
A2	Physically handicapped children's program	D3	Second or Subsequent Interim PPS Bill	14/2	(UMWA) Demonstration Indicator
A1	EPSDT/CHAP	D1	Changes to Charges	WO	United Mine Workers of America
Α0	TRICARE external partnership program	D0	Changes to Service Dates	R9	Request for reopening Reason Code - Faulty Evidence
۸٥	Justification TRICARE external partnership	C6 C7	Admission Preauthorization  Extended Authorization		Evidence
86	Additional Hemodialysis Treatment with Medical	C5	Post-payment review applicable	R8	Request for reopening Reason Code - New and Material
	Hospice Terminal Illness	C4	Admission/services denied		clerical errors
85	(AKI) Delayed Recertification of	C3	Partial approval	R7	Request for reopening Reason Code - Corrections other than
84	or greater Dialysis for Acute Kidney Injury	C2	Automatic approval as billed based on focused review		Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
83	C-section/Inductions 39 weeks	C1	Approved as billed	R6	Request for reopening Reason
82	weeks-Medical Necessity C-section/Inductions <39 weeks-Elective	ВР	discharge on same day Gulf Oil Spill of 2010	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
80 81	Home dialysis - nursing facility  C-section/Inductions <39	В1	demonstration program  Admission unrelated to	R4	Request for reopening Reason Code - Computer Errors Request for reopening Reason
79 80	CORF services provided offsite	B1	demonstration claim Beneficiary is ineligible for	D.1	Schedule
78	New coverage not implemented by HMO	В0	required  Medicare coordinated care	R3	Request for reopening Reason Code - Misapplication of a Fee
70	to accept payment by a primary payer as payment	AN	required Pre-admission screening not	R2	Request for reopening Reason Code -Inaccurate Data Entry
77	Provider accepts or is obligated/required due to a contractual arrangement or law	АМ	unavailable Non-emergency medically necessary stretcher transport	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
76	Back-up in facility dialysis	AL	Specialized treatment/bed	P7	Direct Inpatient Admission from Emergency Room
75	Home - 100% reimbursement	AK	Air ambulance required	P1	Do not Resuscitate Order (DNR)
74	Home	AJ	Payer responsible for co- payment		Comorbid Category
73	Self-care training	ΑI	Sterilization	Н5	Comorbid Category Reoccurrence of Pericarditis
72	Self-care in unit	АН	Elective abortion	H4	Reoccurrence of Pneumonia
71	management drug Full care in unit	AG	Abortion performed due to social or economic reasons	Н3	Reoccurrence of GI Bleed Comorbid Category
70	Self-administered anemia		emotional/psychological health of mother	H2	Discharge by a Hospice Provider for Cause
68 69	Beneficiary elects to use life time reserve (LTR) days IME/DGME/N&AH Payment Only	AF	is not life endangering Abortion performed due to	H0	Delayed Filing, Statement of Intent Submitted
	time reserve (LTR) days	AE	Abortion performed due to physical health of mother that	G0	Distinct Medical Visit
67	outlier payment Beneficiary elects not to use life		endangering physical condition	E0	Changes in Patient Status
66	Provider does not wish cost	AD	deformity, or abnormality  Abortion performed due to life	DR	Disaster related
61	Cost outlier	AC	Abortion performed due to serious fatal genetic defect,	D9	Primary Payer Any Other Change
60	Day outlier	AC	incest  Abortion performed due to	D8	Change to Make Medicare the
59	Non-primary ESRD facility	AB	Abortion performed due to	D7	Change to Make Medicare the Secondary Payer
58	Terminated Medicare+Choice organization enrollee	AA	Second opinion surgery  Abortion performed due to rape	DO	Duplicate or OIG Overpayment
57	SNF readmission	A9	payment Second eninion surgery	D6	or Provider ID Cancel Only to Repay a
56	Medical appropriateness	A6	Vaccines/Medicare 100%	D5	Cancel to correct Insured's ID

Beginning Position: Length: Field 23:

CONDITION\_CODE\_2
Code describing a condition relating to the claim.

**Coding Scheme:** Same as Field CONDITION CODE 1. **Beginning Position:** 60 **Data Source:** Claim Length: Type: Alphanumeric Field 24: **CONDITION CODE 3** Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. **Coding Scheme: Beginning Position: 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: CONDITION\_CODE\_5 Field 26: Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION CODE 1. **Beginning Position: Data Source:** 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 2 Type: Field 28: CONDITION\_CODE\_7 Code describing a condition relating to the claim. Same as Field CONDITION\_CODE\_1. **Coding Scheme: Data Source: Beginning Position:** Claim Length: Type: Alphanumeric Field 29: CONDITION\_CODE\_8 Code describing a condition relating to the claim. **Coding Scheme:** Same as Field CONDITION\_CODE\_1. **Beginning Position:** 72 **Data Source:** 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. 74 **Data Source: Beginning Position:** Claim Alphanumeric Length: Type: Field 31: PRINC\_DIAG\_CODE ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** Claim Length: Alphanumeric 7 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:** 88 Claim Length: Alphanumeric 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. **Data Source: Beginning Position:** Claim 7 Alphanumeric Length: Type: Field 34: OTH\_DIAG\_CODE\_3 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 102 **Data Source:** Claim Length: Alphanumeric Type: 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

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Length:	7 <b>Tv</b>	pe:	Alphanumeric		
Field 36:	OTH_DIAG_CODE_5	•	'		
	ICD-10-CM diagnosis code, i	including the	4th, 5th, 6th a	nd 7th digits if ar	oplicable.
	Decimal is implied following				
<b>Beginning Position:</b>		ita Source:	Claim		
Length:		pe:	Alphanumeric		
Field 37:	OTH_DIAG_CODE_6		<u> </u>		
	ICD-10-CM diagnosis code, i	including the	4th. 5th. 6th a	nd 7th digits if ar	onlicable.
	Decimal is implied following			ina / cir digito ii ap	opiicabici
Beginning Position:		ita Source:	Claim		
Length:		pe:	Alphanumeric		
Field 38:	OTH_DIAG_CODE_7	•	<u> </u>		
	ICD-10-CM diagnosis code, i	including the	4th. 5th. 6th a	nd 7th digits if ar	oplicable.
	Decimal is implied following	the third chai	acter.		Sp.:.ca.5c.
Beginning Position:	130 <b>Da</b>	ita Source:	Claim		
Length:		pe:	Alphanumeric		
Field 39:	OTH_DIAG_CODE_8	•	,		
	ICD-10-CM diagnosis code, i	including the	4th. 5th. 6th a	nd 7th digits if ar	oplicable.
	Decimal is implied following				
Beginning Position:		ita Source:	Claim		
Length:		pe:	Alphanumeric		
Field 40:	OTH_DIAG_CODE_9	-	•		
	ICD-10-CM diagnosis code, i	including the	4th, 5th, 6th a	nd 7th digits if ar	oplicable.
	Decimal is implied following	the third char	acter.	. J <b></b> -	
<b>Beginning Position:</b>		ita Source:	Claim		
Length:		pe:	Alphanumeric		
Field 41:	OTH_DIAG_CODE_10		•		
	ICD-10-CM diagnosis code, i	including the	4th, 5th, 6th a	nd 7th digits if ar	oplicable.
	Decimal is implied following				- F
<b>Beginning Position:</b>		ita Source:	Claim		
Length:		pe:	Alphanumeric		
Field 42:	OTH_DIAG_CODE_11				
	ICD-10-CM diagnosis code, i	including the	4th, 5th, 6th a	nd 7th digits if a	oplicable.
	Decimal is implied following				
<b>Beginning Position:</b>		ita Source:	Claim		
Length:	7 <b>Ty</b>	pe:	Alphanumeric		
Field 43:	OTH_DIAG_CODE_12				
	ICD-10-CM diagnosis code, i			nd 7th digits if ap	oplicable.
	Decimal is implied following	the third char	acter.		
<b>Beginning Position:</b>	165 <b>D</b> a	ita Source:	Claim		
Length:		pe:	Alphanumeric		
Field 44:	OTH_DIAG_CODE_13				
	ICD-10-CM diagnosis code, i			nd 7th digits if ap	oplicable.
	Decimal is implied following	the third char	racter.		
Beginning Position:	172 <b>D</b> a	ita Source:	Claim		
Length:		pe:	Alphanumeric		
Field 45:	OTH_DIAG_CODE_14				
	ICD-10-CM diagnosis code, i			nd 7th digits if ap	oplicable.
	Decimal is implied following		racter.		
Beginning Position:		ita Source:	Claim		
Length:		pe:	Alphanumeric		
Field 46:	OTH_DIAG_CODE_15				
	ICD-10-CM diagnosis code, i			nd 7th digits if ap	oplicable.
	Decimal is implied following				
Beginning Position:	_	ita Source:	Claim		
Length:		pe:	Alphanumeric		
Field 47:	OTH_DIAG_CODE_16		411 =11 =11	1 701 10 10 10	
	ICD-10-CM diagnosis code, i			nd /th digits if ap	oplicable.
	Decimal is implied following				
Beginning Position:		ita Source:	Claim		
Length:	7 <b>Ty</b>	pe:	Alphanumeric		
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		Ath 5th 6th and 7th digits if applicable
	-	Claim
		Alphanumeric
		Aphanamene
		4th, 5th, 6th and 7th digits if applicable.
Decimal is implied follow	wing the third ch	aracter.
		Claim
7	Type:	Alphanumeric
OTH DIAG CODE 20	)	•
		e 4th, 5th, 6th and 7th digits if applicable.
221	Data Source:	Claim
7	Туре:	Alphanumeric
OTH_DIAG_CODE 21		
ICD-10-CM diagnosis co	ode, including the	4th, 5th, 6th and 7th digits if applicable.
228	Data Source:	Claim
7	Туре:	Alphanumeric
OTH_DIAG_CODE_22		
ICD-10-CM diagnosis co	ode, including the	e 4th, 5th, 6th and 7th digits if applicable.
235	Data Source:	Claim
7	Type:	Alphanumeric
OTH_DIAG_CODE_23	}	
ICD-10-CM diagnosis co	ode, including the	4th, 5th, 6th and 7th digits if applicable.
242	Data Source:	Claim
7	Туре:	Alphanumeric
Decimal is implied follow	wing the third cha	aracter.
249	Data Source:	Claim
_7	Туре:	Alphanumeric
	ompanying cause	e of an illness, injury or an accident.
	le	
EM Employment		
OA Other assident		
OA Other accident	Data Source	Claim
256	Data Source:	Claim Alphanumeric
256 2	Туре:	Claim Alphanumeric
256 2 RELATED_CAUSE_CO	Type: DE _2	Alphanumeric
256 2 <b>RELATED_CAUSE_CO</b> Code identifying an acco	Type: DE _2 ompanying cause	
256 2 <b>RELATED_CAUSE_CO</b> Code identifying an account of the second of	Type: DE _2 ompanying cause AUSE_CODE_1.	Alphanumeric  of an illness, injury or an accident.
256 2 <b>RELATED_CAUSE_CO</b> Code identifying an account of the second of t	Type: DE _2 ompanying cause AUSE_CODE_1. Data Source:	Alphanumeric  of an illness, injury or an accident.  Claim
256 2 <b>RELATED_CAUSE_CO</b> Code identifying an account of the second of t	Type: DE _2 ompanying cause AUSE_CODE_1. Data Source: Type:	Alphanumeric  of an illness, injury or an accident.
256 2  RELATED_CAUSE_CO Code identifying an accommod same as Field RELATED_C 258 2  RELATED_CAUSE_CO	Type: DE _2 ompanying cause AUSE_CODE_1.     Data Source:     Type: DE _3	Alphanumeric  of an illness, injury or an accident.  Claim Alphanumeric
256 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C 258 2  RELATED_CAUSE_CO Code identifying an accordance	Type:  DE _2 ompanying cause AUSE_CODE_1.     Data Source:     Type:  DE _3 ompanying cause	Alphanumeric  of an illness, injury or an accident.  Claim
256 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C 258 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C	Type:  DE _2 ompanying cause AUSE_CODE_1.    Data Source:    Type:  DE _3 ompanying cause AUSE_CODE_1.	Alphanumeric  e of an illness, injury or an accident.  Claim Alphanumeric  e of an illness, injury or an accident.
256 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C 258 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C Same as Field RELATED_C 260	Type:  DE _2 ompanying cause AUSE_CODE_1.     Data Source:     Type:  DE _3 ompanying cause AUSE_CODE_1.     Data Source:	Alphanumeric  e of an illness, injury or an accident.  Claim Alphanumeric  e of an illness, injury or an accident.  Claim
256 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C 258 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C	Type:  DE _2 ompanying cause AUSE_CODE_1.    Data Source:    Type:  DE _3 ompanying cause AUSE_CODE_1.	Alphanumeric  e of an illness, injury or an accident.  Claim Alphanumeric  e of an illness, injury or an accident.
256 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C 258 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C Same as Field RELATED_C 260	Type:  DE _2 ompanying cause AUSE_CODE_1.     Data Source:     Type:  DE _3 ompanying cause AUSE_CODE_1.     Data Source:     Type:	Alphanumeric  e of an illness, injury or an accident.  Claim Alphanumeric  e of an illness, injury or an accident.  Claim Alphanumeric
256 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C 258 2  RELATED_CAUSE_CO Code identifying an accordance as Field RELATED_C Same as Field RELATED_C 260	Type:  DE _2 ompanying cause AUSE_CODE_1.     Data Source:     Type:  DE _3 ompanying cause AUSE_CODE_1.     Data Source:	Alphanumeric  e of an illness, injury or an accident.  Claim Alphanumeric  e of an illness, injury or an accident.  Claim
	ICD-10-CM diagnosis con Decimal is implied follow 200 7  OTH_DIAG_CODE_18 ICD-10-CM diagnosis con Decimal is implied follow 207 7  OTH_DIAG_CODE_19 ICD-10-CM diagnosis con Decimal is implied follow 214 7  OTH_DIAG_CODE_20 ICD-10-CM diagnosis con Decimal is implied follow 221 7  OTH_DIAG_CODE_21 ICD-10-CM diagnosis con Decimal is implied follow 228 7  OTH_DIAG_CODE_22 ICD-10-CM diagnosis con Decimal is implied follow 235 7  OTH_DIAG_CODE_23 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_23 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_24 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_24 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_24 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_24 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_24 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_24 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_24 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_25 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_25 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_25 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_25 ICD-10-CM diagnosis con Decimal is implied follow 242 7  OTH_DIAG_CODE_25 ICD-10-CM diagnosis con Decimal is implied follow 242 7	OTH_DIAG_CODE_18  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_19  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_20  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_20  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_21  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_21  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_22  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_23  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_24  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_24  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_24  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_24  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_24  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_24  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:  OTH_DIAG_CODE_24  ICD-10-CM diagnosis code, including the Decimal is implied following the third chazor Type:

