

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2020

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BACKGROUND

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

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

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015, data.

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

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

TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES

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

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

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

The ED PUDF contains:

- Inpatient (IP) Base Data #1 File This file contains the required data elements. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; Diagnosis Related Group; Type of Admission; Source of Admission; Length of Stay; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code, Patient Status, Primary Payment Source and other data used for most research topics.
- IP Base Data #2 File This file contains most of the situationally required data elements and some calculated fields. For example, codes regarding: Condition Code; Value Code; Occurrence Code, Occurrence Day, Charge amounts for Service Pay Groups; and other information that may be useful regarding the inpatient stay research.
- IP Charges File This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- 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 or FEMCFs.

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

- Hospital/ASC/FEMCF Comments File This PDF file contains any comments that the facilities included when they submitted and certified their inpatient data.
- Outpatient Facility Comments File This PDF file contains any comments that the hospitals, ASCs and FEMCFs included when they reviewed and certified their outpatient data.
- Facility Reporting Status Document (Inpatient and Outpatient) These
 documents provide information about whether the hospitals, ASCs or
 FEMCFs reported any data. It also indicates whether they reported low
 numbers and their identification was masked in the data, reported no
 discharges, or if they closed or were out of compliance, and whether they
 submitted any comments about their data.

The 2020 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, 503 facilities:

IP Base Data #1	410,367 records	166 variables	Fixed field format	315 MB	Tab-delimited	171 MB
IP Base Data #2	410,367 records	99 variables	Fixed field format	254 MB	Tab-delimited	110 MB
IP Charges	8,803,361 records	13 variables	Fixed field format	688 MB	Tab-delimited	414 MB
OP Base Data	2,483,855 records	128 variables	Fixed field format	2,096 MB	Tab-delimited	981 MB
OP Classification Data	2,483,855 records	83 variables	Fixed field format	670 MB	Tab-delimited	336 MB
OP Charges	20,397,393 records	19 variables	Fixed field format	2,081 MB	Tab-delimited	1,611 MB
Facility Type Data	503 records	31 variables	Fixed field format	45 KB	Tab-delimited	40 KB

Second quarter, 489 facilities:

IP Base Data #1	347,806 records	166 variables	Fixed field format	267 MB	Tab-delimited	145 MB
IP Base Data #2	347,806 records	99 variables	Fixed field format	216 MB	Tab-delimited	93 MB
IP Charges	7,484,854 records	13 variables	Fixed field format	585 MB	Tab-delimited	352 MB
OP Base Data	1,612,607 records	128 variables	Fixed field format	1,361 MB	Tab-delimited	649 MB
OP Classification Data	1,612,607 records	83 variables	Fixed field format	435 MB	Tab-delimited	223 MB
OP Charges	14,724,511 records	19 variables	Fixed field format	1,503 MB	Tab-delimited	1,164 MB
Facility Type Data	489 records	31 variables	Fixed field format	43 KB	Tab-delimited	39 KB

Third quarter, 497 facilities:

IP Base Data #1	386,828 records	166 variables	Fixed field format	297 MB	Tab-delimited	161 MB
IP Base Data #2	386,828 records	99 variables	Fixed field format	240 MB	Tab-delimited	102 MB
IP Charges	10,290,344 records	13 variables	Fixed field format	805 MB	Tab-delimited	497 MB
OP Base Data	1,849,868 records	128 variables	Fixed field format	1,561 MB	Tab-delimited	744 MB
OP Classification Data	1,849,868 records	83 variables	Fixed field format	499 MB	Tab-delimited	256 MB
OP Charges	17,068,467 records	19 variables	Fixed field format	1,742 MB	Tab-delimited	1,352 MB
Facility Type Data	497 records	31 variables	Fixed field format	44 KB	Tab-delimited	40 KB

Fourth quarter, 790 facilities:

IP Base Data #1	403,844 records	166 variables	Fixed field format	310 MB	Tab-delimited	169 MB
IP Base Data #2	403,844 records	99 variables	Fixed field format	250 MB	Tab-delimited	106 MB
IP Charges	10,939,368 records	13 variables	Fixed field format	855 MB	Tab-delimited	529 MB
OP Base Data	2,505,863 records	128 variables	Fixed field format	2,115 MB	Tab-delimited	994 MB
OP Classification Data	2,505,863 records	83 variables	Fixed field format	676 MB	Tab-delimited	338 MB
OP Charges	20,976,708 records	19 variables	Fixed field format	2,141 MB	Tab-delimited	1,668 MB
Facility Type Data	790 records	31 variables	Fixed field format	70 KB	Tab-delimited	59 KB

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

DATA PROCESSING AND QUALITY

Each hospital, and FEMCF is responsible for the accuracy and completeness of its data. Even so, DSHS' vendor uses an automated process to audit each record for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit are marked as errors and the hospital, and FEMCF is notified of the errors. The hospital and FEMCF may either correct and upload the data, or accept the data as is submitted.

Following the correction process, DSHS uses valid claims data to build files of "encounters"; one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital and FEMCF has an opportunity to review its data and correct any known or previously unidentified errors, such as mapping errors (codes that had valid code responses but were not correct for the patient record). Hospitals and FEMCFs may certify the encounter data with or without comments. The comments may provide information about the hospital, and FEMCF's data submission or

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correction process. For example, a hospital or FEMCF comment may indicate whether the facility changed vendors during the quarter and there are codes that did not get mapped properly, or whether the facility could not submit corrections before the deadline for corrections ends.

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

PATIENT/PHYSICIAN CONFIDENTIALITY

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

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

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states (i.e., Arkansas, Louisiana, New Mexico, and Oklahoma).
- The entire ZIP code and gender code are suppressed if the ICD-10-CM code indicates alcohol use, drug use, or an HIV-STD diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital, or FEMCF has fewer than five discharges for a hospital or five visits to a FEMCF of a particular gender, including 'unknown'. The provider ID is changed to '999998'.

- The entire ZIP code is suppressed if a hospital or FEMCF has fewer than fifty discharges in a quarter. The provider ID is changed to '999999'.
- The country code is suppressed if the country field has fewer than five discharges for that quarter.
- The county code is suppressed if a county has fewer than five discharges for that quarter.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for patients with one or more diagnosis codes indicating an HIV-STD diagnosis, alcohol use, or drug use.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital, an ASC, or an FEMCF has fewer than ten discharges of a particular race code.

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

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

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

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

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

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

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Emergency Department Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. A person who knowingly or negligently releases or accesses this data with criminal intent may incur a penalty. Civil and/or criminal penalties may be assessed under THSC Sections 108.014 and 108.0141.

RESTRICTIONS ON DATA USE

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

THSC Sections 108.013(c)(1) and (2) and 108.013(g) prohibit DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any patient or physician or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the Chapter 108, THSC protection processes and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital, or FEMCF for the purpose of verifying information supplied in the DSHS ED PUDF. Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions.

In the Texas Emergency Department PUDF Data Use Agreement, the purchaser and end-user of the data are referred to as the "licensee". To acquire the data, the licensee must give the following assurances with respect to the use of DSHS ED PUDF:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital, or FEMCF stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;

- The licensee will not release nor permit others to release any information that identifies patients, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:
 - Texas Emergency Department Public Use Data Files, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee's agreement to comply with the above-stated requirements with the knowledge that under THSC Sections 108.014 and 108.0141 to knowingly or negligently release data in violation of this agreement is punishable by a fine of up to \$10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the licensee (or PUDF user) has been informed that the potential for both civil and criminal penalties exist.

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

DATA LIMITATIONS

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

- THSC Section 108.009(h) requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected from the THCIC 837 format (a modified version of the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, 837, ASC X12N 837 and Professional, ASC X12N, and the addenda).
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, or an HIV-STD diagnosis. Suppression of this data element is applied separately within inpatient and outpatient data sets.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code. The entire ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, an HIV-STD diagnosis, or if a hospital, or an FEMCF has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If the ZIP code is changed to '88888' the state abbreviation is changed to 'ZZ'. Suppression of the ZIP code is applied separately within inpatient and outpatient data sets.
- Patient race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities directly from the patient and may be subjectively captured and reported by the facilities.
- Inaccuracies in the data and incompleteness of the data would be addressed in the hospital, or FEMCF's comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Diagnosis present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long-term care hospitals.

- Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not required and therefore not available for outpatient data.
- Admission Source as reported by hospitals and FEMCFs is suppressed, as recommended by the previous THCIC Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Comparability of inpatient length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of inpatient LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital, or FEMCF and not those who died after discharge from the hospital, or FEMCF.
- The data are a snapshot in time. Hospitals, and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, and FEMCFs' collection and billing cycles, not all inpatient discharge encounters from ED visits or outpatient ED visits may have been billed or reported during the particular quarter the patient received the services. Those services may appear in the following quarter's data. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid, Medicare, or other payment sources.
- Updates to PUDF records, if any, are available through the THCIC website, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update will be posted on it.
- DSHS collects data from all hospitals, and FEMCFs in the state not specifically exempted (and not owned by the United States of America). Some hospitals may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods.
- The healthcare facility patient mix (the types of patients treated at healthcare facilities vary, due to the healthcare facility's interest and specialty services availability) should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

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

Included with the ED PUDF are two separate files ("Hospital Comments File" and (Outpatient Facility Comments File") containing the unedited comments (except for removal of individual identifying information) submitted by hospitals, and FEMCFs at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals, and FEMCFs (or physicians or healthcare practitioners within those hospitals) and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in two separate files called the 'Hospital Comments' (for inpatient data) and 'Outpatient Facility Comments' (for outpatient data).

CITATION

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

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



Texas Department of State Health Services

Texas Emergency Department Data Set

DATA DICTIONARY

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

Field Unique, abbreviated name of the data element.

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

taken from specifications manuals

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

Source

Provided to THCIC by the healthcare facility (Provider)

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

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

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

following the Data Source.
Alphanumeric or numeric

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

scheme

Type

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

INPATIENT BASE DATA #1 FILE

Field 1:	RECORD_ID					
Description:	Record Identification Number. Unique number assigned to identify the record. The					
	Record ID in the ED Inpatient PUDF is not linkable to the Record ID in the E					
	Outpatient PUDF or ED Re					
Beginning Position:	•	Data Source:	Assigned			
Length:	12	Туре:	Alphanumeric			
Field 2:	DISCHARGE					
Description:	Discharge Quarter. Year and o	quarter of dischar	rge. yyyyQn.			
Beginning Position:	13	Data Source:	Assigned			
Length:	6	Туре:	Alphanumeric			
Field 3:	THCIC_ID					
Description:	Provider ID. Unique identifier	assigned to the p	provider by DSHS.			
DOLIG/THOIC		ъ	DCHC D #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. **Coding Scheme:** Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 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 D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer Е Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility F Invalid If Type of Admission=4 (Newborn) Born inside this hospital 6 Born outside this hospital **Beginning Position:** 26 **Data Source:** Claim 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 Skilled Nursing Unit N Nursery S Obstetric Unit Blank В Acute Care Oncology Unit \cap **Beginning Position:** 27 **Data Source:** Calculated Length: Alphanumeric Type: Field 7: SPEC UNIT 2 **Description:** Specialty Units in which 2nd most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC_UNIT_1. **Beginning Position:** 28 **Data Source:** Calculated Length: Alphanumeric Type: Field 8: SPEC_UNIT_3 **Description:** Specialty Units in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC UNIT 1. **Beginning Position: Data Source:** Calculated 29 Length: Alphanumeric Type: Field 9: SPEC_UNIT_4 **Description:** Specialty Units in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. **Coding Scheme: Beginning Position:** 30 **Data Source:** Calculated Length: Alphanumeric Type: DSHS/THCIC DSHS Document #25-15013 Page

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Field 10: SPEC_UNIT_5

Description: Specialty Units in which 5th most days during stay occurred based on number of days

by Type of Bill or Revenue Code.

Coding Scheme: Same as SPEC_UNIT_1.

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

the ZIP Code is blank.

Beginning Position: 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). If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules),

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

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

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

Beginning Position: 39 **Data Source:** Claim

Length: 2 **Type:** Alphanumeric

Field 14: PAT_COUNTY

Description: FIPS code of patient's county.