Field 59:	E_CODE_1		
	ICD-10-CM external caus	se of injury code	e, including the 4th, 5th, 6th and 7th digits if
	applicable, of the primar	y external cause	e of injury. A decimal is implied following the
	third character.		
<b>Beginning Position:</b>	262	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 60:	E_CODE_2		
		se of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.	iai externar caas	be of injury. Beennar is implied following the
Beginning Position:	269	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 61:	E_CODE_3	Турсі	Aphanamene
ricid of:		so of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	• • •	iai externai caus	se of injury. Decimal is implied following the
B	third character.	5.1.6	CL
Beginning Position:	276	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 62:	E_CODE_4		
			e, including the 4th, 5th, 6th and 7th digits if
		nai external caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position:	283	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 63:	E_CODE_5		
	ICD-10-CM external caus	se of injury code	e, including the 4th, 5th, 6th and 7th digits if
	applicable, of an addition	nal external caus	se of injury. Decimal is implied following the
	third character.		
<b>Beginning Position:</b>	290	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 64:	E_CODE_6		<b>.</b>
		se of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.	iai externar caas	be of injury. Beennar is implied following the
Beginning Position:	297	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 65:	E_CODE_7	76	
		se of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.	iai externai caus	se of injury. Decimal is implied following the
Beginning Position:	304	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 66:	E_CODE_8	туре.	Alphanumenc
ricia oo:		co of injum, code	including the 4th Eth 6th and 7th digits if
			e, including the 4th, 5th, 6th and 7th digits if
		iai external caus	se of injury. Decimal is implied following the
Doning! Dod!!	third character.	D-4- C	Claire
Beginning Position:	311	Data Source:	Claim
Length:	7 <b>F. CODE</b> 0	Туре:	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
	third character.		
Beginning Position:	<u>3</u> 18	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 68:	E_CODE_10		
			e, including the 4th, 5th, 6th and 7th digits if
	applicable, of an addition	nal external caus	se of injury. Decimal is implied following the
	third character.		
<b>Beginning Position:</b>	325	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
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Field 69:	PROC_CODE_1		
			with the highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
<b>Beginning Position:</b>	332	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 70:		туре.	Alphanamenc
rieid 70:	PROC_CODE_2		
			n the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
<b>Beginning Position:</b>	337	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 71:	PROC_CODE_3	7,6	
		r procedure with	the next highest sharge performed during
			the next highest charge performed during
	the period covered by the		
Beginning Position:	342	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 72:	PROC_CODE_4		
		r procedure with	n the next highest charge performed during
B	the period covered by the		
Beginning Position:	347	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 73:	PROC_CODE_5		
	Code for surgical or other	r procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	352	Data Source:	Claim
	5		
Length:		Туре:	Alphanumeric
Field 74:	PROC_CODE_6		
	Code for surgical or other	r procedure with	n the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
<b>Beginning Position:</b>	357	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 75:	PROC_CODE_7	.,,,.	Aprianament
ricia 75.			
			the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
Beginning Position:	362	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 76:	PROC_CODE_8		
	Code for surgical or other	r procedure with	the next highest charge performed during
	the period covered by the		
Designing Desitions			
Beginning Position:	367	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 77:	PROC_CODE_9		
	Code for surgical or other	r procedure with	the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
<b>Beginning Position:</b>	372	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 78:	_	туре.	Alphanamenc
rielu 70:	PROC_CODE_10		
			n the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
<b>Beginning Position:</b>	377	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 79:	PROC_CODE_11	- 7 F	
11014 731		المائيين مستام ممسم	the next bighest shound newformed during
			the next highest charge performed during
_	the period covered by the		
Beginning Position:	382	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 80:	PROC_CODE_12		
		r procedure with	n the next highest charge performed during
<b></b>	the period covered by the		
Beginning Position:	387	Data Source:	Claim
		T.	Datta D
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Length:	5	Туре:	Alphanumeric
Field 81:	PROC_CODE_13		
			n the next highest charge performed during
	the period covered by the		
Beginning Position:	392	Data Source:	Claim
Length: Field 82:	PROC_CODE_14	Туре:	Alphanumeric
i iciu 02.		r nrocedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	397	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 83:	PROC_CODE_15		·
			n the next highest charge performed during
	the period covered by the		
Beginning Position:	402	Data Source:	Claim
Length: Field 84:	5 DDOC CODE 16	Туре:	Alphanumeric
rieia 84:	PROC_CODE_16	r procedure with	the payt highest sharge performed during
	the period covered by the		the next highest charge performed during
Beginning Position:	407	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 85:	PROC_CODE_17	<i>,</i> ,	·
	Code for surgical or othe	r procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	412	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 86:	PROC_CODE_18		the constitution of the constitution
			the next highest charge performed during
Beginning Position:	the period covered by the	Data Source:	CPI code. Claim
Length:	5	Type:	Alphanumeric
Field 87:	PROC_CODE_19	- /	
		r procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	422	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 88:	PROC_CODE_20	r procedure with	the payt highest charge performed during
	the period covered by the		the next highest charge performed during
Beginning Position:	427	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 89:	PROC_CODE_21		·
			n the next highest charge performed during
	the period covered by the		
Beginning Position:	432	Data Source:	Claim
Length: Field 90:	5 PROC_CODE_22	Туре:	Alphanumeric
rielu 90.		r procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	437	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 91:	PROC_CODE_23		
			n the next highest charge performed during
	the period covered by the		
Beginning Position:	442	Data Source:	Claim
Length: Field 92:	5 PROC_CODE_24	Туре:	Alphanumeric
C.u 72.		r nrocedure with	n the next highest charge performed during
	the period covered by the		
<b>Beginning Position:</b>	447	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
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Field 93:	PROC_CODE_25		
	Code for surgical or other		h the next highest charge performed during
Beginning Position:	the period covered by th 452	ne bill. HCPCS or Data Source:	· CPT code. Claim
Length:	5	Type:	Alphanumeric
Field 94:	OTHER_AMOUNT		•
			Amount. Calculated using MEDPAR algorithm.
			codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X,
	090X-095X, 099X.	1-02 <del>4</del> 7, 0327-03	33X, 033X-000X, 00 <del>4</del> X-070X, 070X-070X,
<b>Beginning Position:</b>	457	Data Source:	Calculated
Length: Field 95:	12 PHARM_AMOUNT	Туре:	Numeric
rieiu 95.		. Pharmacy Cha	rge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 026X, 06	53X.	
Beginning Position: Length:	469 12	Data Source: Type:	Calculated Numeric
Field 96:	MEDSURG_AMOUNT	турсі	Numeric
	Ancillary Service Charge		al Supply Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
Beginning Position:	0219, revenue center 02 481	27X, 062X. <b>Data Source:</b>	Calculated
Length:	12	Type:	Numeric
Field 97:	DME_AMOUNT		
			al Equipment Charge Amount. Calculated
	using MEDPAR algorithm 0100-0219, revenue cer		es associated with revenue codes other than
Beginning Position:	493	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 98:	USED_DME_AMOUNT	Head Donalds	Madical Fautomant Channe Assessed
			Medical Equipment Charge Amount. m of charges associated with revenue codes
	other than 0100-0219, r		
<b>Beginning Position:</b>	505	Data Source:	Calculated
Length: Field 99:	PT_AMOUNT	Туре:	Numeric
i ieiu 99.		. Physical Thera	py Charge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 042X.		
Beginning Position: Length:	517 12	Data Source: Type:	Calculated Numeric
Field 100:	OT_AMOUNT	турел	Numeric
		, Occupational T	herapy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
Beginning Position:	0219, revenue center 04 529	13X. Data Source:	Calculated
Length:	12	Type:	Numeric
Field 101:	SPEECH_AMOUNT		
			ogy Charge Amount. Calculated using
	0219, revenue center 04		ociated with revenue codes other than 0100-
Beginning Position:	541	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 102:	IT_AMOUNT	Inhalatica Ti	rany Charge Amount Calculated with
			rapy Charge Amount. Calculated using ociated with revenue codes other than 0100-
	0219, revenue center 04		Sciated with revenue codes other than 0100-
Beginning Position:	553	Data Source:	Calculated
Length:	12	Туре:	Numeric
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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 0.38X.  Beginning Position:  Field 104:  BLOOD_ADMIN_AMOUNT 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 codes other than 0100-0219, revenue center 0.39X.  Beginning Position:  Field 105:  OR_MOUNT Ancillary Service Charge, Operating Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0.36X, 071X-072X.  Beginning Position: Length: Field 106:  LITH_AMOUNT Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0.79X.  Beginning Position: CARD_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0.79X.  Beginning Position: CARD_AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0.48X, 0.73X.  Beginning Position: C5S Data Source: Calculated Numeric  Field 108: ANES_AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0.30X-0.31X, 0.74X-0.75X.  Beginning Position: C63  ANES_AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0.30X-0.31X, 0.74X-0.75X.  Beginning Position: C63  ADA SOURCE: Calculated Numeric  Ancillary Service Charge, New Source: Calculated Numeric  Ancillary Service Charge, Ne	Field 103:	BLOOD_AMOUNT		
using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X.  Beginning Position:   565			e for blood provi	ded during the patient's stay. Calculated
Beginning Position:   Se5   Data Source:   Calculated		using MEDPAR algorithm	n. Sum of charge	
BLOOD_AMNIN_AMOUNT		565	Data Source:	
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 0.39X.  Beginning Position: 12			•	Numeric
stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X.  Beginning Position:  Field 105:  OR. AMOUNT  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:  LITH. AMOUNT  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:  CARD_AMOUNT  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:  CARD_AMOUNT  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:  Ength:  Field 108:  AMES_AMOUNT  Ancillary Service Charge, Anesthesia Charge  Anount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position:  Ength:  Length:  Field 109:  LAB_AMOUNT  Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position:  Ength:  Field 110:  ADA_MOUNT  Ancillary Service Charge, Radiology 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:  Ength:  Field 110:  MRL_AMOUNT  Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 032X-035X, 040X.  Beginning Position:  Ength:  Field 111:  MRL_AMOUNT  Ancillary Service Charge, MRI C				ge and processing related to the patient's
Beginning Position   577   Data Source: Calculated Length:   12   Type: Numeric				
Length:   12   Type: Numeric			•	
Field 105:  OR_AMOUNT 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: Length: Field 106:  LITH_AMOUNT Ancillary Service Charge, Lithortripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.  Beginning Position: Length: CARD_AMOUNT 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: Length: CARD_AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.  Beginning Position: ANES_AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position: CERD_AMOUNT 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: CERD_AMOUNT 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: CERD_AMOUNT 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.  Beginning Position: CERD_AMOUNT 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: CERD_CALCULATE And CALCULATE And CALCULATE And CALCULATE A				
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: 589 Data Source: Type: Numeric  I2 Type: Numeric  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: 12 Type: Calculated Numeric  Field 107: CARD_AMOUNT  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: 12 Type: Calculated Numeric  Field 108: ANES_AMOUNT  Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position: 25 Type: Calculated Numeric  Field 109: LAB_AMOUNT  Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position: 25 Type: Calculated Numeric  Field 109: LAB_AMOUNT  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: 637 Data Source: Type: Numeric  Field 110: MRI_AMOUNT  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.  Beginning Position: 619 Data Source: Type: Numeric  Field 111: MRI_AMOUNT  Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.  Beginning Position: 620 Data Source: Calculated Numeric  DATA Source: Calcul			туре:	Numeric
algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X.  Beginning Position: 12	ricia 105.	<u> </u>	. Operating Roo	m Charge Amount, Calculated using MEDPAR
revenue center 036X, 071X-072X.  Beginning Position:  12 Type:  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:  CARD_AMOUNT  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:  CARD_AMOUNT  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:  CARD_AMOUNT  Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position:  C25  Data Source:  Type:  Data Source:  Type:  Calculated Numeric  Length:  12 Type:  Data Source:  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:  CARD_AMOUNT  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.  Beginning Position:  CARD_AMOUNT  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.  Beginning Position:  Calculated Numeric				
Beginning Position: 12   Type: Numeric				,
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Destining Position:   12   Type:   Numeric		-	jes assucialeu W	ich revenue codes other than 0100-0219,
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Beginning Position: Length: 12 Type: Numeric		algorithm. Sum of charg	jes associated w	ith revenue codes other than 0100-0219,
Length:   12   Type:   Numeric				
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Beginning Position:     673     Data Source:     Calculated Numeric       Length:     12     Type:     Numeric       DSHS/THCIC     Page     DSHS Document #25-15013		MEDPAR algorithm. Sum	n of charges asso	
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DSHS/THCIC Page DSHS Document #25-15013				
	Lengui:	14	туре:	Numeric
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Field 113:	ED AMOUNT					
rieia 113:	ER_AMOUNT	F	Channe Americk Calculated value			
			om Charge Amount. Calculated using			
		MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-				
	0219, revenue center 04	5X.				
Beginning Position:	685	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 114:	AMBULANCE_AMOUNT	Ī				
	Ancillary Service Charge	, Ambulance Ch	arge Amount. Calculated using MEDPAR			
	algorithm. Sum of charg	es associated w	ith revenue codes other than 0100-0219,			
	revenue center 054X.		·			
<b>Beginning Position:</b>	697	Data Source:	Calculated			
Length:	12	Type:	Numeric			
Field 115:	PRO_FEE_AMOUNT					
		Professional Fe	ee Charge Amount. Calculated using MEDPAR			
			ith revenue codes other than 0100-0219,			
	revenue center 096X-09		thirevenue codes other than 0100 0215,			
Beginning Position:	709	OA.  Data Source:	Calculated			
Length:	12	Type:	Numeric			
Field 116:	ORGAN_AMOUNT	турс.	Numeric			
ricia 110.		Organ Acquicit	ion Charge Amount. Calculated using			
			ociated with revenue codes other than 0100-			
	0219, revenue center 08	•				
Beginning Position:	721	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 117:	ESRD_AMOUNT					
			al Dialysis Charge Amount. Calculated using			
			ociated with revenue codes other than 0100-			
	0219, revenue center 08	0X, 082X-085X	, 088X.			
<b>Beginning Position:</b>	733	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 118:	CLINIC_AMOUNT					
	Ancillary Service Charge	, Clinic Visit Cha	rge Amount. Calculated using MEDPAR			
	algorithm. Sum of charg	es associated w	ith revenue codes other than 0100-0219,			
	revenue center 051X.		·			
<b>Beginning Position:</b>	745	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 119:	TOTAL_CHARGES					
		charges, non-co	vered accommodation charges, ancillary			
	charges, non-covered ar					
<b>Beginning Position:</b>	757	Data Source:	Claim			
Length:	12	Type:	Numeric			
Field 120:	TOTAL NON COV CH					
			arges, non-covered ancillary charges.			
Beginning Position:	769	Data Source:	Claim			
Length:	12	Type:	Numeric			
Field 121:	TOTAL_CHARGES_ANG		Hameric			
	Sum of covered and non		ry charges			
Posinning Desition	781	Data Source:	Claim			
Beginning Position:	12					
Length: Field 122:		Type:	Numeric			
FICIU 122;	TOTAL_NON_COV_CH					
B	Sum of non-covered and		Chata			
Beginning Position:	793	Data Source:	Claim			
Length:	12	Туре:	Numeric			

Field 123: PHYSICIAN1\_INDEX\_NUMBER **Description:** Unique identifier assigned to the licensed physician reported as the Operating Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients. Suppression: Suppressed when the number of physicians reported for a facility or the number of physicians reported for CCS\_PROC\_CODE\_1 for the facility is less than five. **Coding Scheme:** 999999998 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 Field 124: PHYSICIAN2\_INDEX\_NUMBER **Description:** Unique identifier assigned to the licensed physician reported as the other provider, if reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients. Suppression: Suppressed when the number of physicians reported for a facility or the number of physicians represented for CCS PROC CODE 1 for a facility is less than five. **Coding Scheme:** 999999998 Cell size less than 5 Temporary license or license number could not be matched 999999999 **Beginning Position:** 815 **Data Source: Assigned** Length: Alphanumeric Type: Field 125: INPUT\_FORMAT Format in which the outpatient data file was submitted by the facility **Coding Scheme:** 0 837 Professional 837 Institutional 1 **Beginning Position:** 825 **Data Source: Assigned** Length: 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 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: Alphanumeric Type: Field 127: PAT\_STATUS **Description:** Code indicating patient status as of the ending date of service for the period of care reported **Coding Scheme:** Discharged to home or self-care (routine 03 Discharged/transferred to skilled nursing facility 01 (SNF) with Medicare certification in anticipation discharge) of skilled care Discharged/transferred to a short term general hospital for inpatient care DSHS/THCIC DSHS Document #25-15013 Page

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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)
08	Admitted as inpatient to this hospital	85	Discharged/Transferred to Home under Care of
09	Expired		Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient
20	Discharged/transferred to Court/Law Enforcement	86	Readmission (effective 10-1-2013)  Discharged/Transferred to Court/Law
21	Still patient	00	Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
30	Expired at home	87	Discharged/Transferred to a Federal Health Care
40	Expired in a medical facility	07	Facility with a Planned Acute Care Hospital
41	Expired, place unknown	00	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
51	Discharged/transferred within this institution to Medicare-approved swing bed		Rehabilitation Distinct Part Units of a Hospital 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		Inpatient Readmission (effective 10-1-2013)
65	psychiatric distinct part of a hospital Discharged/transferred to Critical Access Hospital (CAH)	92	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient
66	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)	93	Readmission (effective 10-1-2013) Discharged/Transferred to a Critical Access
69	Discharge/transfer to another type of health care institution not defined elsewhere in the code list		Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1- 2013)
70	Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)	94	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-
81	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective	95	2013) Discharged to home or self-care (routine
	10-1-2013)	`	discharge) Invalid
82	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a		Invalia

 Beginning Position:
 827
 Data Source:
 Claim

 Length:
 2
 Type:
 Alphanumeric

 Field 128:
 PROVIDER\_NAME

 Description:
 Name provided by the facility.