Coding scheme:

y scile	ille:						
001	Anderson	037	Bowie	073	Cherokee	109	Culberson
003	Andrews	039	Brazoria	075	Childress	111	Dallam
005	Angelina	041	Brazos	077	Clay	113	Dallas
007	Aransas	043	Brewster	079	Cochran	115	Dawson
009	Archer	045	Briscoe	081	Coke	117	Deaf Smith
011	Armstrong	047	Brooks	083	Coleman	119	Delta
013	Atascosa	049	Brown	085	Collin	121	Denton
015	Austin	051	Burleson	087	Collingsworth	123	Dewitt
017	Bailey	053	Burnet	089	Colorado	125	Dickens
019	Bandera	055	Caldwell	091	Comal	127	Dimmit
021	Bastrop	057	Calhoun	093	Comanche	129	Donley
023	Baylor	059	Callahan	095	Concho	131	Duval
025	Bee	061	Cameron	097	Cooke	133	Eastland
027	Bell	063	Camp	099	Coryell	135	Ector
029	Bexar	065	Carson	101	Cottle	137	Edwards
031	Blanco	067	Cass	103	Crane	139	Ellis
033	Borden	069	Castro	105	Crockett	141	El Paso
035	Bosque	071	Chambers	107	Crosby	143	Erath

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

Beginning Position: 41 Data Source: Assigned; based on patient ZIP code

Length: Alphanumeric Type:

Field 15: **PUBLIC_HEALTH_REGION Description:**

Public Health Region of patient's address.

Coding Scheme:

Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter,

Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, 2 Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties

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

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- Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San 5 Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
- Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, 9 Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

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

Discharged/transferred to psychiatric hospital or

psychiatric distinct part of a hospital

Discharged/transferred to Critical Access

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 69 Discharged/Transferred to a designated disaster discharge) alternate care (effective 10-1-2013) 02 Discharged to other short term general hospital Discharge/transfer to another type of health care institution not defined elsewhere in the 03 Discharged to skilled nursing facility code list 04 Discharged to intermediate care facility Discharged/transferred to other outpatient Discharged/transferred to a Designated Cancer 05 72 Discharged/transferred to institution outpatient Center or Children's Hospital 06 Discharged to care of home health service Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission 07 Left against medical advice (effective 10-1-2013) 08 Discharged to care of Home IV provider Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute 09 Admitted as inpatient to this hospital Care Hospital Inpatient Readmission (effective 20 Expired 10-1-2013) Discharged/Transferred to a Skilled Nursing Discharged/transferred to Court/Law 21 Facility (SNF) with Medicare Certification with a Enforcement Planned Acute Care Hospital Inpatient 30 Still patient Readmission (effective 10-1-2013) Discharged/Transferred to a Facility that 40 Expired at home Provides Custodial or Supportive Care with a 41 Expired in a medical facility Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) 42 Expired, place unknown Discharged/transferred to a Designated Cancer 43 Discharged/transferred to federal health care Center or Children's Hospital with a Planned facility Acute Care Hospital Inpatient Readmission 50 Discharged to hospice-home (effective 10-1-2013) 51 Discharged to hospice-medical facility Discharged/Transferred to Home under Care of Organized Home Health Service Organization 61 Discharged/transferred within this institution to with a Planned Acute Care Hospital Inpatient Medicare-approved swing bed Readmission (effective 10-1-2013) 62 Discharged/transferred to inpatient Discharged/Transferred to Court/Law rehabilitation facility Enforcement with a Planned Acute Care Hospital 63 Discharged/transferred to Medicare-certified Inpatient Readmission (effective 10-1-2013) long term care hospital Discharged/Transferred to a Federal Health Care Discharged/transferred to Medicaid-certified 64 Facility with a Planned Acute Care Hospital nursing facility Inpatient Readmission (effective 10-1-2013)

Discharged/Transferred to a Hospital-based

(effective 10-1-2013)

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

Hospital (CAH)

65

66

- 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)
- Discharged/Transferred to a Medicare Certified 91 Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Réadmission (effective 10-1-2013)
- Discharged/Transferred to a Nursing Facility 92 Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-
- Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

			` Invalid
Beginning Position: Length:	46 2	Data Source: Type:	Claim Alphanumeric
Field 17:	SEX_CODE		
Description:	Gender of the patient as	recorded at date	e of admission or start of care.
Suppression:	Code is suppressed if an	ICD-10-CM code	indicates drug or alcohol use or an HIV-
Coding Scheme:	STD diagnosis. If ICD-10 (patients covered by 42 patient is reported as "U	O-CM indicates alo USC §290dd-2 alo (Unknown). If ing unknown, Pro	cohol or drug use or an HIV diagnosis nd 42 CFR Part 2 rules), the Gender of the a hospital has fewer than 5 patients of a ovider ID is '999998' and Hospital Name and
Beginning Position:	48	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 18:	RACE		
Description:	Code indicating the patie	ent's race.	
Suppression:	If a hospital has fewer th	nan ten patients o	of one race that race is changed to 'Other'

(code equals 5). **Coding Scheme:**

American Indian/Eskimo/Aleut

2 Asian or Pacific Islander 3 Black

4 White

5 Other Invalid

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

Field 19: **ETHNICITY**

Description: Code indicating the Hispanic origin of the patient.

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

race is suppressed (code is blank).

Coding Scheme: Hispanic Origin 1

2 Not of Hispanic Origin

Invalid

Beginning Position: 50 **Data Source:** Claim Length: Alphanumeric Type:

Field 20: ADMIT_WEEKDAY

Description: Code indicating day of week patient is admitted

Coding Scheme: Monday Friday 1 2 Tuesday 6 Saturday

3 Wednesday Sunday 7 4 Thursday Invalid

Beginning Position: 51 **Data Source:** Assigned Length: Type: Alphanumeric

Field 21: LENGTH_OF_STAY

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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: 52 **Data Source:** Calculated Length: 4 Type: Alphanumeric

20

Field 22:		_AGE		<u> </u>				<u> </u>
Description:	Code	e indicating age of page	atient in	days or	years on	date d	of discl	harge.
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
	03	5-9	13	50-54			22	patients: 0-17
	03	10-14	14	55-59			23	18-44
	05	15-17	15	60-64			24	45-64
	06	18-19	16	65-69			25	65-74
	07	20-24	17	70-74			26	75+
	08	25-29	18	75-79				Invalid
	09	30-34	19	80-84				1
Beginning Position:	56		Data S	ource:	Assigned			
Length:	2		Type:		Alphanur			
Field 23:		ST_PAYMENT_SRC						
Description:		e indicating the expe		mary so	urce of pa	avmen	F .	
Coding Scheme:	09	Self Pay (Removed from			HM			ance Organization
couning benefited	0,5	beginning 2Q2		,				and organization
	10	Central Certification	ŕ		LI	Liability	,	
	11	Other Non-federal Progr			LM		Medica	
	12	Preferred Provider Organ	nization (P	PO)	MA		e Part A	
	13	Point of Service (POS)			MB		re Part B	3
	14	Exclusive Provider Organ	nization (E	PO)	MC	Medicai	d	
	15	Indemnity Insurance	onization /	пмо,	TV	Title V	odor-l D	dro aram
	16	Health Maintenance Org Medicare Risk	anızation (пмо)	OF	otner F	ederal P	тоугат
	AM	Automobile Medical			VA	Veterar	Admini	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 So	ource:	Claim			
ength:	2		Type:	Ju. 00.	Alphanur	neric		
Field 24:		ONDARY_PAYMEN			7pa			
Description:		e indicating the expe		ondary	cource of	navm	ont	
•				.oriuai y	source or	payiii	ent.	
Coding Scheme:	60	e as field FIRST_PAYME			Clains			
Beginning Position:			Data So	ource:	Claim			
			Type		Alphanur	noric		
	2 TVD	E OE DILL	Type:		Alphanur	neric		
Field 25:	TYP	E_OF_BILL			Alphanur	neric		
Field 25: Description:	TYP Indic	ates the specific type o	of bill.	lisit Tos	•	meric	ard -	list. Common of deline
Field 25: Description:	TYP Indic 1 st di	ates the specific type of git-Type of Facility	of bill.		e of Care			ligit-Sequence of claim
Field 25: Description:	TYP Indic 1 st di	ates the specific type o	of bill.	Inpatient,	•		3 rd 0	<i>ligit–Sequence of claim</i> Non-payment/Zero claim
Field 25: Description:	TYP Indic 1 st di	ates the specific type o git-Type of Facility Hospital	of bill. 2 nd 0	Inpatient, Part A	e <i>of Care</i> including N	1edicare	0	Non-payment/Zero claim
Field 25: Description:	TYP Indic 1 st di	ates the specific type of git-Type of Facility	of bill.	Inpatient, Part A Inpatient,	e of Care	1edicare		Non-payment/Zero claim Admit through discharge
Field 25: Description:	TYP Indic 1st di 1	ates the specific type o git-Type of Facility Hospital Skilled nursing	of bill. 2 nd o 1	Inpatient, Part A Inpatient, only	e <i>of Care</i> , including N	1edicare	0	Non-payment/Zero claim Admit through discharge claim
Field 25: Description:	TYP Indic 1st di 1 2 3	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health	of bill. 2 nd 0 1 2	Inpatient, Part A Inpatient, only Outpatien	e of Care including N Medicare P	1edicare Part B	0 1 2	Non-payment/Zero claim Admit through discharge claim Interim-first claim
Field 25: Description:	TYP Indic 1st di 1 2 3 4	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical	of bill. 2 nd o 1	Inpatient, Part A Inpatient, only Outpatien Outpatien	e of Care , including N , Medicare P at ot Other, Me	1edicare Part B	0	Non-payment/Zero claim Admit through discharge claim
Field 25: Description:	TYP Indic 1st di 1 2 3 4	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health	of bill. 2 nd 0 1 2	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on	e of Care , including N , Medicare P at ot Other, Me	ledicare art B	0 1 2	Non-payment/Zero claim Admit through discharge claim Interim-first claim
Field 25: Description:	TYP Indic 1 st di 1 2 3 4 5 5	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care	of bill. 2 nd c 1 2 3 4	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermed	e of Care including N Medicare P it Other, Me y ate Care-Le	Medicare Part B dicare evel I	0 1 2 3	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim
Field 25: Description:	TYP Indic 1 st di 1 2 3 4 5 5 6	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care	of bill. 2 nd c 1 2 3 4 5	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermed	e of Care including N Medicare P it Other, Me ly iate Care-Le iate Care-Le	Medicare Part B dicare evel I evel II	0 1 2 3 4 5	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim
Field 25: Description:	TYP Indic 1 st di 1 2 3 4 5 5 6	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care	of bill. 2 nd c 1 2 3 4	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermed Intermed Sub-acute	e of Care including N Medicare P it Other, Me y ate Care-Le	Medicare Part B dicare evel I evel II	0 1 2 3	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim
Field 25: Description:	TYP Indic 1 st di 2 3 4 5 6 7	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic	of bill. 2 nd c 1 2 3 4 5 6 7	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermed Intermed Sub-acute III	e of Care including N Medicare P it t Other, Me ly iate Care-Le iate Care-Le e inpatient -	Medicare Part B dicare evel I evel II	0 1 2 3 4 5 6	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare)
Field 25: Description:	TYP Indic 1 st di 2 3 4 5 6 7	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care	of bill. 2 nd c 1 2 3 4 5	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermed Intermed Sub-acute	e of Care including N Medicare P it t Other, Me ly iate Care-Le iate Care-Le e inpatient -	Medicare Part B dicare evel I evel II	0 1 2 3 4 5 6	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim
Field 25: Description: Coding Scheme:	TYP Indic 1st di 1 2 3 4 5 6 7 8	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic	of bill. 2nd of 1 2 3 4 5 6 7 8	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermedi Intermedi Sub-acute III Swing bee	e of Care including M Medicare P it tother, Me ly iate Care-Le iate Care-Le inpatient -	Medicare Part B dicare evel I evel II	0 1 2 3 4 5 6	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare)
Field 25: Description: Coding Scheme: Beginning Position:	TYP Indic 1st di 1 2 3 4 5 6 7 8 62	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic	of bill. 2	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermedi Intermedi Sub-acute III Swing bee	e of Care including N Medicare P it tother, Me iy iate Care-Le inter Care-Le inpatient - d Claim	Medicare dicare evel I evel II - Level	0 1 2 3 4 5 6	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim
Field 25: Description: Coding Scheme: Beginning Position: Length:	TYP Indic 1st di 1 2 3 4 5 6 7 8 62 3	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility	of bill. 2nd of 1 2 3 4 5 6 7 8	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermedi Intermedi Sub-acute III Swing bee	e of Care including M Medicare P it tother, Me ly iate Care-Le iate Care-Le inpatient -	Medicare dicare evel I evel II - Level	0 1 2 3 4 5 6	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim
Field 25: Description: Coding Scheme: Beginning Position: Length: Field 26:	TYP Indic 1st di 1 2 3 4 5 6 7 8 62 3 TOT	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility AL_CHARGES	of bill. 2 3 4 5 6 7 8 Data Sc Type:	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermed Intermed Sub-acute III Swing bea	e of Care including N Medicare P it t Other, Me ly iate Care-Le interior inpatient - d Claim Alphanur	Medicare dicare evel I evel II - Level	0 1 2 3 4 5 6	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Field 25: Description: Coding Scheme: Beginning Position: Length: Field 26:	TYP Indic 1st di 1 2 3 4 5 6 7 8 62 3 TOT Sum	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility AL_CHARGES of accommodation of	of bill. 2 3 4 5 6 7 8 Data So Type:	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermedi Sub-acute III Swing bee	e of Care including N Medicare P it t Other, Me ly iate Care-Le interior inpatient - d Claim Alphanur	Medicare dicare evel I evel II - Level	0 1 2 3 4 5 6	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Field 25: Description: Coding Scheme: Beginning Position: Length: Field 26:	TYP Indic 1st di 1 2 3 4 5 6 7 8 62 3 TOT Sum	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility AL_CHARGES	of bill. 2 3 4 5 6 7 8 Data So Type:	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermedi Sub-acute III Swing bee	e of Care including N Medicare P it t Other, Me ly iate Care-Le interior inpatient - d Claim Alphanur	Medicare dicare evel I evel II - Level	0 1 2 3 4 5 6	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
Field 25: Description: Coding Scheme: Beginning Position: Length: Field 26: Description:	TYP Indic 1st di 1 2 3 4 5 6 7 8 62 3 TOT Sum	ates the specific type of git-Type of Facility Hospital Skilled nursing Home health Religious non-medical health care-Hospital Religious non-medical health care-Extended care Intermediate care Clinic Special facility AL_CHARGES of accommodation of	of bill. 2 3 4 5 6 7 8 Data So Type:	Inpatient, Part A Inpatient, only Outpatien Outpatien Part B on Intermedi Sub-acute III Swing bed	e of Care including N Medicare P it t Other, Me ly iate Care-Le interior inpatient - d Claim Alphanur	Medicare dicare evel I evel II - Level	0 1 2 3 4 5 6	Non-payment/Zero claim Admit through discharge claim Interim-first claim Interim-continuing claim Interim-last claim Late charge(s) only claim Adjustment of prior claim (Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
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Field 28: TOTAL_CHARGES_ACCOMM Sum of covered and non-covered accommodation charges. **Description: 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: Type: Numeric 12 Field 30: TOTAL_CHARGES_ANCIL **Description:** Sum of covered and non-covered ancillary charges. **Beginning Position: Data Source:** 113 Claim Length: Numeric 12 Type: Field 31: TOTAL_NON_COV_CHARGES_ANCIL **Description:** Sum of non-covered ancillary charges. **Beginning Position: Data Source:** 125 Claim Length: 12 Type: Numeric Field 32: ADMITTING_DIAGNOSIS **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **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 Ν 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:** Claim 152 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. **Data Source: Beginning Position:** 160 Claim Length: Type: Alphanumeric Field 38: POA_OTH_DIAG_CODE_2 **Description:** Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital 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 Length: Type: Alphanumeric Field 40: POA OTH DIAG CODE 3 **Description:** Code identifying whether Oth Diag Code 3 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 175 **Data Source:** Claim Length: Type: Alphanumeric 1 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: Alphanumeric Type: Field 42: POA_OTH_DIAG_CODE_4 **Description:** Code identifying whether Oth Diag Code 4 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position:** Data Source: 183 Claim 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. **Data Source: Beginning Position:** 184 Claim Length: Type: Alphanumeric Field 44: POA_OTH_DIAG_CODE_5 **Description:** Code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position: Data Source:** 191 Length: Type: Alphanumeric Field 45: OTH_DIAG_CODE_6 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 192 **Data Source:** Claim Length: 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: Data Source: Beginning Position:** 199 Claim Lenath: Type: Alphanumeric Field 47: OTH_DIAG_CODE_7 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 200 **Data Source:** Claim Alphanumeric Length: 7 Type: Field 48: POA_OTH_DIAG_CODE_7 **Description:** Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 207 **Data Source:** Claim Alphanumeric Length: Type: Field 49: OTH DIAG CODE 8 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 208 **Data Source:** Claim Length: 7 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 **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 215 **Data Source:** Claim Length: Alphanumeric Type: 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:** 216 **Data Source:** Claim Length: Alphanumeric Type: Field 52: POA_OTH_DIAG_CODE_9 **Description:** Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position: Data Source:** 223 Claim Length: Type: Alphanumeric Field 53: OTH_DIAG_CODE_10 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 224 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 Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** Data Source: 231 Claim Length: Alphanumeric Type: Field 55: OTH_DIAG_CODE_11 Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 232 Length: Type: Alphanumeric Field 56: POA_OTH_DIAG_CODE_11 **Description:** Code identifying whether Oth Diag Code 11 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position:** 239 Data Source: Claim Length: Alphanumeric Type: Field 57: OTH_DIAG_CODE_12 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 240 **Data Source:** Claim Lenath: 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 Alphanumeric Length: Type: Field 59: OTH_DIAG_CODE_13 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 248 **Data Source:** Claim

Beginning Position:255Data Source:ClaimDSHS/THCICPageDSHS Document #25-15013www.dshs.texas.gov/THCIC24Last Updated: October, 2021

Type:

POA_OTH_DIAG_CODE_13

patient was admitted to the hospital

Same as Field POA PRINC DIAG CODE

Length:

Field 60:

Description:

Coding Scheme:

Alphanumeric

Code identifying whether Oth_Diag_Code_13 code was present at the time the

Length: Type: Alphanumeric Field 61: OTH_DIAG_CODE_14 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 256 Data Source: Claim Lenath: Type: Alphanumeric Field 62: POA_OTH_DIAG_CODE_14 **Description:** Code identifying whether Oth_Diag_Code_14 code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 263 **Data Source:** Claim Length: Alphanumeric Type: Field 63: OTH DIAG CODE 15 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 264 **Data Source:** Claim Length: Type: Alphanumeric Field 64: POA OTH DIAG CODE 15 **Description:** Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as Field POA PRINC DIAG CODE **Beginning Position:** 271 **Data Source:** Claim Length: Alphanumeric Type: Field 65: OTH_DIAG_CODE_16 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 272 **Data Source:** Claim Alphanumeric Length: Type: Field 66: POA_OTH_DIAG_CODE_16 **Description:** Code identifying whether Oth Diag Code 16 code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 279 **Data Source:** Claim Length: Type: Alphanumeric Field 67: OTH_DIAG_CODE_17 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 280 Claim Lenath: Type: Alphanumeric Field 68: POA_OTH_DIAG_CODE_17 **Description:** Code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 287 **Data Source:** Claim Length: Alphanumeric Type: Field 69: OTH_DIAG_CODE_18 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 70: POA_OTH_DIAG_CODE_18 **Description:** Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 295 **Data Source:** Claim Length: Alphanumeric Type: Field 71: OTH_DIAG_CODE_19 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 296 **Data Source:** Claim Alphanumeric Length: Type: DSHS/THCIC DSHS Document #25-15013 Page www.dshs.texas.gov/THCIC Last Updated: October, 2021

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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 Length: Alphanumeric Type: Field 73: OTH_DIAG_CODE_20 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 304 **Data Source:** Claim Length: Alphanumeric Type: Field 74: POA_OTH_DIAG_CODE_20 **Description:** Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position: Data Source:** 311 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:** 312 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:** Data Source: 319 Claim Length: Type: Alphanumeric Field 77: OTH_DIAG_CODE_22 Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Length: Type: Alphanumeric Field 78: POA_OTH_DIAG_CODE_22 **Description:** Code identifying whether Oth Diag Code 22 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position:** Data Source: 327 Claim Length: Alphanumeric Type: Field 79: OTH_DIAG_CODE_23 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 328 **Data Source:** Claim Lenath: 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 Alphanumeric Length: Type: Field 81: OTH_DIAG_CODE_24 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 336 **Data Source:** Claim **Alphanumeric** Length: Type: Field 82: POA_OTH_DIAG_CODE_24 **Description:** Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as Field POA PRINC DIAG CODE **Beginning Position:** Data Source: Claim

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Length: Alphanumeric Type: Field 83: E CODE 1 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character. **Beginning Position:** 344 **Data Source:** Claim Length: Alphanumeric Type: Field 84: POA_E_CODE_1 **Description:** Code identifying whether E_Code_1 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 351 **Data Source:** Claim Length: Type: Alphanumeric E_CODE 2 Field 85: **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: Alphanumeric Type: Field 86: POA_E_CODE_2 **Description:** Code identifying whether external cause of injury E_Code_2 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position:** 359 **Data Source:** Claim Length: **Alphanumeric** 1 Type: Field 87: E CODE 3 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 360 **Data Source:** Claim Length: Alphanumeric Type: Field 88: POA_E_CODE_3 **Description:** Code identifying whether E_Code_3 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 367 Data Source: Claim Length: **Alphanumeric** Type: E CODE 4 Field 89: **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 368 **Data Source:** Claim Length: 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 Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** 375 Data Source: Claim Length: Type: **Alphanumeric** Field 91: E CODE 5 ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if **Description:** applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 376 **Data Source:** Claim Length: Alphanumeric Type: Field 92: POA E CODE 5 **Description:** Code identifying whether E_Code_5 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE DSHS/THCIC DSHS Document #25-15013 Page www.dshs.texas.gov/THCIC Last Updated: October, 2021 27

Beginning Position: 383 **Data Source:** Claim Length: Alphanumeric Type: Field 93: E_CODE_6 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position: Data Source:** 384 Claim Length: Alphanumeric Type: Field 94: POA_E_CODE_6 **Description:** Code identifying whether E_Code_6 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position:** Data Source: 391 Claim Type: Length: Alphanumeric 1 E_CODE_7 Field 95: **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 392 Data Source: Claim Length: Alphanumeric Type: Field 96: POA_E_CODE_7 **Description:** Code identifying whether E_Code_7 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA_PRINC_DIAG_CODE **Beginning Position:** 399 Data Source: Claim Length: Type: Alphanumeric Field 97: E_CODE_8 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 400 Data Source: Claim Length: Alphanumeric Type: Field 98: POA_E_CODE_8 **Description:** Code identifying whether E_Code_8 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA_PRINC_DIAG_CODE **Coding Scheme: Beginning Position: Data Source:** 407 Claim Length: Alphanumeric Type: Field 99: E_CODE_9 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 408 **Data Source:** Claim Length: Alphanumeric Type: Field 100: POA_E_CODE_9 Description: Code identifying whether E_Code_9 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 415 Data Source: Claim Length: Alphanumeric Type: Field 101: E_CODE_10 Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 416 Data Source: Length: Alphanumeric Type: Field 102: POA_E_CODE_10 **Description:** Code identifying whether E Code 10 external cause of injury code was present at

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the time the patient was admitted to the hospital

Coding Scheme: Same as Field POA_PRINC_DIAG_CODE

Beginning Position: 423 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 103: PRINC_SURG_PROC_CODE

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

bill. ICD-10-PCS code.

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

Length: 7 **Type:** Alphanumeric

Field 104: PRINC_SURG_PROC_DAY

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

minus Admission/Start of Care Date

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

Field 105: OTH SURG PROC CODE 1

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

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

Beginning Position:435Data Source:ClaimLength:7Type:Alphanumeric

Field 106: OTH_SURG_PROC_DAY_1

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

Admission/Start of Care Date

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

Field 107: OTH_SURG_PROC_CODE_2

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

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

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

Length: 7 **Type:** Alphanumeric

Field 108: OTH_SURG_PROC_DAY_2

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

Admission/Start of Care Date

Beginning Position:453Data Source:CalculatedLength:4Type:Alphanumeric

Field 109: OTH SURG PROC CODE 3

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

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

Beginning Position: 457 **Data Source:** Claim

Length: 7 **Type:** Alphanumeric

Field 110: OTH_SURG_PROC_DAY_3

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

Admission/Start of Care Date

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

Field 111: OTH SURG PROC CODE 4

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

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

Beginning Position: 468 **Data Source:** Claim

Length: 7 Type: Alphanumeric

Field 112: OTH_SURG_PROC_DAY_4

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

Admission/Start of Care Date

Beginning Position: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:7Type: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: 512 Data Source: Claim Length: 7 Type: Alphanumeric

Field 120: OTH SURG PROC DAY 8

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

Admission/Start of Care Date

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

Field 121: OTH_SURG_PROC_CODE_9

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

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

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

Field 122: OTH_SURG_PROC_DAY_9

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

Admission/Start of Care Date.