 Suppression:
 Facilities reporting fewer than 50 events (Provider ID equals '999999') are assigned the name 'Low Volume Facility'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider Name is blank.

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

<b>OUTPATIEN</b>	$\Gamma$	ASSTETC	<b>ATTON</b>	DATA	FTIF
OUIFAILLI		HOOTI IC	HILDIA	DAIA	1 4 6 6

	OUTPATIENT CLASSIFICA	ITON DAIA LIFE			
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 File	es (RDFs).			
<b>Beginning Position:</b>	1 Data Source:	Assigned			
Length:	12 <b>Type:</b>	Alphanumeric			
Field 2:	CCS PRIN DIAG CODE				
		lassification of PRIN_DIAG_CODE into clinically			
	meaningful diagnosis category.				
Beginning Position:	13 Data Source:	Assigned			
Length:	4 Type:	Alphanumeric			
Field 3:	CCS_OTH_DIAG_CODE_1	7.110.110.110			
	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODE 1 into			
	clinically meaningful diagnosis category				
Beginning Position:	17 <b>Data Source:</b>	Assigned			
Length:	4 Type:	Alphanumeric			
Field 4:	CCS_OTH_DIAG_CODE_2	Alphanamene			
i iciu 4i	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODE 2 into			
	clinically meaningful diagnosis category.				
Posinning Position	21 <b>Data Source:</b>				
Beginning Position: Length:	4 Type:	Assigned Alphanumeric			
Field 5:	CCS_OTH_DIAG_CODE_3	ларпанатисте			
	Clinical Classifications Software (CCS) cl	laccification of OTH DIAG CODE 3 into			
	clinically meaningful diagnosis category				
Beginning Position:	25 <b>Data Source:</b>				
Length:	4 Type:	Assigned Alphanumeric			
Field 6:	CCS_OTH_DIAG_CODE_4	Alphanumenc			
ricia o.	Clinical Classifications Software (CCS) cl	lassification of OTH DIAC CODE 4 into			
Basinaina Basitian	clinically meaningful diagnosis category.				
Beginning Position:	29 Data Source: 4 Type:	Assigned Alphanumeric			
Length: Field 7:	CCS_OTH_DIAG_CODE_5	Alphanumenc			
ricia 7.	Clinical Classifications Software (CCS) cl	lassification of OTH DIAC CODE 5 into			
Paginning Pagitian	clinically meaningful diagnosis category. 33 Data Source:				
Beginning Position: Length:	4 Type:	Assigned Alphanumeric			
Field 8:	CCS OTH DIAG CODE 6	Alphanameric			
ricia oi	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODE 6 into			
	clinically meaningful diagnosis category				
Beginning Position:	37 <b>Data Source:</b>	Assigned			
Length:	4 Type:	Alphanumeric			
Field 9:	CCS OTH DIAG CODE 7	, aprianament			
	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODE 7 into			
	clinical classifications software (CCS) c				
Beginning Position:	41 <b>Data Source:</b>	Assigned			
Length:	4 Type:	Alphanumeric			
Field 10:	CCS_OTH_DIAG_CODE_8	, up transmitte			
<del></del> - <del></del> -	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODE 8 into			
	clinically meaningful diagnosis category.	idasinculion of the pradecode of the			
Beginning Position:	45 <b>Data Source:</b>				
Length:	45 Data Source: 4 Type:	Assigned Alphanumeric			
Field 11:	CCS_OTH_DIAG_CODE_9	лірнанишенс			
i iciu II.	Clinical Classifications Software (CCS) cl	laccification of OTH DIAC CODE 0:=ta			
Doginaina Positis	clinically meaningful diagnosis category.				
Beginning Position:	49 <b>Data Source:</b> 4 <b>Type:</b>	Assigned Alphanumeric			
Length: Field 12:	, r -	Aiphanumenc			
i iciu 12.	CCS_OTH_DIAG_CODE_10 Clinical Classifications Software (CCS) of	laccification of OTH DIAC CODE 10 into			
		lassification of OTH_DIAG_CODE_10 into			
	clinically meaningful diagnosis category.	•			
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Beginning Position:	53	Data Source:	Assigned
Length: Field 13:	CCS_OTH_DIAG_CODE	Type:	Alphanumeric
rieiu 13:			assification of OTH DIAC CODE 11 into
			assification of OTH_DIAG_CODE_11 into
D	clinically meaningful diag	- ,	Anning
Beginning Position:	57	Data Source:	Assigned
_ength: Field 14:	4	Type:	Alphanumeric
-ieiu 14:	CCS_OTH_DIAG_CODE		
			assification of OTH_DIAG_CODE_12 into
	clinically meaningful diag	J ,	
Beginning Position:	61	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 15:	CCS_OTH_DIAG_CODE		16 COTH DIAG CODE 40
			assification of OTH_DIAG_CODE_13 into
	clinically meaningful diag		
Beginning Position:	65	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 16:	CCS_OTH_DIAG_CODE		
			assification of OTH_DIAG_CODE_14 into
	clinically meaningful diag		
Beginning Position:	69	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 17:	CCS_OTH_DIAG_CODE		
	Clinical Classifications So	ftware (CCS) cla	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	16	
			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		
			assification of OTH_DIAG_CODE_17 into
	clinically meaningful diag		
Beginning Position:	81	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 20:	CCS_OTH_DIAG_CODE		, aprianament
			assification of OTH DIAG CODE 18 into
	clinically meaningful diag	, ,	assincation of OTT_DIAG_CODE_TO Into
Beginning Position:	85	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 21:	CCS_OTH_DIAG_CODE		лірпапапістіс
i iciu ZI.			assification of OTH DIAC CODE 10 inte
			assification of OTH_DIAG_CODE_19 into
Danimalan Davida	clinically meaningful diag		Assistant
Beginning Position:	89	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 22:	CCS_OTH_DIAG_CODE	_	and the second of the present of the
			assification of OTH_DIAG_CODE_20 into
	clinically meaningful diag		
Beginning Position:	93	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 23:	CCS_OTH_DIAG_CODE		
			assification of OTH_DIAG_CODE_21 into
	clinically meaningful diag		
Beginning Position:	97	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 24:	CCS_OTH_DIAG_CODE		
	Clinical Classifications So	ftware (CCS) cla	assification of OTH_DIAG_CODE_22 into
		nosis category.	<b>_</b>
	cillically integraling undu		
Beginning Position:	101	Data Source:	Assigned
Beginning Position: DSHS/THCIC			Assigned  DSHS Document #25-15013

Length:		/pe:	Alphanumeric
Field 25:	CCS_OTH_DIAG_CODE_2		
			ssification of OTH_DIAG_CODE_23 into
	clinically meaningful diagnos		
Beginning Position:		ata Source:	Assigned
Length:		/pe:	Alphanumeric
Field 26:	CCS_OTH_DIAG_CODE_2		
			ssification of OTH_DIAG_CODE_24 into
	clinically meaningful diagnos		
Beginning Position:		ata Source:	Assigned
Length:		/pe:	Alphanumeric
Field 27:	CCS_PROC_CODE_1	()	
			Services and Procedures classification of
	PROC_CODE_1 into clinically		
Beginning Position:		ata Source:	Assigned
Length: Field 28:		/pe:	Alphanumeric
·ieia 28:	CCS_PROC_CODE_2	(666) (-	Comban and Donas donas describes at a
			Services and Procedures classification of
	PROC_CODE_2 into clinically	_	
Beginning Position:		ata Source:	Assigned
Length: Field 29:	CCS_PROC_CODE_3	/pe:	Alphanumeric
rielu 29.		(CCC) for	Complete and Dragodynas alassification of
	Clinical Classifications Softw	are (CCS) for	Services and Procedures classification of
Danimulus Danislaus	PROC_CODE_3 into clinically 119	y meaningrui ata Source:	
Beginning Position: Length:		ata Source: /pe:	Assigned Alphanumeric
Field 30:	CCS_PROC_CODE_4	rpe.	Alphanumenc
icia 50.		are (CCS) for	Services and Procedures classification of
	PROC_CODE_4 into clinically	mooningful	procedure estagens
Beginning Position:		ata Source:	Assigned
Length:		pe:	Alphanumeric
Field 31:	CCS_PROC_CODE_5	pe.	Alphanumenc
		are (CCS) for	Services and Procedures classification of
	PROC_CODE_5 into clinically		
Beginning Position:		ata Source:	Assigned
Length:		pe:	Alphanumeric
Field 32:	CCS_PROC_CODE_6		
		are (CCS) for	Services and Procedures classification of
	PROC_CODE_6 into clinically		
Beginning Position:		ata Source:	Assigned
Length:		/pe:	Alphanumeric
Field 33:	CCS_PROC_CODE_7		•
		are (CCS) for	Services and Procedures classification of
	PROC_CODE_7 into clinically		
Beginning Position:		ata Source:	Assigned
Length:	3 <b>Ty</b>	/pe:	Alphanumeric
Field 34:	CCS_PROC_CODE_8		•
	Clinical Classifications Softw	are (CCS) for	Services and Procedures classification of
	PROC_CODE_8 into clinically		
Beginning Position:		ata Source:	Assigned
Length:	3 <b>Ty</b>	/pe:	Alphanumeric
Field 35:	CCS_PROC_CODE_9		
	Clinical Classifications Softw	are (CCS) for	Services and Procedures classification of
	Clinical Classifications Softw PROC_CODE_9 into clinically		
Beginning Position:	PROC_CODE_9 into clinically		
Length:	PROC_CODE_9 into clinically 137 Day 3 Ty	y meaningful	procedure category.
Length:	PROC_CODE_9 into clinically 137 <b>D</b> a	y meaningful ata Source:	procedure category. Assigned
Length:	PROC_CODE_9 into clinically 137	y meaningful ata Source: /pe:	procedure category. Assigned
Length:	PROC_CODE_9 into clinically 137	y meaningful ata Source: ype: vare (CCS) for	procedure category. Assigned Alphanumeric Services and Procedures classification of
Length: Field 36:	PROC_CODE_9 into clinically 137 Da 3 Ty  CCS_PROC_CODE_10  Clinical Classifications Softw PROC_CODE_10 into clinical	y meaningful ata Source: ype: vare (CCS) for	procedure category. Assigned Alphanumeric Services and Procedures classification of
Beginning Position: Length: Field 36: Beginning Position: Length:	PROC_CODE_9 into clinically 137 Da 3 Ty  CCS_PROC_CODE_10 Clinical Classifications Softw PROC_CODE_10 into clinical 140 Da	y meaningful ata Source: ype: vare (CCS) for lly meaningfu	procedure category. Assigned Alphanumeric  Services and Procedures classification of I procedure category.
Length: Field 36: Beginning Position:	PROC_CODE_9 into clinically 137 Da 3 Ty  CCS_PROC_CODE_10 Clinical Classifications Softw PROC_CODE_10 into clinical 140 Da	y meaningful ata Source: ype: vare (CCS) for lly meaningfu	procedure category. Assigned Alphanumeric  Services and Procedures classification of I procedure category. Assigned