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

Field 123: OTH_SURG_PROC_CODE_10

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

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

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

Length: 7 **Type:** Alphanumeric

Field 124: OTH_SURG_PROC_DAY_10

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

Admission/Start of Care Date.

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

Field 125: OTH SURG PROC CODE 11

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

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

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

Length: 7 **Type:** Alphanumeric

Field 126: OTH SURG PROC DAY 11

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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:Alphai

Length:7Type:AlphanumericField 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: 618 Data Source: Calculated Length: 4 Type: 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			
Description:	Day of other surgical or other procedure <i>equals</i> Other Surgical Procedure Date <i>minus</i>			
	Admission/Start of Care Date.	,		
Beginning Position:	684 Data Source	e: Calculated		
Length:	4 Type:	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.			
Beginning Position:	688 Data Source			
Length:	7 Type:	Alphanumeric		
Field 152:	OTH_SURG_PROC_DAY_24	·		
Description:		dure <i>equals</i> Other Surgical Procedure Date <i>minus</i>		
-	Admission/Start of Care Date.	,		
Beginning Position:	695 Data Source	e: Calculated		
Length:	4 Type:	Alphanumeric		
Field 153:	MS_MDC	·		
Description:	_	assigned by Centers for Medicare and Medicaid		
•		re Financing Administration (HCFA)) for hospital		
	payment for Medicare beneficiaries.	• • • • • • • • • • • • • • • • • • • •		
Beginning Position:	699 Data Source			
Length:	2 Type:	Alphanumeric		
Field 154:	MS_DRG			
Description:		ervices (CMS) Diagnosis Related Group (DRG),		
	as assigned for hospital payment for			
Beginning Position:	701 Data Source			
Length:	3 Type:	Alphanumeric		
Field 155:	MS_GROUPER_VERSION_NBR	, aprilation of		
Description:		lated Grouper (formerly CMS DRG Grouper and		
2 000 i ptioiii		PER_VERSION_NBR) version used to assign MS		
	DRG and, MS MDC codes	LIC_VERSION_NDIX) Version used to assign Pis		
Beginning Position:	704 Data Source	ce: Assigned		
Length:	5 Type:	Alphanumeric		
Field 156:	MS_GROUPER_ERROR_CODE			
Description:	Error codes identify potential variation	ons with MS DRG code assignment		
Coding Scheme:	Error codes racinary potential variation	ons with the bite code designment		
coding Scheme.		DisableHac = 0 and at least one HAC POA is invalid		
	00 No errors. DRG successfully assigned.	DisableHac = 0 and at least one HAC POA is invalid or exempt		
	Diagnosis code cannot be used as	or exempt DisableHac is invalid and at least one HAC POA is N		
	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any	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		
	Diagnosis code cannot be used as	or exempt DisableHac is invalid and at least one HAC POA is N		
	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt		
	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is		
	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt exempt		
	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is		
	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U		
	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex Invalid Discharge Status	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs		
	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U		
	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex Invalid Discharge Status	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or		
Beginning Position:	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex Invalid Discharge Status Illogical Principal Diagnosis (CMS only)	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac 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 Se: Assigned		
Length:	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex Invalid Discharge Status Illogical Principal Diagnosis (CMS only) Invalid Principal Diagnosis	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W		
Length: Field 157:	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex Invalid Discharge Status Illogical Principal Diagnosis (CMS only) Invalid Principal Diagnosis Top	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac 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 Se: Assigned		
Length:	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex Invalid Discharge Status Illogical Principal Diagnosis (CMS only) Invalid Principal Diagnosis Invalid Principal Diagnosis Top Data Source Type:	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac 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 Se: Assigned		
Length: Field 157:	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex Invalid Discharge Status Illogical Principal Diagnosis (CMS only) Invalid Principal Diagnosis Invalid Principal Diagnosis APR_MDC Major Diagnostic Category (MDC) as Jata Source Data Source APR_MDC Major Diagnostic Category (MDC) as	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac 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 DisableHac is invalid and there are multiple HACs Assigned Alphanumeric assigned by 3M™ APR-DRG Grouper. See: Assigned		
Length: Field 157: Description: Beginning Position: Length:	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex Invalid Discharge Status Illogical Principal Diagnosis (CMS only) Invalid Principal Diagnosis Invalid Principal Diagnosis APR_MDC Major Diagnostic Category (MDC) as Jata Source Type: Data Source Type:	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W DisableHac is invalid and there are multiple HACs Assigned Alphanumeric assigned by 3M™ APR-DRG Grouper.		
Length: Field 157: Description: Beginning Position:	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex Invalid Discharge Status Illogical Principal Diagnosis (CMS only) Invalid Principal Diagnosis Invalid Principal Diagnosis APR_MDC Major Diagnostic Category (MDC) as Jata Source Data Source APR_MDC Major Diagnostic Category (MDC) as	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac 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 DisableHac is invalid and there are multiple HACs Assigned Alphanumeric assigned by 3M™ APR-DRG Grouper. See: Assigned		
Length: Field 157: Description: Beginning Position: Length:	Diagnosis code cannot be used as principal diagnosis Record does not meet criteria for any DRG Invalid Age Invalid Sex Invalid Discharge Status Illogical Principal Diagnosis (CMS only) Invalid Principal Diagnosis Invalid Principal Diagnosis APR_MDC Major Diagnostic Category (MDC) as Jata Source Data Source Type: APR_DRG	or exempt DisableHac is invalid and at least one HAC POA is N or U DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac 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 DisableHac is invalid and there are multiple HACs Assigned Alphanumeric assigned by 3M™ APR-DRG Grouper. See: Assigned		
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Description:	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis					
Description	Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of					
	dying.					
Coding Scheme:	1 Minor					
	2 Moderate 3 Major					
	4 Extreme					
Beginning Position:	717 Data Source: Assigned					
Length:	1 Type: Alphanumeric					
Field 160: Description:	ILLNESS_SEVERITY Assignment of a coverity of illness score from the All Detient Refined (ARR) Diagnosis					
Description.	Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of					
	physiologic decompensation.					
Coding Scheme:	1 Minor					
	2 Moderate					
	3 Major					
	4 Extreme 0 No class specified					
Beginning Position:	718 Data Source: 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 codes, APR MDC codes, Risk of Mortality rankings, and Severity of Illness rankings					
Beginning Position:	719 Data Source: Assigned					
Length:	5 Type: 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 exempt					
	02 Record does not meet criteria for any 20 DisableHac is invalid and at least one HAC POA is N or					
	DRG U U U U U U U U U U U U U U U U U U U					
	invalid or exempt O4 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 Data Source: Assigned					
Length:	2 Type: 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					
Summussianu	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:	99999998 Cell size less than 5					
	999999999 Temporary license or license number could not be matched					
Beginning Position: Length:	726 Data Source: Assigned 10 Type: Alphanumeric					
Field 164:	OPERATING_PHYSICIAN_UNIF_ID					

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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

999999999 Temporary license or license number could not be matched

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

Field 165: ENCOUNTER_INDICATOR

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

Beginning Position:746Data Source:CalculatedLength:2Type:Alphanumeric

Field 166: PROVIDER_NAME

Description: Hospital name provided by the hospital.

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

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

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

Beginning Position:748Data Source:ProviderLength:55Type:Alphanumeric

INPATIENT BASE DATA #2 FILE

Field 1: RECORD_ID

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

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

Outpatient PUDF or ED Research Data Files (RDFs).

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

Field 2: PRIVATE_AMOUNT

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

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

center 011X, 014X

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

Field 3: SEMI PRIVATE AMOUNT

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

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

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

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

Field 4: WARD AMOUNT

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

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

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

Field 5: ICU AMOUNT

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

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

revenue center 020X.

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

Field 6: CCU AMOUNT

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

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

revenue center 021X.

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

Field 7: OTHER AMOUNT

Description: Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm.

Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X,

090X-095X, 099X.

Beginning Position:73Data Source:CalculatedLength:12Type:Numeric

Field 8: PHARM_AMOUNT

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

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

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

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

Field 9: MEDSURG_AMOUNT

Description: Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using

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

0219, revenue center 027X, 062X.

Beginning Position:97Data Source:CalculatedLength:12Type:Numeric

Field 10: DME_AMOUNT Description: Ancillary Service Charge, Durable Medical Equipment Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299. **Beginning Position:** 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 Field 12: PT AMOUNT **Description:** Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. **Beginning Position:** 133 **Data Source:** Calculated Length: Numeric 12 Type: Field 13: **OT AMOUNT Description:** Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X. **Beginning Position:** 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: Type: Numeric 12 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: Type: Numeric 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: 12 Type: Numeric Field 18: OR_AMOUNT **Description:** Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X. **Beginning Position:** 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,

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Data Source:

Type:

Calculated

Numeric

revenue center 079X.

217

12

Beginning Position:

Length:

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 Numeric Length: 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 12 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: Numeric Type: 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:		12		Type:	Numeric						
Field 30:		ESRD_AMOUNT									
Descript		Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using									
_		MEDPAR algorithm. Sum of charges associated with revenue codes other than 03									
		0219, revenue									
_	g Position:	349		Data Source: Type:	Calculated Numeric						
Length: Field 31:		CLINIC AMOU									
Descript		_	CLINIC_AMOUNT Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR								
•							s other than 0100-0219,				
Beginning Position:		revenue center					,				
		361		Data Source:	Calculated						
<u>Length:</u> Field 32:		OCCUR_CODE	1	Туре:	Numeric						
Descript				nificant event rela	ting to the c	laim					
Coding S		code describing	i u sigi	inicant event rela	ting to the c	iuiiii.					
01	Auto accident		27	Date Home Health Pl	lan	47	Date cost outlier status begins				
02	No Fault Insur	ance Involved -		Established or Last R		A1	Birthdate - Insured A				
03		Accident/Other	28	Date Comprehensive Rehabilitation Plan E		A2	Effective Date - Insured A				
	•	•	20	or Last Reviewed	N.	4.2	Policy				
04		oloyment Related	29	Date Outpatient PT P established or last re		A3	Payer A benefits exhausted				
05	Other acciden	τ	30	Date Outpatient ST F		A4	Split Bill Date				
06	Crime Victim			established or last re		В1	Birthdate - Insured B				
09	Start of Infert Cycle	ility Treatment	31	Date beneficiary noti intent to bill (accomr		B2	Effective date - Insured B Policy				
10	Last Menstrua	l Period	32	Date beneficiary noti	•	В3	Payer B benefits exhausted				
11	Onset of Sym			intent to bill (proced		C1	Birthdate - Insured C				
12		for a Chronically	37	treatments) Date of inpatient hos	rnital	C2	Effective date - Insured C Policy				
	Dependent Inc		37	discharge for non-co		C3	Payer C benefits exhausted				
16	Date of Last T	herapy	38	transplant patients Date treatment start	and for	DR	Katrina disaster related				
17	Date Outpatie Established or	nt OT Plan Last Reviewed	30	home IV therapy	eu for	E1	Birthdate - Insured D				
18	Date of Retire	ment -	39	Date discharged on a continuous course if		E2	Effective date - Insured D Policy				
19	Patient/Benefi Date of Retire	ment - Spouse	40	Scheduled date of ac	dmission	E3	Payer D benefits exhausted				
20		ee of Payment	41	Date of first test of p admission testing	ore-	F1	Birthdate - Insured E				
	Began		42	Date of discharge (he	osnice	F2	Effective date - Insured E Policy				
21	Date UR Notic	e Received		only)		F3	Payer E benefits exhausted				
22	Date Active Ca		43	Scheduled date of ca	nceled	G1	Birthdate - Insured F				
24	Date Insuranc	e Denied	44	surgery 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		Became Available	46	Date treatment start Cardiac rehabilitation	ed -						
Beginnin Length:	g Position:	373 2		Data Source: Type:	Claim Alphanume	ric					
Field 33:		OCCUR_DAY_	1	· , p < ·	/ upriditionit						
Descript	ion:			s Occurrence Date	e <i>minus</i> Adn	nissio	n/Start of Care Date.				
_	g Position:	375	-	Data Source:	Calculated						
Length: Field 34:		4 OCCUR_CODE	<u> </u>	Туре:	Alphanume	ric					
				nificant event rela	ting to the c	laim					
Description: Coding Scheme:		Same as Field OC			ang to the t						
Beginnin	g Position:	379		Data Source:	Claim						
Length:		2		Туре:	Alphanume	eric					
Field 35: Descript		OCCUR_DAY_3		s Occurrence Date	e <i>minus</i> Adn	nissio	n/Start of Care Date.				
_		occurrence Day	cquai		c minus Aun	الااددار					
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Beginning Position: 381 **Data Source:** Calculated Length: Alphanumeric Type: Field 36: OCCUR CODE 3 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 385 Data Source: Claim Length: Alphanumeric Type: Field 37: OCCUR_DAY_3 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 387 Lenath: **Alphanumeric** Type: Field 38: OCCUR_CODE_4 Description: Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR_CODE_1. **Beginning Position:** 391 Data Source: Claim Length: Alphanumeric Type: Field 39: OCCUR_DAY_4 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated Length: Alphanumeric Type: Field 40: OCCUR_CODE_5 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR_CODE 1. **Coding Scheme: Beginning Position: Data Source:** 397 Claim Length: Type: Alphanumeric Field 41: OCCUR_DAY_5 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 399 Data Source: Calculated Length: Type: Alphanumeric Field 42: OCCUR CODE 6 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 403 **Data Source:** Claim Length: Type: Alphanumeric Field 43: OCCUR_DAY_6 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 405 **Data Source:** Calculated Length: Type: Alphanumeric Field 44: OCCUR_CODE_7 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR_CODE_1. **Beginning Position:** 409 Data Source: Claim Length: Alphanumeric Type: Field 45: OCCUR DAY 7 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 411 Length: 4 Type: Alphanumeric Field 46: OCCUR_CODE_8 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 415 **Data Source:** Claim Alphanumeric Length: Type: Field 47: OCCUR_DAY_8 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 417 **Data Source:** Calculated Length: Type: Alphanumeric Field 48: OCCUR CODE 9 Description: Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 421 **Data Source:** Alphanumeric Length: Type: Field 49: OCCUR_DAY_9 DSHS/THCIC DSHS Document #25-15013 Page

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Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 423 Length: Alphanumeric 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:** 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:** 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:** Data Source: Calculated 435 Length: Alphanumeric Type: Field 54: OCCUR_CODE_12 Description: Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position: Data Source:** 439 Claim Length: 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: **Alphanumeric** Type: Field 56: OCCUR SPAN CODE 1 Description: Code describing a significant event relating to the claim that may affect payer processing. Qualifying stay dates (for SNF use only) 78 **Coding Scheme:** 70 SNF prior stay dates 80 71 Prior stay dates 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 Inpatient respite dates 75 SNF level of care M2 76 Patient Liability Period M3 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. Data Source: **Beginning Position:** 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 Lenath: **Alphanumeric** 6 Type: Field 59: OCCUR_SPAN_CODE_2 Description: Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR_CODE_SPAN_1. Data Source: **Beginning Position:** 459 Claim Length: Alphanumeric Type: Field 60: OCCUR_SPAN_FROM_2 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. 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 2 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 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:** 487 **Data Source:** 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: 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 29 Disabled beneficiary and/or 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 ESRD patient in first 18 months 06 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 Home IV patient also receiving 24 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 33 Patient is student (full time -VA eligible patient chooses to 26 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	74	Home	AM	Non-emergency medically
	special unit	7 . 75	Home - 100% reimbursement	, W-1	necessary stretcher transport
37	Ward accommodation at patient request	76	Back-up in facility dialysis	AN	required Pre-admission screening not
38	Semi-private room not available	77	Provider accepts or is obligated/required due to a	В0	required Medicare coordinated care
39	Private room medically necessary		contractual arrangement or law to accept payment by a primary	B1	demonstration claim Beneficiary is ineligible for
40	Same day transfer		payer as payment	DI	demonstration program
41	Partial hospitalization	78	New coverage not implemented by HMO	B4	Admission unrelated to discharge on same day
42	Continuing care not related to	79	CORF services provided offsite	ВР	Gulf Oil Spill of 2010
43	inpatient admission Continuing care not provided	80	Home dialysis - nursing facility	C1	Approved as billed
43	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 applicable
	file	84	Dialysis for Acute Kidney Injury (AKI)	C6	Admission Preauthorization
47	Transfer from another Home Health Agency	85	Delayed Recertification of	C7	Extended Authorization
48	Psychiatric residential	86	Hospice Terminal Illness Additional Hemodialysis	D0	Changes to Service Dates
	treatment centers for children and adolescents (RTCs)	00	Treatment with Medical	D1	Changes to Charges
49	Product replacement within product lifecycle	Α0	Justification TRICARE external partnership	D3	Second or Subsequent Interim PPS Bill
50	Product Replacement for Known Recall of a Product	A1	program EPSDT/CHAP	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
51	Attestation of Unrelated Outpatient Nondiagnostic	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID or Provider ID
F2	Services	А3	Special Federal Funding	D6	Cancel Only to Repay a
52 53	Out of Hospice Service Area	A4	Family planning	D.7	Duplicate or OIG Overpayment
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	A5 A6	Disability Vaccines/Medicare 100%	D7	Change to Make Medicare the Secondary Payer
54	No Skilled Home Health Visits in		payment	D8	Change to Make Medicare the Primary Payer
	Billing Period. Policy Exception Documented at the Home	A9	Second opinion surgery	D9	Any Other Change
	Health Agency	AA	Abortion performed due to rape	DR	Disaster related
55	SNF bed not available	AB	Abortion performed due to incest	E0	Changes in Patient Status
56	Medical appropriateness	AC	Abortion performed due to	G0	Distinct Medical Visit
57	SNF readmission		serious fatal genetic defect, deformity, or abnormality	H0	Delayed Filing, Statement of Intent Submitted
58	Terminated Medicare+Choice organization enrollee	AD	Abortion performed due to life endangering physical condition	H2	Discharge by a Hospice Provider for Cause
59	Non-primary ESRD facility	AE	Abortion performed due to	Н3	Reoccurrence of GI Bleed
60	Day outlier		physical health of mother that is not life endangering		Comorbid Category
61	Cost outlier	AF	Abortion performed due to	H4	Reoccurrence of Pneumonia Comorbid Category
66	Provider does not wish cost outlier payment		emotional/psychological health of mother	H5	Recurrence of Pericarditis Comorbid Category
67	Beneficiary elects not to use life time reserve (LTR) days	AG	Abortion performed due to social or economic reasons	P1	Do not Resuscitate Order (DNR)
68	Beneficiary elects to use life time reserve (LTR) days	АН	Elective abortion	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only	ΑI	Sterilization	R1	Request for reopening Reason
70	Self-administered anemia management drug	AJ	Payer responsible for co- payment		Code - Mathematical or Computational Mistake
71	Full care in unit	AK	Air ambulance required	R2	Request for reopening Reason Code -Inaccurate Data Entry
72	Self-care in unit	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason
73	Self-care training				Code - Misapplication of a Fee Schedule
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02 04	Hospital has r rooms Inpatient prof	no semi-private	10	Lifetime reserve amo second calendar year		16 21	Public health service (PHS) or other federal agency Catastrophic
01	Most common	semi-private rate	09	Coinsurance amount calendar year	in the first	15	Worker's compensation
Coding S		2020 2000.1011	.		200 pa, 01	٠. ٥٥٥٠	·-···g·
Descript				mation that may a	ffect naver	proces	ssina.
ield 76:		VALUE_CODE	1	Туре:	Alphanum	ieric	
Beginnin .ength:	g Position:	515 2		Data Source:	Claim	oric	
	cheme:	Same as Field Co	DNDITIO				
Descript	ion:	Code describin	g a cor	- idition relating to t	he claim.		
ield 75:	<u> </u>	CONDITION_	CODE		7 ii p i i a i i a i i		
ength:	ig Position:	2		Type:	Alphanum	neric	
Coding S	Scheme: og Position:	Same as Field CO 513	ONDITIO	ON_CODE_1. Data Source:	Claim		
Descript				dition relating to t	he claim.		
ield 74:		CONDITION_					
ength:		2		Type:	Alphanum	neric	
	g Position:	511	אוודטויל	Data Source:	Claim		
Coding S		Same as Field CO		ndition relating to t	ne daim.		
ield 73: Descript		CONDITION_			ho claim		
ength:		2 CONDITION		Type:	Alphanum	neric	
Beginnin	g Position:	509		Data Source:	Claim		
Coding S	cheme:	Same as Field CO			5.6		
Descrip				_ _ ndition relating to t	he claim.		
ield 72).	CONDITION_	CODE	Type:	Aipnanun	ieric	
Beginnin .ength:	g Position:	507 2		Data Source:	Claim Alphanum	aric	
Coding S		Same as Field Co	ONDITIO		GI .		
Descript				dition relating to t	he claim.		
ield 71:		CONDITION_		_4	•		
ength:		2		Type:	Alphanum	neric	
Coding S Beainnin	cheme: g Position:	Same as Field 68 505).	Data Source:	Claim		
Descript			-	idition relating to t	ne claim.		
ield 70:		CONDITION_					
ength:		2		Туре:	Alphanum	neric	
Description: Coding Scheme: Beginning Position:		503	JIVDITIC	Data Source:	Claim		
		Same as Field CO	g a cor	idition relating to t	ne ciaim.		
ield 69:		CONDITION_			de en el el con		
ength:		2		Туре:	Alphanum	neric	
Beainnin	Specified in R g Position:	1-R5 above 501		Data Source:	Claim		
	Minor Errors and Omissions not Code - Faulty Evidence			W5	Level III Appeal		
R6		eopening Reason Clerical Errors or	R9	Evidence Request for reopening	a Poscon	W4	Level II Appeal
	Duplicate Clai	ectly Identified m	R8	Request for reopening Code - New and Mate		W2 W3	Duplicate of Original Bill Level I Appeal
R5		eopening Reason	D.O.	clerical errors	- D	W2	Indicator
Code - Compu		eopening Reason uter Errors	R7	Request for reopening Reason Code - Corrections other than		WO	United Mine Workers of America (UMWA) Demonstration

Beginnin Length:	g Position:	519 9		Data Source: Type:	Claim Alphanumeric	
Descript		Dollar amount			Claire	
Field 77:		VALUE_AMOU	NT_1	туре:	Аірпапишепс	
Beginnin Length:	g Position:	517 2		Data Source: Type:	Claim Alphanumeric	
52	Speech Therap	oy visits	A9	Patient height	Y5	Part B Deductible
51	Occupational 1	Therapy visits	A8	Patient weight	13 Y4	Conventional Provider Payment
50	Physical Thera	py visits	A7	Co-payment payer A	Y3	,
49	Hematocrit rea	ading	A6	Covered self-administ drugs - diagnostic stu other		,
48	Hemoglobin re			and situation furnished patient	id to	Service is Delivered
46 47	Number of gra	,	A5	Covered self-administ drugs - administrable	in form	Manufacturer for a Medical Device Facility where Inpatient Hospice
45	Accident hour	nco dave	A4	Covered self-administ drugs - emergency	rable FD	
	charges but hi payment recei	gher than	А3	Estimated responsibility payer A		Patient Paid Amount
44	Amount provio accept from provided when this amount		A2	Coinsurance payer A	D4 D5	by NLM/NIH
43	65 with LGHP	ficiary under age	A1	Deductible payer A	D3	. ,
42	VA		A0	Special zip code repor	rting	allowances (e.g., medical education) - payer C
41	Black lung		83 84	Lifetime Reserve Days Shorter Duration Hem	CB	payer C Other assessments or
40	New coverage by HMO	not implemented	82	Co-insurance Days	CA	Regulatory surcharges, assessments, allowances or health care related taxes -
39	Units of blood replaced		81	Non-covered Days	C7	. , . ,
38	Blood deductible units		80	Covered Days	C3	C
37	premiums Units of blood	furnished	69	State charity care per	-	. ,
35	amount - heal	patient - payment th insurance	68	EPO-drug	C1	, , ,
34	amount - othe services		67	Peritoneal dialysis	amount bb	allowances (e.g., medical education) - payer B
33 34	amount - podi	patient - payment atric services patient - payment	66	service is furnished (Hospice) Medicaid spend down		health care related taxes - payer B Other assessments or
32	Multiple patier transport		61	Place of Residence wh		assessments, allowances or
31	Patient Liabilit	y Amount	59 60	Oxygen saturation HHA branch MSA	В7	
30	Preadmission	Preadmission testing		Arterial blood gas	В3	Estimated responsibility payer B
29	Offset to the patient - payment amount - chiropractic services		57 58	Home health aide - hours	ome visit B2	Coinsurance payer B
28		Offset to the patient - payment amount - dental services		Skilled nurse - home	visit hours B1	education) - payer A Deductible payer B
27	Offset to the p amount - vision services	patient - payment on and eye	55	Eligibility threshold fo	r charity AB	payer A Other assessments or allowances (e.g., medical
	amount - hear services		54	Newborn birth weight	in grams	assessments, allowances or health care related taxes -
26		oatient - payment	53	Cardiac rehab visits	AA	- 3 , 5 ,

Field 78: VALUE_CODE_2 Description: Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position: Data Source:** 528 Claim Length: Type: Alphanumeric Field 79: **VALUE AMOUNT 2 Description:** Dollar amount that may be affected. **Beginning Position:** 530 Data Source: Claim Length: Alphanumeric Type: Field 80: VALUE_CODE_3 **Description:** Code describing information that may affect payer processing. **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:** 552 Data Source: 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:** Claim 563 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 Alphanumeric Length: Type: Field 87: **VALUE AMOUNT 6 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** 574 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 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position:** 594 **Data Source:** Claim Length: **Alphanumeric** 2 Type: Field 91: **VALUE AMOUNT 8 Description:** Dollar amount that may be affected. **Beginning Position:** Data Source: Claim DSHS/THCIC DSHS Document #25-15013 Page

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Length: Type: Alphanumeric Field 92: VALUE_CODE_9 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE_CODE_1. **Beginning Position:** 605 **Data Source:** Alphanumeric Length: Type: Field 93: VALUE_AMOUNT_9 Description: Dollar amount that may be affected. **Beginning Position: Data Source:** Claim 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 Lenath: Alphanumeric Type: Field 95: **VALUE AMOUNT 10 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** 618 Claim Length: Type: Alphanumeric 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: Data Source:** 629 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 Alphanumeric Length: 9 Type:

INPATIENT CHARGES DATA FILE

Field 1: RECORD_ID

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

available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research

Data Files (RDF's).