ield 37:	CCS_PROC_CODE_11	
		or Services and Procedures classification of
	PROC_CODE_11 into clinically meaningf	ul procedure category.
eginning Position:	143 <b>Data Source:</b>	Assigned
ength:	3 Type:	Alphanumeric
ield 38:	CCS_PROC_CODE_12	on Complete and December 1, 10, 11, 15
		or Services and Procedures classification of
!! <b>D</b> ! <b>!</b> !	PROC_CODE_12 into clinically meaningf	
eginning Position:	146 Data Source: Type:	Assigned
ength: ield 39:	3 Type: CCS_PROC_CODE_13	Alphanumeric
.c.a 55.		or Services and Procedures classification of
	PROC_CODE_13 into clinically meaningf	
eginning Position:	149 Data Source:	Assigned
ength:	3 Type:	Alphanumeric
ield 40:	CCS_PROC_CODE_14	7.10.10.10.10
		or Services and Procedures classification of
	PROC_CODE_14 into clinically meaningf	
eginning Position:	152 Data Source:	Assigned
ength:	3 Type:	Alphanumeric
ield 41:	CCS_PROC_CODE_15	
		or Services and Procedures classification of
	PROC_CODE_15 into clinically meaningf	
Seginning Position:	Data Source:	Assigned
ength:	3 <b>Type:</b>	Alphanumeric
ield 42:	CCS_PROC_CODE_16	
	Clinical Classifications Software (CCS) for	or Services and Procedures classification of
	PROC_CODE_16 into clinically meaningf	ul procedure category.
Seginning Position:	158 Data Source:	Assigned
ength:	3 <b>Type:</b>	Alphanumeric
ield 43:	CCS_PROC_CODE_17	
		or Services and Procedures classification of
	PROC_CODE_17 into clinically meaningf	
eginning Position:	161 <b>Data Source</b> :	Assigned
ength:	3 Type:	Alphanumeric
ield 44:	CCS_PROC_CODE_18	on Complete and Describing the self-self.
		or Services and Procedures classification of
Poginning Docition:	PROC_CODE_18 into clinically meaningf	
Seginning Position:	164 Data Source:	Assigned
ength: ield 45:	3 Type:	Alphanumeric
iciu 43:	CCS_PROC_CODE_19 Clinical Classifications Software (CCS) for	or Condess and Drasadores alexalfication of
		or Services and Procedures classification of
Beginning Position:	PROC_CODE_19 into clinically meaningf 167 Data Source:	
eginning Position: .ength:	167 Data Source: 3 Type:	Assigned Alphanumeric
ield 46:	CCS_PROC_CODE_20	ларпананісне
		or Services and Procedures classification of
	PROC_CODE_20 into clinically meaningf	
Beginning Position:	170 <b>Data Source:</b>	Assigned
ength:	3 Type:	Alphanumeric
ield 47:	CCS_PROC_CODE_21	. aprioritionio
		or Services and Procedures classification of
	PROC_CODE_21 into clinically meaningf	
Beginning Position:	173 Data Source:	Assigned
ength:	Type:	Alphanumeric
ield 48:	CCS_PROC_CODE_22	F
		or Services and Procedures classification of
	PROC_CODE_22 into clinically meaningf	
Beginning Position:	176 Data Source:	Assigned
ength:	3 <b>Type:</b>	Alphanumeric
	- 1 k	•
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Field 49:	CCS_PROC_CODE_23		
		tware (CCS) for	Services and Procedures classification of
	PROC_CODE_23 into clini		
Beginning Position:	179	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 50:	CCS_PROC_CODE_24		
			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	(666) (-	Consider and Donas donas describes of
			r Services and Procedures classification of
Danimalan Danihian	PROC_CODE_25 into clini		
Beginning Position: Length:	185 3	Data Source: Type:	Assigned Alphanumeric
Field 52:	EAPG_GRP_VER	туре:	Alphanumenc
i ieiu 32.		iont Group Vor	sion Number, as assigned by 3M™ EAPG
	Grouper	lent Group vers	sion Number, as assigned by 514 LAFG
Beginning Position:	188		
Length:	12	Туре:	Alphanumeric
Field 53:	APC_GRP_VER	. <del>, , , .</del> .	ларпанатисте
		sification (APC)	Version Number as assigned by 3M™ APC
	Grouper. Not available 40		version realised as assigned by Sin APC
Beginning Position:	200	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 54:	CRG STATUS 1	.,,,.	7 Ipridirente
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.	status couc as	assigned by 514 CRG Grouper. Not
Beginning Position:	212	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 55:	CRG_STATUS_2	.,,,,,	- Indicate of the control of the con
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.	Status couc us	assigned by SHT end drouper. Not
Beginning Position:	213	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 56:	CRG_STATUS_3	, r · ·	F
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		accigned by one circ creapen not
Beginning Position:	214	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 57:	CRG STATUS 4		-
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		5 -1 -1,
Beginning Position:	215	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 58:	CRG_STATUS_5	-	
		status code as	assigned by 3M <sup>™</sup> CRG Grouper. Not
	Chinear Rick Croup (Cite)		
			, ,
Beginning Position:	available 4Q09.	Data Source:	Assigned
	available 4Q09.		
Length:	available 4Q09.	Data Source:	Assigned
Length:	available 4Q09. 216 1 CRG_STATUS_6	Data Source: Type:	Assigned
Length:	available 4Q09. 216 1 CRG_STATUS_6	Data Source: Type:	Assigned Alphanumeric
Length: Field 59:	available 4Q09. 216 1 CRG_STATUS_6 Clinical Risk Group (CRG)	Data Source: Type:	Assigned Alphanumeric
Beginning Position: Length: Field 59: Beginning Position: Length:	available 4Q09. 216 1 CRG_STATUS_6 Clinical Risk Group (CRG) available 4Q09.	Data Source: Type: status code as	Assigned Alphanumeric  assigned by 3M™ CRG Grouper. Not
Length: Field 59: Beginning Position:	available 4Q09. 216 1 CRG_STATUS_6 Clinical Risk Group (CRG) available 4Q09. 217	Data Source: Type: status code as Data Source:	Assigned Alphanumeric  assigned by 3M™ CRG Grouper. Not  Assigned
Length: Field 59: Beginning Position: Length:	available 4Q09. 216 1 CRG_STATUS_6 Clinical Risk Group (CRG) available 4Q09. 217 1 CRG_STATUS_7	Data Source: Type:  status code as  Data Source: Type:	Assigned Alphanumeric  assigned by 3M™ CRG Grouper. Not  Assigned
Length: Field 59: Beginning Position: Length:	available 4Q09. 216 1 CRG_STATUS_6 Clinical Risk Group (CRG) available 4Q09. 217 1 CRG_STATUS_7	Data Source: Type:  status code as  Data Source: Type:	Assigned Alphanumeric  assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric
Length: Field 59: Beginning Position: Length:	available 4Q09. 216 1  CRG_STATUS_6 Clinical Risk Group (CRG) available 4Q09. 217 1  CRG_STATUS_7 Clinical Risk Group (CRG)	Data Source: Type:  status code as  Data Source: Type:	Assigned Alphanumeric  assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric
Length: Field 59: Beginning Position: Length: Field 60:	available 4Q09. 216 1  CRG_STATUS_6 Clinical Risk Group (CRG) available 4Q09. 217 1  CRG_STATUS_7 Clinical Risk Group (CRG) available 4Q09.	Data Source: Type: status code as Data Source: Type: status code as	Assigned Alphanumeric  assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric  assigned by 3M™ CRG Grouper. Not