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

Field 2: REVENUE_CODE

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

calculation related to the services being billed.

Coding Scheme:

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0049	oundino.				
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	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	(deluxe) rooms - obstetrics Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
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0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
	care - surgical	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
0202	Room charges for intensive care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy - nongeneric drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory - nonroutine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological - cytology
0214	 heart transplant Room charges for coronary care 	0262	IV Therapy - pharmacy services	0312	Laboratory pathological -
021.	- 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	,
0221	Special charges admission	0270	Medical surgical supplies and		Radiology - diagnostic - general
0221	Special charges - admission charge	0271	devices - general 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
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0229	Special charges - other	0274	Medical surgical supplies and devices - prosthetic/orthotic	0329	x-ray 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 -	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general Radiology - therapeutic and/or
0232	nursery Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home	5551	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 -	0280	Oncology - general		chemotherapy administration - radiation therapy
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Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma Blood - platelets Blood - leukocytes Blood - other components Blood - other derivatives (cryoprecipitate) Blood - other	0424 0429 0430 0431 0432 0433 0434 0439 0440 0441	Physical therapy - evaluation or reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - evaluation Occupational therapy - other Speech-language pathology - general Speech-language pathology - visit charge Speech-language pathology - hourly charge	0500 0509 0510 0511 0512 0513 0514 0515 0516 0517 0519 0520	Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN Clinic - pediatric Clinic - urgent care Clinic - family practice Clinic - other Freestanding Clinic - general Freestanding Clinic - Clinic Visit by Member to RHC/FQHC DSHS Document #25-15013
Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma Blood - platelets Blood - leukocytes Blood - other components Blood - other derivatives (cryoprecipitate)	0424 0429 0430 0431 0432 0433 0434 0439 0440	reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - evaluation or reevaluation Occupational therapy - other Speech-language pathology - general Speech-language pathology - visit charge Speech-language pathology -	0509 0510 0511 0512 0513 0514 0515 0516 0517 0519	Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN Clinic - pediatric Clinic - urgent care Clinic - family practice Clinic - other Freestanding Clinic - general Freestanding Clinic - Clinic Visit
Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma Blood - platelets Blood - leukocytes Blood - other components Blood - other derivatives (cryoprecipitate)	0424 0429 0430 0431 0432 0433 0434 0439 0440	reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - evaluation or reevaluation Occupational therapy - other Speech-language pathology - general Speech-language pathology - visit charge Speech-language pathology -	0509 0510 0511 0512 0513 0514 0515 0516 0517	Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN Clinic - pediatric Clinic - urgent care Clinic - family practice Clinic - other
Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma Blood - platelets Blood - leukocytes Blood - other components	0424 0429 0430 0431 0432 0433 0434 0439	reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - evaluation or reevaluation Occupational therapy - other Speech-language pathology - general	0509 0510 0511 0512 0513 0514 0515 0516	Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN Clinic - pediatric Clinic - urgent care Clinic - family practice
Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma Blood - platelets Blood - leukocytes	0424 0429 0430 0431 0432 0433 0434	reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - evaluation or reevaluation Occupational therapy - other	0509 0510 0511 0512 0513 0514 0515 0516	Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN Clinic - pediatric Clinic - urgent care
Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma Blood - platelets	0424 0429 0430 0431 0432 0433	reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy - evaluation	0509 0510 0511 0512 0513 0514 0515	Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN Clinic - pediatric
Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood Blood - plasma	0424 0429 0430 0431 0432	reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group rate Occupational therapy -	0509 0510 0511 0512 0513 0514	Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric Clinic - OB/GYN
Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells Blood - whole blood	0424 0429 0430 0431 0432	reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly charge Occupational therapy - group	0509 0510 0511 0512 0513	Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental Clinic - psychiatric
Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other Blood - general Blood - packed red cells	0424 0429 0430 0431	reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit charge Occupational therapy - hourly	0509 0510 0511 0512	Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain Clinic - dental
Anesthesia - incident to other diagnostic services Anesthesia - acupuncture Anesthesia - other	0424 0429 0430	reevaluation Physical therapy - other Occupational therapy - general Occupational therapy - visit	0509 0510 0511	Outpatient services - general Outpatient services - other Clinic - general Clinic - chronic pain
Anesthesia - incident to other diagnostic services Anesthesia - acupuncture	0424 0429	reevaluation Physical therapy - other	0509 0510	Outpatient services - general Outpatient services - other Clinic - general
Anesthesia - incident to other diagnostic services	0424	reevaluation	0509	Outpatient services - general Outpatient services - other
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	0423	Physical therapy - group rate	0499	Ambulatory surgical care - other
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	0421	Physical therapy - visit charge	0489	Cardiology - other
kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
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CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
CT scan - head	0403	Other imaging services - screening mammography	0470	, Audiology - general
CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
Nuclear medicine - other	0401	Other imaging services - diagnostic mammography		Emergency room - other Pulmonary function - general
Nuclear medicine - therapeutic		general		Emergency room - urgent care
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chemotherapy administration -	0391	administration, storage and processing - administration	0449	evaluation or reevaluation Speech-language pathology -
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	chemotherapy administration - chemotherapy - IV Radiology - therapeutic and/or chemotherapy administration - other Nuclear medicine - general Nuclear medicine - diagnostic procedures Nuclear medicine - therapeutic procedures Nuclear medicine - diagnostic radiopharmaceuticals Nuclear medicine - therapeutic radiopharmaceuticals Nuclear medicine - other CT scan - general CT scan - body CT scan - body CT scan - other Operating room services - general Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - organ services - organ services - organ transplant other than control of the services - organ transplant Operating room services - organ services - organ transplant Operating room services - organ services - organ transplant Operating room services - organ transplant	chemotherapy administration - chemotherapy - IV Radiology - therapeutic and/or chemotherapy administration - other Nuclear medicine - general Nuclear medicine - diagnostic procedures Nuclear medicine - therapeutic procedures Nuclear medicine - diagnostic radiopharmaceuticals Nuclear medicine - therapeutic radiopharmaceuticals Nuclear medicine - other O402 CT scan - general CT scan - head CT scan - body CT scan - other Operating room services - general Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - organ fransplant Operating room services - kidney transplant Operating room services - organ transplant Operating room services - organ transplant Operating room services - kidney transplant Operating room services - organ transplant Opera	chemotherapy administration - chemotherapy - IV Radiology - therapeutic and/or chemotherapy administration - other Nuclear medicine - general Nuclear medicine - diagnostic procedures Nuclear medicine - therapeutic procedures Nuclear medicine - diagnostic procedures Nuclear medicine - therapeutic procedures Nuclear medicine - therapeutic radiopharmaceuticals Nuclear medicine - other Other imaging services - diagnostic mammography Other imaging services - ultrasound CT scan - general CT scan - body CT scan - body CT scan - other Operating room services - general Operating room services - organ transplant other than kidney Operating room services - kidney transplant Operating room services - organ general Operating room services - other Operating room services - kidney transplant Operating room services - other Operating room services - kidney transplant Operating room services - other Operating room services - other Operating room services - kidney transplant Operating room services - other Operating room	chemotherapy administration - chemotherapy - IV administration, storage and processing - general 0444 Radiology - therapeutic and/or chemotherapy administration - other 0449 Nuclear medicine - general 0392 Blood and blood component administration, storage and processing - administration 0449 Nuclear medicine - diagnostic procedures 0399 Blood and blood component administration, storage and processing - processing and storage 0451 Nuclear medicine - therapeutic procedures 0499 Blood and blood component administration, storage and processing - processing and storage 0452 Nuclear medicine - diagnostic radiopharmaceuticals 0400 Other imaging services - general 0456 Nuclear medicine - therapeutic radiopharmaceuticals 0401 Other imaging services - diagnostic mammography 0460 CT scan - general 0402 Other imaging services - ultrasound 0469 CT scan - head 0403 Other imaging services - screening mammography 0470 CT scan - body 0404 Other imaging services - PET 0471 CT scan - other 0409 Other imaging services - other 0472 Operating room services - general 0410 Respiratory services - general 0479 Generating room services - other 0412 Respiratory services - inhalation 0480 Operating room services - other 0410 Respiratory services - other 0480 Operating room services - other 0410 Respiratory services - other 0480 Operating room services - other 0410 Respiratory services - other 0480 Operating room services - other 0410 Respiratory services - other 0480 Operating room services - other 0410 Respiratory services - other 0480 Operating room services - other 0420 Physical therapy - general 0483 Operating room services - other 0421 Physical therapy - visit charge 0489 Anesthesia - incident to

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0561	Medical social services - visit charge	0621	Medical/surgical supplies - incident to radiology	0658	services Hospice services - room and
0559 0560	Skilled nursing - other Medical social services - general	0619	Magnetic Resonance Technology (MRT) - Other MRT	0657	inpatient care (nonrespite) Hospice services - physician
0552	Skilled nursing - hourly charge		Technology (MRT) - MRA – other	0656	Hospice services - inpatient respite care Hospice services - general
0551	Skilled nursing - visit charge	0618	lower extremities Magnetic Resonance	0655	home care
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA –	0651 0652	Hospice services - routine hon care Hospice services - continuous
0549	Ambulance service - other	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck	0650	Hospice services - general
0548	Ambulance service - telephone transmission EKG	0615		0649	Home IV therapy services - other
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other		training, disabled patient, peripheral
0546	ambulance Ambulance service - air ambulance Ambulance service - neonatal	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)	0648	peripheral Home IV therapy services -
0544 0545	Ambulance service - oxygen Ambulance service - air	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)	0647	central line Home IV therapy services - training, patient/caregiver,
0543	Ambulance service - heart mobile	0611	Technology (MRT) - MRI - general	0646	Home IV therapy services - training, disabled patient,
0542	Ambulance service - medical transport	0610	Magnetic Resonance	0645	Home IV therapy services - training patient/caregiver, central line
0541	Ambulance service - supplies	0609	Oxygen (home health) - other	0645	nonroutine nursing, periphera line
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	start/change, peripheral line Home IV therapy services -
)531)539	Osteopathic service - therapy Osteopathic service - other	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute	0643	site care, central line Home IV therapy services - IV
0530	Osteopathic service - general		stat/equip/supply under 1 liter per minute	0642	nonroutine nursing, central lin Home IV therapy services - IV
		0602	stat/equip/supply or contents Oxygen (home health) -	0641	general Home IV therapy services -
)529	of Accident) Freestanding Clinic - other	0600	Oxygen (home health) - general Oxygen (home health) -	0640	identification - self- administrable Home IV therapy services -
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
0522	Member's Home when in a Home Health Shortage Area	0589	Other visits (home health) - other	0636	more units Drugs requiring specific identification - requiring
0527	Freestanding Clinic - Visiting Nurse Services(s) to a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or
		0582	visit charge Other visits (home health) - hourly charge	0634	Drugs requiring specific identification - EPO, less than 10,000 units
)526	Freestanding Clinic - urgent care	0581	general Other visits (home health) -		identification - restrictive prescription
	Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility	0579 0580	Home health aide - other Other visits (home health) -	0633	identification - multiple source Drugs requiring specific
)525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a	0572	Home health aide - hourly charge	0631	Drugs requiring specific identification - single source Drugs requiring specific
	RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FD. investigational devices
)524	practice Freestanding Clinic - Visit by	0570	Home health aide - general	0623	Medical/surgical supplies - surgical dressings
)523	Freestanding Clinic - family	0569	Medical social services - other		services

0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate
0660	Respite care - general	0731	EKG/ECG services - holter monitor	0822	Hemodialysis - outpatient or home – home supplies
0661	Respite care - hourly charge/skilled nursing	0732	EKG/ECG services - telemetry	0823	Hemodialysis - outpatient or home – home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739	EKG/ECG services - other	0824	Hemodialysis - outpatient or home - maintenance 100%
	nion	0740	EEG services - general	0825	Hemodialysis - outpatient or
0663	Respite care - daily charge	0750	Gastrointestinal services - general	0826	home - support services Hemodialysis - outpatient or
0669	Respite care - other	0760	Treatment or observation room services - general	0020	home – shorter duration (effective 7/1/17)
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/ Observation Room - Treatment	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based		Room	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0762	Specialty Room - Treatment/ Observation Room - Observation Room	0831	or home - general Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room	0031	or home - composite or other rate
0681	Trauma response - level I		services - other	0832	Peritoneal dialysis - outpatient or home – home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home – home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home - maintenance 100%
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient
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	0003	- peritoneal (non-CAPD)	0842	CAPD - outpatient or home – home supplies
0694	Services - evaluation Pre-hospice/Palliative Care	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)	0843	CAPD - outpatient or home – home equipment
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0695	Pre-hospice/Palliative Care Services – inpatient care	0809	dialysis (CAPD) Inpatient renal dialysis services	0845	CAPD - outpatient or home - support services
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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 -
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	home supplies CCPD - outpatient or home -
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components	0854	home equipment CCPD - outpatient or home -
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0723	delivery Labor/Delivery Room services -	0815	Acquisition of body components – stem cells- allogeneic	0859	support services CCPD - outpatient or home -
0724	circumcision Labor/Delivery Room services -	0819	Acquisition of body components	0860	other Magnetoencephalography
0729	birthing center Labor/Delivery Room services -	0820	 other donor Hemodialysis - outpatient or 		(MEG) - General
0,23	other		home - general	0861	Magnetoencephalography (MEG) - MEG
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0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play therapy	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	Behavior health treatments/services - activity	0944	Other therapeutic services - drug rehabilitation	0987 0988	Professional fees - hospital visit Professional fees - consultation
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0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health treatments/services -	0948	other therapeutic services –	0992	Patient convenience items - private linen service
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0912	rehabilitation Behavior health	0952	athletic training Other therapeutic services -	0995	Patient convenience items - nonpatient room rentals
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0913	Behavior health treatment/services - partial hospitalization - intensive		chemical dependency (drug and alcohol)	0997	Patient convenience items - admission kits
0914	Behavior health treatment/services - individual	0960	Professional fees - general	0998	Patient convenience items - beauty shop/barber
	therapy	0961	Professional fees - psychiatric	0999	Patient convenience items -
0915	Behavior health treatment/services - group	0962	Professional fees - ophthalmology	1000	other Behavior health
0916	therapy Behavior health	0963	Professional fees -	1001	accommodations - general
0310	treatment/services - family therapy	0964	anesthesiologist (MD) Professional fees - anesthetist (CRNA)	1001	Behavior health accommodations - residential treatment - psychiatric
0917	Behavior health treatment/services -	0969	Professional fees - other	1002	Behavior health accommodations - residential
0918	biofeedback Behavior health	0971	Professional fees - laboratory		treatment - chemical dependency
0919	treatment/services - testing Behavior health	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised
0920	treatment/services - other Other diagnostic services -	0973	Professional fees - radiology - therapeutic	1004	living Behavior health
0921	general Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	accommodations - halfway house Behavior health
0922	peripheral vascular lab Other diagnostic services -	0975	Professional fees - operating	1003	accommodations - group home
0923	electromyogram Other diagnostic services - pap	0976	room Professional fees - respiratory therapy	2100	Alternative therapy services - general
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2101	Altamativa thans	any comicos	2105	Altomative themany come	iaaa	2102	Adult day care cocial bourly
2101	acupuncture	.,	2105	Alternative therapy servi biofeedback		3102	Adult day care, social - hourly
2102	Alternative thera acupressure	apy services -	2106	Alternative therapy servi hypnosis	ices -	3103	Adult day care, medical and social - daily
2103	Alternative thera massage	apy services -	2109	Alternative therapy servi other	ices -	3104	Adult day care, social - daily
2104		apy services -	3101	Adult day care, medical a social - hourly	and	3105	Adult foster care - daily
	reflexology			Social - Hourly		3109	Adult foster care - other
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	ription:	_	•	rcumstances related t	o the ne	rform	ance of the service
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22	Increased procedur	al services	59	Distinct Procedural Service		91	Repeat Clinical Diagnostic
23	Unusual Anesthesia	1	62	Two Surgeons		92	Laboratory Test Alternative Laboratory Platform
24	Unrelated Evaluation			Procedure Performed on Inf	fants		Testing
	Management Service Physician or Other			less than 4kg Surgical Team		95	Synchronous Telemedicine Service Rendered Via a Real-Time
	Care Professional d Postoperative Perio			Discontinued Outpatient			Interactive Audio and Video
25	•	Significant, Separately Identifiable Evaluation and Management Hospital/Ambulatory Surgery Center (ASC) Procedure prior to		Hospital/Ambulatory Surger			Telecommunications System
	Evaluation and Mar					Multiple Modifiers	
	Service by the Sam Other Qualified Hea		74 Discontinued Outpatient			1P	Performance Measure Exclusion Modifier due to Medical Reasons
	Professional on the the Procedure or O	Same Day of		Hospital/Ambulatory Surger Center (ASC) Procedure aft		2P	Performance Measure Exclusion
26	Professional Compo			Administration of Anesthesi			Modifier due to Patient Reasons
27	Multiple Outpatient			Repeat Procedure by Same		3P	Performance Measure Exclusion Modifier due to System Reasons
_,	Encounters on the			Physician or Other Qualified Care Professional	ı неакп		Performance Measure Reporting
32	Mandated Services			Repeat Procedure by Anoth			Modifier- Action not performed, reason not otherwise specified
33	Preventive Service			Physician or Other Qualified Care Professional	i Health		A normal healthy patient
47	Anesthesia by Surg	eon		Unplanned Return to the		P2	A patient with mild systemic
50	Bilateral Procedure			Operating/Procedure Room Same Physician or Other Qu		כם	disease A patient with severe systemic
51	Multiple Procedures	5		Health Care Professional Fo Initial Procedure for a Relat	llowing	Р3	A patient with severe systemic disease
52	Reduced Services			Procedure During the	.eu		A patient with severe systemic
53	Discontinued Proce	dure		Postoperative Period	uiaa kee		disease that is a constant threat to life
54	Surgical Care Only			Unrelated Procedure or Serthe Same Physician or Othe		P5	A moribund patient who is not
55	Postoperative Mana	,		Qualified Health Care Profes During the Postoperative Pe			expected to survive without the operation
56	Preoperative Manag			Assistant Surgeon			A declared brain-dead patient
57	Decision for Surger	•		Minimum Assistant Surgeor	า		whose organs are being removed for donor purposes
58	Staged or Related I Service by the Sam			Repeat procedure by same			Upper left eyelid
	Other Qualified Hea	alth Care		physician		E2	Lower left eyelid
	Professional During Postoperative Perio		90	Reference (Outside) Labora	itory	E3	Upper right eyelid
_	S/THCIC			Page			DSHS Document #25-15013

E4	Lower right eyelid		GH		ic mammogram d from screening		T1	Left foot, second digit
F1	Left hand, second di	git			gram on same day		T2	Left foot, third digit
F2	Left hand, third digit	:	LC	Left circu	umflex coronary arte	ry	Т3	Left foot, fourth digit
F3	Left hand, fourth dig	iit	LD		erior descending coro	nary	T4	Left foot, fifth digit
F4	Left hand, fifth digit		LM	artery	coronary artory		T5	Right foot, great toe
F5	Right hand, thumb		LM		n coronary artery		T6	Right foot, second digit
F6	Right hand, second	digit	LT		of the body procedu		T7	Right foot, third digit
F7	Right hand, third dig	jit	Q M		ice service provided in ment by a provider of		T8	Right foot, fourth digit
F8	Right hand, fourth d	igit		services			Т9	Right foot, fifth digit
F9	Right hand, fifth digi	it	QN		ice service furnished by a provider of servi	ices	TA	Left foot, great toe
FA	Left hand, thumb		RC	•	ronary artery		XE	Separate Encounter
GG	Performance and par		RI	Ramus ir	ntermedius coronary		XS	Separate Structure
	screening mammogr diagnostic mammog			artery			XP	Separate Practitioner
	same patient, same		RT	Right sid	e of the body proced	ure	XU	Unusual Non-Overlapping Service
						.		
Begii Leng	nning Position: th:	24 2			Data Source: Type:	Claim Alphai	nume	ric
Field		MODIFIER	2		турсі	ларна	ilailie	
Desc	ription:			circums	tances related to	o the p	erfor	mance of the service.
	ng Scheme:	Same as Field	MOD	IFIER_1				
Beginning Position:		26 2			Data Source: Type:	Claim Alphai	numa	ric
	Length: 2 Field 7: MODIFIER		3		Type.	Alphai	iluille	nic
				circums	tances related to	o the p	erfor	mance of the service.
Coding Scheme: Same as Fiel								
Beginning Position: Length:		28 2			Data Source:	Claim Alphai	numa	ric
Field		MODIFIER_	4		Туре:	Аірпаі	nume	iic
Desc	ription:			circums	tances related to	o the p	erfor	mance of the service.
	ng Scheme:	Same as Field						
Begii Leng	nning Position:	30 2			Data Source:	Claim Alphanumeric		
Field		UNIT_MEA	SURI	FMFNT	Type: CODE	Alphai	iluille	nic
	ription:				in which a value	e is be	ing e	xpressed.
Codi	ng Scheme:	DA Days	5					
		F2 Inter UN Unit	natio	nal unit				
Begi	nning Position:	32			Data Source:	Claim		
Leng	th:	2			Туре:	Alphai	nume	ric
Field		UNITS_OF						
	ription: nning Position:	Numeric val	ue of	quantity	/ Data Source:	Claim		
Leng		7			Type:	Nume	ric	
Field		UNIT_RAT	E					
	ription:	Rate per uni	it					
Begi: Leng	nning Position:	41 12			Data Source: Type:	Claim Nume	ric	
Field		CHRGS_LII	NE T	TEM	туре:	Nume	TIC	
	ription:	Total amour			ge			
	nning Position:	53			Data Source:	Assign		
Leng		14	NI C	OV	Туре:	Nume	ric	
Field Desc	13: ription:	CHRGS_NO			nt of the charge			
	nning Position:	67	vere	u amoul	Data Source:	Assigr	ned	
Leng		14			Type:	Nume		
	•							