Length:	1	Туре:	Alphanumeric
Field 61:	CRG_STATUS_8		
	Clinical Risk Group (CRG)	status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	219	Data Source:	Assigned
ength:	1	Туре:	Alphanumeric
ield 62:	CRG_STATUS_9		
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	220	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 63:	CRG_STATUS_10		: II OMEM CDC C
		status code as	assigned by 3M™ CRG Grouper. Not
n	available 4Q09.	<b>D.</b> 1	A colonial
Beginning Position: Length:	221 1	Data Source:	Assigned Alphanumeric
Field 64:	CRG_CODE_1	Туре:	Alphanumenc
ieiu 04.		codo ac accion	ed by 3M™ CRG Grouper. Not available
	4Q09.	code as assign	ed by 5M CRG Grouper. Not available
Beginning Position:	4Q09. 222	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 65:	CRG_CODE_2	- / F	
		code as assign	ed by 3M™ CRG Grouper. Not available
	4Q09.	as assign	, J J. S. S. S. Superi Hot dvallable
Beginning Position:	227	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 66:	CRG_CODE_3		•
		code as assign	ed by 3M™ CRG Grouper. Not available
	4Q09.	3	,
Beginning Position:	232	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 67:	CRG_CODE_4		
		code as assign	ed by 3M™ CRG Grouper. Not available
	4Q09.		
Beginning Position:	237	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 68:	CPG CODE 5		
	CRG_CODE_5		1.1 ONETH OD O O
	Clinical Risk Group (CRG)	code as assign	ed by 3M™ CRG Grouper. Not available
	Clinical Risk Group (CRG) 4Q09.	_	
	Clinical Risk Group (CRG) 4Q09. 242	Data Source:	Assigned
Length:	Clinical Risk Group (CRG) 4Q09. 242 5	_	
Length:	Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6	Data Source: Type:	Assigned Alphanumeric
Length:	Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG)	Data Source: Type:	Assigned
Length: Field 69:	Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09.	Data Source: Type: code as assign	Assigned Alphanumeric  ed by 3M <sup>™</sup> CRG Grouper. Not available
Length: Field 69: Beginning Position:	Clinical Risk Group (CRG) 4Q09. 242 5  CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247	Data Source: Type:  code as assign  Data Source:	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned
Length: Field 69: Beginning Position: Length:	Clinical Risk Group (CRG) 4Q09. 242 5  CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5	Data Source: Type: code as assign	Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available
Length: Field 69: Beginning Position: Length:	Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7	Data Source: Type:  code as assign  Data Source: Type:	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Alphanumeric
Length: Field 69: Beginning Position: Length:	Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG)	Data Source: Type:  code as assign  Data Source: Type:	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned
Length: Field 69: Beginning Position: Length: Field 70:	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.	Data Source: Type:  code as assign  Data Source: Type:  code as assign	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available
Length: Field 69:  Beginning Position: Length: Field 70:  Beginning Position:	Clinical Risk Group (CRG) 4Q09. 242 5 CRG_CODE_6 Clinical Risk Group (CRG) 4Q09. 247 5 CRG_CODE_7 Clinical Risk Group (CRG)	Data Source: Type:  code as assign  Data Source: Type:	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Assigned
Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length:	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	Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source:	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available
Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length:	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	Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Assigned
Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length:	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)	Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Alphanumeric
Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: Field 71:	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	Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Alphanumeric
Length: Field 69:  Beginning Position: Length: Field 70:  Beginning Position: Length: Field 71:  Beginning Position: Length:	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.	Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:  code as assign	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 69:  Beginning Position: Length: Field 70:  Beginning Position: Length: Field 71:  Beginning Position: Length:	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	Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:	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
Length: Field 69:  Beginning Position: Length: Field 70:  Beginning Position: Length: Field 71:  Beginning Position: Length:	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	Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:	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
Length: Field 69:  Beginning Position: Length: Field 70:  Beginning Position: Length: Field 71:  Beginning Position: Length:	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	Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:	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  Assigned Alphanumeric
Beginning Position: Length: Field 69:  Beginning Position: Length: Field 70:  Beginning Position: Length: Field 71:  Beginning Position: Length: Field 72:  Beginning Position:	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)	Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:  code as assign  Data Source: Type:	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  Assigned Alphanumeric
Length: Field 69:  Beginning Position: Length: Field 70:  Beginning Position: Length: Field 71:  Beginning Position: Length: Field 72:	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.	Data Source: Type:  code as assign  Code as assign	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
Length: Field 69:  Beginning Position: Length: Field 70:  Beginning Position: Length: Field 71:  Beginning Position: Length: Field 72:  Beginning Position:	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	Data Source: Type:  code as assign  Data Source: Type:	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	ned by 3M™ CRG Grouper. Not available
	4Q09.	2342 43 433191	
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.	<b>D.1. C.</b>	A
Beginning Position: Length:	273 1	Data Source:	Assigned
Field 76:	CRG_SEVERITY_3	Туре:	Alphanumeric
1 ICIU 7 U.		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	severity code	as assigned by sin CNG 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 iCiu / J.		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	severity code	as assigned by Sin CRG 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	Type:	• 1 1
C:-14 O4.		.,,,.	Alphanumeric
rieia 81:	CRG_SEVERITY_8		·
rieia 81:	Clinical Risk Group (CRG)		as assigned by 3M™ CRG Grouper. Not
	Clinical Risk Group (CRG) available 4Q09.	severity code	as assigned by 3M™ CRG Grouper. Not
Beginning Position:	Clinical Risk Group (CRG) available 4Q09. 279	severity code  Data Source:	as assigned by 3M™ CRG Grouper. Not Assigned
Beginning Position: Length:	Clinical Risk Group (CRG) available 4Q09. 279	severity code	as assigned by 3M™ CRG Grouper. Not
Beginning Position: Length:	Clinical Risk Group (CRG) available 4Q09. 279 1 CRG_SEVERITY_9	severity code  Data Source: Type:	as assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric
Beginning Position: Length:	Clinical Risk Group (CRG) available 4Q09. 279 1 CRG_SEVERITY_9 Clinical Risk Group (CRG)	severity code  Data Source: Type:	as assigned by 3M™ CRG Grouper. Not Assigned
Beginning Position: Length: Field 82:	Clinical Risk Group (CRG) available 4Q09. 279 1 CRG_SEVERITY_9 Clinical Risk Group (CRG) available 4Q09.	severity code  Data Source: Type: severity code	as assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric  as assigned by 3M™ CRG Grouper. Not
Beginning Position: Length: Field 82: Beginning Position:	Clinical Risk Group (CRG) available 4Q09. 279 1 CRG_SEVERITY_9 Clinical Risk Group (CRG) available 4Q09. 280	severity code  Data Source: Type: severity code  Data Source:	as assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric  as assigned by 3M™ CRG Grouper. Not  Assigned
Beginning Position: Length: Field 82: Beginning Position: Length:	Clinical Risk Group (CRG) available 4Q09. 279 1 CRG_SEVERITY_9 Clinical Risk Group (CRG) available 4Q09. 280 1	severity code  Data Source: Type: severity code	as assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric  as assigned by 3M™ CRG Grouper. Not
Beginning Position: Length: Field 82: Beginning Position: Length:	Clinical Risk Group (CRG) available 4Q09. 279 1 CRG_SEVERITY_9 Clinical Risk Group (CRG) available 4Q09. 280 1 CRG_SEVERITY_10	severity code  Data Source: Type:  severity code  Data Source: Type:	as assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric  as assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric
Beginning Position: Length: Field 82: Beginning Position: Length:	Clinical Risk Group (CRG) available 4Q09. 279 1 CRG_SEVERITY_9 Clinical Risk Group (CRG) available 4Q09. 280 1 CRG_SEVERITY_10	severity code  Data Source: Type:  severity code  Data Source: Type:	as assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric  as assigned by 3M™ CRG Grouper. Not  Assigned
Field 81:  Beginning Position: Length: Field 82:  Beginning Position: Length: Field 83:  Beginning Position:	Clinical Risk Group (CRG) available 4Q09. 279 1 CRG_SEVERITY_9 Clinical Risk Group (CRG) available 4Q09. 280 1 CRG_SEVERITY_10 Clinical Risk Group (CRG)	severity code  Data Source: Type:  severity code  Data Source: Type:	as assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric  as assigned by 3M™ CRG Grouper. Not  Assigned Alphanumeric

#### **OUTPATIENT CHARGES DATA FILE**

Field 1: RECORD\_ID

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

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

Inpatient PUDF or ED Research Data Files (RDFs).

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

Field 2: REVENUE\_CODE

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

calculation related to the services being billed.

#### **Coding Scheme:**

0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0158	Room charges for ward rooms - rehabilitation
0112	Room charges for private rooms - obstetrics	0136	Room charges for semi-private - 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 -	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
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0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care -	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	care - other  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) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
0208	care - burn care Room charges for intensive	0255	Pharmacy - drugs incident to radiology	0304	Laboratory – non-routine dialysis
	care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological -
0214	<ul> <li>heart transplant</li> <li>Room charges for coronary care</li> </ul>	0262	IV Therapy - pharmacy services	0312	cytology Laboratory pathological -
	<ul> <li>intermediate coronary care unit (CCU)</li> </ul>	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	Special charges - UR service	0272	Medical surgical supplies and devices - sterile	0323	arthrography Radiology - diagnostic -
0224	charge Special charges - late	0273	Medical surgical supplies and devices - take-home	0324	arteriography
0229	discharge, medically necessary  Special charges - other	0274	Medical surgical supplies and		Radiology - diagnostic - chest x-ray
		0275	devices - prosthetic/orthotic  Medical surgical supplies and	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0276	devices - pacemaker  Medical surgical supplies and	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery		devices - intraocular lens (IOL)	0331	general  Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home		chemotherapy administration - chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral  Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy

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)SHS/	THCIC		Page		by Member to RHC/FQHC  DSHS Document #25-1501
0389	Blood - other	0442	Speech-language pathology - hourly charge	0521	Freestanding Clinic - Clinic Vis
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0519 0520	Clinic - other  Freestanding Clinic - general
0386	Blood - other components	0440	Speech-language pathology - general	0517	Clinic - family practice
0385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
0384	Blood - platelets	0434	Occupational therapy - evaluation	0515	Clinic - pediatric
0383	Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0382	Blood - whole blood	0432	Occupational therapy - hourly charge	0513	Clinic - psychiatric
0380	Blood - general  Blood - packed red cells	0431	Occupational therapy - visit charge	0512	Clinic - dental
0379 0380	Anesthesia - other  Blood - general	0430	Occupational therapy - general	0510	Clinic - chronic pain
	·	0429	Physical therapy - other	0510	Clinic - general
0372	diagnostic services  Anesthesia - acupuncture	0424	Physical therapy - evaluation or reevaluation	0500 0509	Outpatient services - general  Outpatient services - other
0371	radiology  Anesthesia - incident to other	0423	Physical therapy - group rate	0499	Ambulatory surgical care - other
0370	Anesthesia - general  Anesthesia - incident to	0422	Physical therapy - hourly charge		Ambulatory surgical care - general
0370		0421	Physical therapy - visit charge	0489 0490	Cardiology - other
0369	kidney transplant  Operating room services - other	0420	Physical therapy - general	0483	Cardiology - echocardiology
0367	kidney Operating room services -	0419	Respiratory services - other	0482	Cardiology - stress test
0362	Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy	0481	Cardiology - cardiac cath lab
0361	Operating room services - minor surgery	0412	Respiratory services - inhalation	0480	Cardiology - general
0360	Operating room services - general	0410	Respiratory services - general	0479	Audiology - other
0359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
0352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
0350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
0349	Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0460	Pulmonary function - general
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0.404		0459	Emergency room - other
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	0456	EMTALA screening  Emergency room - urgent car
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	services Emergency room - beyond
0341	Nuclear medicine - diagnostic procedures		processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
0339	chemotherapy administration - other	0331	administration, storage and processing - administration	0449	Speech-language pathology - other
0339	chemotherapy - IV Radiology - therapeutic and/or	0391	processing - general  Blood and blood component	0444	Speech-language pathology - evaluation or reevaluation
0335	Radiology - therapeutic and/or chemotherapy administration -	0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic
0523	Freestanding Clinic - family practice	0569	Medical social services - other	0623	services  Medical/surgical supplies -
0524	Freestanding Clinic - Visit by	0570	Home health aide - general	0624	surgical dressings
	RHC/FQHC Practitioner to a Member in a Covered Part A	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FDA investigational devices
0525	Stay at SNF Freestanding Clinic - Visit by	0572	Home health aide - hourly charge	0631	Drugs requiring specific identification - single source
	RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
0526	Other Residential Facility Freestanding Clinic - urgent	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0320	care	0581	Other visits (home health) - visit charge	0634	prescription Drugs requiring specific
		0582	Other visits (home health) - hourly charge		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting Nurse Services(s) to a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or more units
	Member's Home when in a Home Health Shortage Area	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene	0590	Units of service (home health) - general	0637	detailed coding  Drugs requiring specific
0529	of Accident)	0600	Oxygen (home health) - general	0037	identification - self- administrable
0329	Freestanding Clinic - other	0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute	0641	Home IV therapy services – non-routine nursing, central line
0531	Osteopathic service - therapy	0603	Oxygen (home health) - stat/equip/supply over 4 liters	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other		per minute	0643	Home IV therapy services - IV
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	start/change, peripheral line Home IV therapy services –
0541	Ambulance service - supplies	0609	Oxygen (home health) - other		non-routine nursing, peripheral line
0542	Ambulance service - medical transport	0610	Magnetic Resonance Technology (MRT) - MRI -	0645	Home IV therapy services - training patient/caregiver, central line
0543	Ambulance service - heart mobile	0611	general	0646	Home IV therapy services -
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)		training, disabled patient, central line
0545	Ambulance service - air ambulance	0612	Magnetic Resonance Technology (MRT) - MRI -	0647	Home IV therapy services - training, patient/caregiver, peripheral
0546	Ambulance service - neonatal		spinal cord (including spine)	0648	Home IV therapy services -
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other		training, disabled patient, peripheral
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance	0649	Home IV therapy services - other
0549	Ambulance service - other		Technology (MRT) - MRA - head and neck	0650	Hospice services - general
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA -	0651	Hospice services - routine home care
0551	Skilled nursing - visit charge	0618	lower extremities  Magnetic Resonance	0652	Hospice services - continuous home care
0552	Skilled nursing - hourly charge		Technology (MRT) - MRA – other	0655	Hospice services - inpatient respite care
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general inpatient care (non-respite)
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - physician
0561	Medical social services - visit charge		<u> </u>		services

0658	Hospice services - room and board - nursing facility	0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general
0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate
0660	Respite care - general	0731	EKG/ECG services - Holter monitor	0822	Hemodialysis - outpatient or home – home supplies
0661	Respite care - hourly charge/skilled nursing	0732	EKG/ECG services - telemetry	0823	Hemodialysis - outpatient or home - home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739	EKG/ECG services - other	0824	Hemodialysis - outpatient or home - maintenance 100%
0663	nion Respite care - daily charge	0740	EEG services - general	0825	Hemodialysis - outpatient or
0660	Despite same ather	0750	Gastrointestinal services - general	0826	home - support services Hemodialysis - outpatient or
0669 0670	Respite care - other  Outpatient special residence -	0760	Treatment or observation room services - general		home – shorter duration (effective 7/1/17)
0671	general Outpatient special residence -	0761	Specialty Room - Treatment/ Observation Room - Treatment	0829	Hemodialysis - outpatient or home - other
	hospital based	0762	Room Specialty Room - Treatment/	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0,02	Observation Room - Observation Room	0831	or home - general Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I			0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home - maintenance 100%
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient or home - support services
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	Peritoneal dialysis - outpatient
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	or home - other CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	Inpatient renal dialysis services	0841	general  CAPD - outpatient or home -
0692	Pre-hospice/Palliative Care Services – hourly charge	0802	- hemodialysis Inpatient renal dialysis services	0842	composite or other rate  CAPD - outpatient or home -
0693	Pre-hospice/Palliative Care Services - evaluation	0803	- peritoneal (non-CAPD) Inpatient renal dialysis services		home supplies
0694	Pre-hospice/Palliative Care Services – consultation and		- continuous ambulatory peritoneal dialysis (CAPD)	0843	CAPD - outpatient or home - home equipment
0695	education  Pre-hospice/Palliative Care	0804	Inpatient renal dialysis services - continuous cycling peritoneal	0844	CAPD - outpatient or home - maintenance 100%
	Services – inpatient care	0809	dialysis (CAPD) Inpatient renal dialysis services	0845	CAPD - outpatient or home - support services
0696	Pre-hospice/Palliative Care Services – physician services		- other	0849	CAPD - outpatient or home - other
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body components- general	0850	CCPD - outpatient or home - general
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home - home equipment
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components - unsuccessful organ search-	0854	CCPD - outpatient or home - maintenance 100%
0722	Labor/Delivery Room services - delivery	0815	donor bank charges Acquisition of body components	0855	CCPD - outpatient or home -
0723	Labor/Delivery Room services - circumcision	-010	- stem cells- allogeneic	0859	support services  CCPD - outpatient or home -
0724	Labor/Delivery Room services - birthing center	0819	Acquisition of body components - other donor	0860	other Magnetoencephalography (MEG) - General
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0861	Magnetoencephalography (MEG) - MEG	0923	Other diagnostic services - pap smear	0976	Professional fees - respiratory therapy
0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	Behavior health	0944	Other therapeutic services - drug rehabilitation	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0945	Other therapeutic services -	0988	Professional fees - consultation
0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	dependency Behavior health treatments/services -	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health		other	0994	Patient convenience items -
	treatment/services - rehabilitation	0951	Other therapeutic services – athletic training	0995	TV/radio Patient convenience items -
0912	Behavior health treatment/services - partial	0952	Other therapeutic services - kinesiotherapy		nonpatient room rentals
0913	hospitalization - less intensive Behavior health	0953	Other therapeutic services – chemical dependency (drug and	0996	Patient convenience items - late discharge charge
0913	treatment/services - partial hospitalization - intensive	0960	alcohol)  Professional fees - general	0997	Patient convenience items - admission kits
0914	Behavior health treatment/services - individual		-	0998	Patient convenience items - beauty shop/barber
0915	therapy Behavior health	0961 0962	Professional fees - psychiatric  Professional fees -	0999	Patient convenience items - other
	treatment/services - group therapy	0963	ophthalmology Professional fees -	1000	Behavior health accommodations - general
0916	Behavior health treatment/services - family	0964	anesthesiologist (MD) Professional fees - anesthetist	1001	Behavior health accommodations - residential
0017	therapy Behavior health	0304	(CRNA)		treatment - psychiatric
0917	treatment/services - biofeedback	0969	Professional fees - other	1002	Behavior health accommodations - residential treatment - chemical
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1002	dependency
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	peripheral vascular lab Other diagnostic services - electromyogram	0975	Professional fees - operating room		accommodations - group home
	c.cca omyogram				

2100	Alternative thera general	py services -	2105	Alternative therapy servious biofeedback	ces -	3103	Adult day care, medical and social - daily
2101	Alternative thera acupuncture	py services -	2106	Alternative therapy serving hypnosis	ces -	3104	Adult day care, social - daily
2102	Alternative thera acupressure	py services -	2109	Alternative therapy servious other	ces -	3105	Adult foster care - daily
2103	Alternative thera massage	py services -	3101	Adult day care, medical a social - hourly	ınd	3109	Adult foster care - other
2104	Alternative thera reflexology	py services -	3102	Adult day care, social - h	ourly		
Beginni Length:	ing Position:	13 4		Data Source: Type:	Claim	n numeric	
Field 3:		HCPCS_QUA	ALTETE		Aipiic	mameric	
Descrip	otion:		ing the	type/source of the d	escript	ive num	ber used in
Beginni	ing Position:	17	LDOKE	Data Source:	Claim	1	
Length		2		Type:		numeric	
Field 4		HCPCS_PRC					
Descrip	tion:				(HCPC	CS) code	applicable to ancillary
		services or a					
Coding	Scheme:			hs.gov/HCPCSReleaseC	odeSets	S/ANHCPC	CS/list.asp for complete list o
Regine:	ing Position:	Level II HCPCS	codes.	Data Source:	Claim	,	
beginni Length:		5		Type:		numeric	
Field 5:		MODIFIER	1	- / F = -	թ		
Descrip	tion:			cumstances related to	the p	erforma	nce of the service
Coding	Scheme:	<b>F</b>			- 1		
22	Increased proced	dural services	58	Staged or Related Proced	ure or		Professional During the
23	Unusual Anesthe		Service by the Same P		Coro		Postoperative Period
24	Unrelated Evalua			or Other Qualified Health Professional During the	care	80	Assistant Surgeon
24	Management Sei			Postoperative Period		81	Minimum Assistant Surgeon
	Same Physician	or Other	59	Distinct Procedural Service	ce	82	Repeat procedure by same
	Qualified Health Professional duri		62	Two Surgeons			physician
	Postoperative Pe		63	Procedure Performed on	90 Infants		Reference (Outside) Laboratory
25	Significant, Sepa Identifiable Evalu			less than 4kg		91	Repeat Clinical Diagnostic Laboratory Test
	Management Sei	rvice by the	66	Surgical Team	92		Alternative Laboratory Platform
	Same Physician Qualified Health		73	Discontinued Outpatient Hospital/Ambulatory Sur	nerv	7-	Testing
	Professional on t			Center (ASC) Procedure		95	Synchronous Telemedicine
	of the Procedure			the Administration of Anesthesia			Service Rendered Via a Real- Time Interactive Audio and
26	Service	nonont	74				Video Telecommunications
26	Professional Com	-	/4	Discontinued Outpatient Hospital/Ambulatory Surg	gery		System
27	Multiple Outpation E/M Encounters	•		Center (ASC) Procedure	after	99	Multiple Modifiers
	Date		76	Administration of Anesthorage Repeat Procedure by San		1P	Performance Measure Exclusion Modifier due to Medical Reason
32	Mandated Service	es	70	Physician or Other Qualif		2P	Performance Measure Exclusion
33	Preventive Servi	ce		Health Care Professional			Modifier due to Patient Reasons
47	Anesthesia by Su	urgeon	77	Repeat Procedure by And Physician or Other Qualif		3P	Performance Measure Exclusion Modifier due to System Reason
50	Bilateral Procedu	ire		Health Care Professional		8P	Performance Measure Reporting
51	Multiple Procedu	res	78	Unplanned Return to the Operating/Procedure Roo	m by		Modifier- Action not performed, reason not otherwise specified
52	Reduced Service	S		the Same Physician or Ot	•	P1	A normal healthy patient
53	Discontinued Pro	ocedure		Qualified Health Care Professional Following In	tial	P2	A patient with mild systemic
54	Surgical Care On	nly		Procedure for a Related Procedure During the			disease
55	Postoperative Ma	anagement		Postoperative Period		Р3	A patient with severe systemic disease
56	Only Preoperative Mai	nagement Only	79	Unrelated Procedure or S		P4	A patient with severe systemic
56 57	Preoperative Mai	,		by the Same Physician or Qualified Health Care	Other		disease that is a constant
57	Decision for Surg	yery		<u> </u>			threat to life
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		ent who is not ive without the	FA	Lert	nand, thumb		ΚI	procedure
opera		ive without the	GG		rmance and payment		T1	Left foot, second digit
		dead patient			ening mammography nostic mammography		T2	Left foot, third digit
	e organs are	e being or purposes			e patient, same day.			, 3
	left eyelid	o. pa.pooco	GH		nostic mammogram erted from screening		T3	Left foot, fourth digit
	· left eyelid				mogram on same day	у	T4	Left foot, fifth digit
	right eyeli	d	LC	Left	circumflex coronary a	rtery	T5	Right foot, great toe
• •	right eyeli		LD	Left	anterior descending		T6	Right foot, second digit
	and, secon		1.54		nary artery		T7	Right foot, third digit
		_	LM		main coronary artery		T8	Right foot, fourth digit
	and, third o	_	LT		side of the body proce		Т9	Right foot, fifth digit
	and, fourth	-	Q M		ulance service provider or arrangement by a	ed	TA	Left foot, great toe
	and, fifth d	-			der of services		XE	Separate Encounter
_	hand, thun		QN		ulance service furnish tly by a provider of	ied	XS	Separate Structure
F6 Right	hand, seco	nd digit		servi			XP	Separate Practitioner
_	hand, third	_	RC	Right	coronary artery		XU	Unusual Non-Overlapping
F8 Right	hand, fourt	th digit	RI		us intermedius corona	ary		Service
F9 Right	hand, fifth	digit		arter	У			
Beginning Po	osition:	24			Data Source:	Claim		
Length:		2			Туре:	Alphanur	meric	
Field 6:		MODIFIER_2	. 1					and a Called a sound and
Description: Coding Scheme	mai	Same as Field MO			tances related to	the perf	orma	nce of the service.
Beginning Po		26	ודונטי	K_1	Data Source:	Claim		
Length:	5510111	2			Type:	Alphanur	meric	
Field 7:		MODIFIER_3				•		
Description:								
Description.		Identifies specia	al circ	cums	tances related to	the perfe	orma	nce of the service.
Coding Sche		Same as Field MO					orma	nce of the service.
Coding Scher Beginning Po		Same as Field MO 28			Data Source:	Claim		nce of the service.
Coding Scher Beginning Po Length:		Same as Field MO 28 2						nce of the service.
Coding Scher Beginning Po		Same as Field MO 28 2 MODIFIER_4	DIFIE	:R_1	Data Source: Type:	Claim Alphanur	meric	
Coding Schel Beginning Po Length: Field 8: Description: Coding Schel	osition:	Same as Field MO 28 2 MODIFIER_4 Identifies special Same as Field MO	DIFIE	ER_1	Data Source: Type:	Claim Alphanur	meric	nce of the service.  nce of the service.
Coding Schel Beginning Po Length: Field 8: Description: Coding Schel Beginning Po	osition:	Same as Field MO 28 2 MODIFIER_4 Identifies special Same as Field MO 30	DIFIE	ER_1	Data Source: Type: tances related to	Claim Alphanur the perfo	<u>meric</u> orma	
Coding Schel Beginning Po Length: Field 8: Description: Coding Schel Beginning Po Length:	osition:	Same as Field MO 28 2 MODIFIER_4 Identifies specia Same as Field MO 30 2	al circ	cums	Data Source: Type: tances related to Data Source: Type:	Claim Alphanur the perfe	<u>meric</u> orma	
Coding Scher Beginning Po Length: Field 8: Description: Coding Scher Beginning Po Length: Field 9:	me:	Same as Field MO 28 2 MODIFIER_4 Identifies special Same as Field MO 30 2 UNIT_MEASUR	odifie al circ odifie	cums R_1	Data Source: Type: tances related to Data Source: Type: CODE	Claim Alphanur the perfo Claim Alphanur	meric orma meric	nce of the service.
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FA Left hand, thumb

RT Right side of the body

P5 A moribund patient who is not

Length:	14	Type:	Numeric					
Field 14:	FINAL_EAPG_CATEG	ORY_CODE						
	Enhanced Ambulatory F	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™						
	EAPG Grouper. Not ava	EAPG Grouper. Not available 4Q09.						
<b>Beginning Position:</b>	81	Data Source:	Assigned					
Length:	2	Туре:	Alphanumeric					
Field 15:	FINAL_EAPG_TYPE_C	CODE						
	Enhanced Ambulatory F	Patient Group (E	APG) type code, as assigned by 3M™ EAPG					
	Grouper. Not available		, ,,					
<b>Beginning Position:</b>	83	Data Source:	Assigned					
Length:	2	Type:	Alphanumeric					
Field 16:	FINAL_EAPG							
	Final Enhanced Ambula	tory Patient Gro	up (EAPG), as assigned by 3M™ EAPG					
	Grouper. Not available	•						
<b>Beginning Position:</b>	85	Data Source:	Assigned					
Length:	5	Туре:	Alphanumeric					
Field 17:	APC_PROCEDURE_CO	DDE						
	Ambulatory Payment C	lassification (APC	C) procedure code as assigned by 3M <sup>™</sup> APC					
	Grouper. Not available	4Q09.						
<b>Beginning Position:</b>	90	Data Source:	Assigned					
Length:	5	Туре:	Alphanumeric					
Field 18:	APC_PX_STATUS_IN	D_CODE						
	Ambulatory Payment C	lassification (APC	C) procedure status indicator as assigned by					
	3M™ APC Grouper. Not	available 4Q09.						
<b>Beginning Position:</b>	95	Data Source:	Assigned					
Length:	2	Туре:	Alphanumeric					
Field 19:	APC_WEIGHT							
	Ambulatory Payment C	lassification (APC	C) weighting as assigned by 3M™ APC					
	Grouper. Not available	4Q09.						
<b>Beginning Position:</b>	97	Data Source:	Assigned					
Length:	9	Туре:	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:	Provider ID. Unique identifier assigned to the provider by DSHS. The THCIC_ID is					
			data and generally throughout a full year. A			
			during the middle of a year. This will be			
			vare of those mid-year name changes.			
B						
Beginning Position:	1	Data Source:	Assigned			
Length:	6	Туре:	Alphanumeric			
Field 2:	PROVIDER_NAME					
Description:	Hospital name provide	ed by the hospita	l.			
<b>Beginning Position:</b>	7	Data Source:	Provider			
Length:	55	Type:	Alphanumeric			
Field 3:	FAC_TEACHING_IN	D				
Description:	Teaching Facility Indic					
Suppression:			O discharges (Provider ID equals '999999').			
Coding Scheme:	A Member, Council of Tea		o discharges (Frovider 15 equals 333333)			
couning contents.	X Other teaching facility	acining mospicals				
Beginning Position:	62	Data Source:	Provider			
Length:	1	Type:	Alphanumeric			
Field 4:	FAC_PSYCH_IND	.,,,.	, upmanament			
Description:		liantau				
•	Psychiatric Facility Ind		2 dih (Did ID -  000000 )			
Suppression:			O discharges (Provider ID equals '999999').			
Beginning Position:	63	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 5:	FAC_REHAB_IND					
Description:	Rehabilitation Facility					
Suppression:	Suppressed for hospitals	with fewer than 50	O discharges (Provider ID equals '999999').			
Beginning Position:	64	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 6:	FAC_ACUTE_CARE_	IND				
Description:	Acute Care Facility Ind	licator.				
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:	65	Data Source:	Provider			
Length:	1	Type:	Alphanumeric			
Field 7:	FAC_SNF_IND	**	·			
Description:	Skilled Nursing Facility	/ Indicator				
Suppression:			O discharges (Provider ID equals '999999').			
Beginning Position:	66	Data Source:	Provider			
Length:	1	Type:	Alphanumeric			
Field 8:	FAC_LONG_TERM_A		Alphanamene			
Description:	Long Term Acute Care					
Suppression:			O discharges (Provider ID equals '999999').			
Beginning Position:	67	Data Source:	Provider			
Length:	TAC OTHER LEG TO	Type:	Alphanumeric			
Field 9:	FAC_OTHER_LTC_IN					
Description:	Other Long Term Care					
Suppression:			O discharges (Provider ID equals '999999').			
Beginning Position:	68	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 10:	FAC_PEDS_IND					
Description:	Pediatric Facility Indic	ator.				
Suppression:			O discharges (Provider ID equals '999999').			
Coding Scheme:			's Hospitals and Related Institutions (NACHRI)			
-	X Facilities that also trea					
Beginning Position:	69	Data Source:	Provider			
Length:	1	Type:	Alphanumeric			
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Field 11:	EAG CARREOVACCU	LAD TND	
	FAC_CARDIOVASCU		
Description:	Cardiovascular facility		D - 11
Beginning Position:	70	Data Source:	Provider
Length: Field 12:	1	Type:	Alphanumeric
	FAC_CHIROPRACTIC		
Description:	Chiropractic care facilit	,	B
Beginning Position:	71	Data Source:	Provider
Length: Field 13:	TAG ENDOGGODY TI	Type:	Alphanumeric
	FAC_ENDOSCOPY_II		
Description:	Endoscopy facility indic		Duovidan
Beginning Position:	72 1	Data Source:	Provider Alphanumeric
Length: Field 14:	FAC_FOOT_IND	Туре:	Alphanumenc
Description:	Foot care facility indica		Provider
Beginning Position: Length:	73 1	Data Source: Type:	Alphanumeric
Field 15:	FAC_GASTROENTER		Alphanamenc
Description:	Gastroenterology facili		
Beginning Position:	74	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 16:	FAC_GENERAL_IND	турс.	Alphanameric
Description:	General care facility in	dicator	
Beginning Position:	75	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 17:	FAC_NEUROLOGICA		Alphanameric
Description:	Neurological care facili		
Beginning Position:	76	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 18:	FAC_OB_GYN_IND		
Description:	Obstetric and gynecolo	nav facility indica	ator.
Beginning Position:	77	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 19:	FAC_OPTHAMOLOGY		<u> </u>
Description:	Ophthalmology facility		
Beginning Position:	78	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 20:	FAC_ORAL_IND		
Description:	Oral health care facility	y indicator.	
<b>Beginning Position:</b>	79	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 21:	FAC_ORTHOPEDIC_1		
Description:	Orthopedic care facility		
Beginning Position:	80	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 22:	FAC_OTOLARYNGOL		
Description:	Otolaryngology facility		
Beginning Position:	81	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 23:	FAC_ PAIN_MNGMT		
Description:	Pain management facil	•	D - 11
Beginning Position:	82	Data Source:	Provider
Length: Field 24:	FAC_PLASTIC_IND	Туре:	Alphanumeric
Description:		indicator	
Beginning Position:	Plastic surgery facility	Data Source:	Provider
Length:	83 1	Type:	Alphanumeric
Field 25:	FAC_THORACIC_IND		ларпананска
Description:	Thoracic care facility in		
Beginning Position:	84	Data Source:	Provider
Length:	1	Type:	Alphanumeric
		. <del>, , , .</del> .	, aphanament

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Field 26: FAC\_UROLOGY\_IND **Description:** Urology care facility indicator. **Beginning Position:** 85 Data Source: Provider Length: Alphanumeric Type: Field 27: FAC\_OTHER\_IND **Description:** Other facility indicator. **Beginning Position:** Data Source: 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 Assigned **Beginning Position: Data Source:** Length: Type: Alphanumeric 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 **Beginning Position:** 88 **Data Source: Assigned** Length: Type: Alphanumeric 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 Certified, with comment 2 3 Certified, with comment, comment not received by deadline 4 Hospital elected not to certify 5 Hospital closed, data not certified Hospital out of compliance, did not certify data 6 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

DSHS/THCIC

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

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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
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
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		

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