OUTPATIENT BASE DATA FILE

Field 1:	SERVICE_QUARTER			
Description:	Quarter during which s	ervice occurred. `	Year and quarter of ser	vice. vvvvOn.
Beginning Position:	1	Data Source:	Assigned	//// C
Length:	6	Type:	Alphanumeric	
Field 2:	RECORD_ID			
Description:	Record Identification N	umber. Unique nu	mber assigned to ident	ify the record. The
	Record_ID in the ED Ou			
	Inpatient PUDF or ED R			_
Beginning Position:	7	Data Source:	Assigned	
Length:	12	Туре:	Alphanumeric	
Field 3:	THCIC_ID			
Description:	Provider ID. Unique ide			
Suppression:	Facilities reporting fewer			
	'999999'. If a facility re		n 5 events for a particul	ar gender, including
	'unknown', Provider ID	is '999998'.		
Beginning Position:	19	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 4:	SPEC_UNIT_1			
Description:	Specialty Units in which			
	Type of Bill or Revenue			
Coding Scheme:		Coronary Care Unit Detoxification Unit	P Y	Pediatric Unit Psychiatric Unit
		Intensive Care Unit	R	Rehabilitation Unit
		Hospice Unit	Ü	Sub-acute Care Unit
		Nursery	S	Skilled Nursing Unit
		Obstetric Unit	Blank	Acute Care
Beginning Position:	0 25	Oncology Unit Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 5:	SPEC_UNIT_2		•	
Description:	Specialty Unit in which	2 nd most days du	ring stay occurred base	d on number of days
	by Type of Bill or Rever	nue Code.		
Coding Scheme:	Same as SPEC_UNIT_1			
		Data Source:	Calculated	
Beginning Position:	26			
Length:	1	Type:	Alphanumeric	
Length: Field 6:	1 SPEC_UNIT_3	Туре:	Alphanumeric	
Length:	SPEC_UNIT_3 Specialty Unit in which	Type: 3 rd most days dur	Alphanumeric	d on number of days
Length: Field 6: Description:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever	Type: 3 rd most days dur	Alphanumeric	d on number of days
Length: Field 6: Description: Coding Scheme:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1.	Type: 3 rd most days dur nue Code.	Alphanumeric ring stay occurred base	d on number of days
Length: Field 6: Description: Coding Scheme: Beginning Position:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. 27	Type: 3 rd most days dur nue Code. Data Source:	Alphanumeric ring stay occurred base Calculated	d on number of days
Length: Field 6: Description: Coding Scheme:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. 27	Type: 3 rd most days dur nue Code.	Alphanumeric ring stay occurred base	d on number of days
Length: Field 6: Description: Coding Scheme: Beginning Position: Length:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. 27 1 SPEC_UNIT_4	Type: 3 rd most days dur nue Code. Data Source: Type:	Alphanumeric ring stay occurred base Calculated Alphanumeric	,
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. 27 1 SPEC_UNIT_4 Specialty Unit in which	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinus	Alphanumeric ring stay occurred base Calculated Alphanumeric	,
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. 27 1 SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinus	Alphanumeric ring stay occurred base Calculated Alphanumeric	,
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. 27 1 SPEC_UNIT_4 Specialty Unit in which	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinus	Alphanumeric ring stay occurred base Calculated Alphanumeric	,
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. 27 1 SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. 28 1	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code.	Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base	,
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_1. SPEC_UNIT_5	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type:	Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Alphanumeric	d on number of days
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type: 5th most days durinue Cody	Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Alphanumeric	d on number of days
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Specialty Unit in which by Type of Bill or Rever Specialty Unit in which by Type of Bill or Rever	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type: 5th most days durinue Cody	Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Alphanumeric	d on number of days
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1.	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type: 5th most days durinue Code.	Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base	d on number of days
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1.	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type: 5th most days durinue Code. Data Source: Type:	Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Calculated Calculated	d on number of days
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 8: Description:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1.	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type: 5th most days durinue Code.	Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base	d on number of days
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SEX_CODE	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type: 5th most days durinue Code. Data Source: Type: 5th most days durinue Code. Data Source: Type:	Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Alphanumeric Calculated Alphanumeric	d on number of days
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SEX_CODE Gender of the patient as	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type: 5th most days durinue Code. Data Source: Type: 5th most days durinue Code. Data Source: Type:	Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Alphanumeric ring stay occurred base Calculated Alphanumeric calculated Alphanumeric e of start of care.	d on number of days
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SEX_CODE Gender of the patient ac Code is suppressed if an I	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type: 5th most days durinue Code. Data Source: Type: s recorded at date CD-10-CM code indi	Alphanumeric Ting stay occurred base Calculated Alphanumeric Ting stay occurred base Calculated Alphanumeric Ting stay occurred base Calculated Alphanumeric Calculated Alphanumeric e of start of care. cates drug or alcohol use	d on number of days d on number of days or an HIV diagnosis. If
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SEX_CODE Gender of the patient as	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type: 5th most days durinue Code. Data Source: Type: s recorded at date CD-10-CM code indicted or drug use or ar	Alphanumeric Calculated Alphanumeric Ting stay occurred base Calculated Alphanumeric Ting stay occurred base Calculated Alphanumeric Ting stay occurred base Calculated Alphanumeric e of start of care. cates drug or alcohol use of HIV diagnosis (patients of	d on number of days d on number of days or an HIV diagnosis. If
Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description:	SPEC_UNIT_3 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_4 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Specialty Unit in which by Type of Bill or Rever Same as SPEC_UNIT_1. SPEC_UNIT_5 Gender of the patient accode is suppressed if an I ICD-10-CM indicates alcoh	Type: 3rd most days durinue Code. Data Source: Type: 4th most days durinue Code. Data Source: Type: 5th most days durinue Code. Data Source: Type: s recorded at date CD-10-CM code indicted or drug use or ar	Alphanumeric Calculated Alphanumeric Ting stay occurred base Calculated Alphanumeric Ting stay occurred base Calculated Alphanumeric Ting stay occurred base Calculated Alphanumeric e of start of care. cates drug or alcohol use of HIV diagnosis (patients of	d on number of days d on number of days or an HIV diagnosis. If

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a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients.

Coding Scheme:

Male F Female U Unknown Invalid

Beginning Position: 30 Claim Data Source:

Length:		1	Ту	pe:		Alphanumeric		
Field 10:		PAT_COUNTY						
Description:		FIPS code of pat	ient's county	/.				
Coding scheme	e:							
001 An	nderson	099	Coryell		197	Hardeman	295	Lipscomb
003 An	ndrews	101	Cottle		199	Hardin	297	Live Oak
005 An	ngelina	103	Crane		201	Harris	299	Llano
007 Ar	ransas	105	Crockett		203	Harrison	301	Loving
009 Ar	cher	107	Crosby		205	Hartley	303	Lubbock
011 Ar	mstrong	109	Culberson		207	Haskell	305	Lynn
013 At	ascosa	111	Dallam		209	Hays	307	McCulloch
015 Au	ustin	113	Dallas		211	Hemphill	309	McLennan
017 Ba	ailey	115	Dawson		213	Henderson	311	McMullen
019 Ba	andera	117	Deaf Smith		215	Hidalgo	313	Madison
021 Ba	astrop	119	Delta		217	Hill	315	Marion
023 Ba	aylor	121	Denton		219	Hockley	317	Martin
025 Be	ee	123	Dewitt		221	Hood	319	Mason
027 Be	ell	125	Dickens		223	Hopkins	321	Matagorda
029 Be	exar	127	Dimmit		225	Houston	323	Maverick
031 Bla	anco	129	Donley		227	Howard	325	Medina
033 Bo	orden	131	Duval		229	Hudspeth	327	Menard
035 Bo	osque	133	Eastland		231	Hunt	329	Midland
	owie	135	Ector		233	Hutchinson	331	Milam
039 Br	razoria	137	Edwards		235	Irion	333	Mills
041 Br	azos	139	Ellis		237	Jack	335	Mitchell
043 Br	rewster	141	El Paso		239	Jackson	337	Montague
	riscoe	143	Erath		241	Jasper	339	Montgomery
	rooks	145	Falls		243	Jeff Davis	341	Moore
	rown	147	Fannin		245	Jefferson	343	Morris
	urleson	149	Fayette		247	Jim Hogg	345	Motley
	urnet	151	Fisher		249	Jim Wells	347	Nacogdoches
	aldwell	153	Floyd		251	Johnson	349	Navarro
	alhoun	155	Foard		253	Jones	351	Newton
	allahan	157	Fort Bend		255	Karnes	353	Nolan
	ameron	159	Franklin		257	Kaufman	355	Nueces
	amp	161	Freestone		259	Kendall	357	Ochiltree
	arson	163	Frio		261	Kenedy	359	Oldham
	ass	165	Gaines		263	Kent	361	Orange
	astro	167	Galveston		265	Kerr	363	Palo Pinto
	nambers	169	Garza		267	Kimble	365	Panola
	nerokee	171	Gillespie		269	King	367	Parker
	nildress	173	Glasscock		271	Kinney	369	Parmer
	ay	175	Goliad		273	Kleberg	371	Pecos
	ochran	177	Gonzales		275	Knox	373	Polk
	oke	179	Gray		283	La Salle	375	Potter
	oleman	181	Grayson		277	Lamar	377	Presidio
	ollin	183	Gregg		279	Lamb	379	Rains
	ollingswor		Grimes		281	Lampasas	381	Randall
	olorado	187	Guadalupe		285	Lavaca	383	Reagan
	omal	189	Hale		287	Lee	385	Real
	omanche	191	Hall		289	Leon	387	Red River
	oncho	193	Hamilton		291	Liberty	389	Reeves
	ooke	195	Hansford		293	Limestone	391	Refugio
		173		_				-
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393	Roberts		423	Smith	453	Travis	483	Wheeler
395	Robertson		425	Somervell	455	Trinity	485	Wichita
397	Rockwall		427	Starr	457	Tyler	487	Wilbarger
399	Runnels		429	Stephens	459	Upshur	489	Willacy
401	Rusk		431	Sterling	461	Upton	491	Williamson
403	Sabine		433	Stonewall	463	Uvalde	493	Wilson
405	San August	tine	435	Sutton	465	Val Verde	495	Winkler
407	San Jacinto)	437	Swisher	467	Van Zandt	497	Wise
409	San Patricio	0	439	Tarrant	469	Victoria	499	Wood
411	San Saba		441	Taylor	471	Walker	501	Yoakum
413	Schleicher		443	Terrell	473	Waller	503	Young
415	Scurry		445	Terry	475	Ward	505	Zapata
417	Shackelford	d	447	Throckmorton	477	Washington	507	Zavala
419	Shelby		449	Titus	479	Webb		
421	Sherman		451	Tom Green	481	Wharton	`	Invalid
Beginning Po	sition:	31 3			ata Source: ype:	Assigned; based Alphanumeric	l on patient Z	ZIP code
Field 11:			STATE	•	урсі	rupnanamene		
Description:				ent's mailing	address in T	exas and contig	unus states	Standard 2-
2 C5 C. IP C. C. II.				Service abbr		cxas and contig	uous states	. Standard 2
Coding Schei	me:		Arkansas	Service abbi	CVIGCIOIII			
			Louisiana					
		NM	New Mexico					
		OK	Oklahoma					
			Texas					
				es and Americ	an Territories			
			Foreign coun	,				
Danimuina Da			Foreign coun	,	- C	Claim		
Beginning Po Length:	Sition:	34 2		Тур	ta Source:	Claim Alphanumeric		
Field 12:			ZIP			Aiphanumenc		
Description:		_		jit ZIP code.				
Suppression:					codo has fowo	r than 30 nationts	. If state on	uals `ZZ', ZIP code
Suppression	•							-10-CM indicates
						code is blank. If		
								has fewer than 5
						ng 'unknown', the		
Beginning Po	sition:	36		Dat	ta Source:	Claim		
Length:		5		Тур	e:	Alphanumeric		
Field 13:		_	_COUNTRY					
Description:						ist maintained b	y the Inter	national
		_		Standardizat	` ,			
Suppression:					nts from one c	ountry.		
Coding scher			www.ISO.org	for complete li				
Beginning Po	sition:	41			ta Source:	Claim		
Length: Field 14:		2	LTC UEAL	Typ	je:	Alphanumeric		
				TH_REGION	o. L /o o. d. d			
Description:		rubli		gion of patie		ildroce Cochron Co	llingsworth C	rochy Dallam Doof
Coding scher	ne:	1				ale, Hall, Hansford,		rosby, Dallam, Deaf hill. Hockley.
						unn Maara Matlay		

- Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, 2 Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford,
- Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro,
 Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties 3
- Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, 4 Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties

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- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, 8 Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
- 9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
- Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

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

LENGTH_OF_SERVICE Field 15:

Description: Length of service in days equals Statement From Date through Statement Thru Date.

	ine	minimum length	or service is	ı day.	The maximum is	30 az	ays.
Beginning Position:	45		Data So	urce:	Calculated		
Length:	2		Type:		Alphanumeric		
Field 16:	PAT	_AGE					
Description:	Code	e indicating age o	f patient in o	days or	years on date of	servi	ce.
Coding Scheme:	00	1-28 days	10	35-39	,	20	85-89
5	01	29-365 days	11	40-44		21	90+
	02	1-4 years	12	45-49		HIV	'-STD and drug/alcohol use
							patients:
	03	5-9	13	50-54		22	0-17
	04	10-14	14	55-59		23	18-44
	05	15-17	15	60-64		24	45-64
	06	18-19	16	65-69		25	65-74
	07	20-24	17	70-74		26	75+
	08	25-29	18	75-79		`	Invalid
	09	30-34	19	80-84			
Beginning Position:	47		Data So	urce:	Assigned		
Length:	2		Type:		Alphanumeric		
F1-14 4 7.	-	-	•				<u> </u>

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

Coding Scheme: 1 American Indian/Eskimo/Aleut

2 Asian or Pacific Islander

3 Black 4 White 5 Other Invalid

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

ETHNICITY Field 18:

Description: Code indicating the Hispanic origin of the patient.

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

suppressed (code is blank).

Coding Scheme: Hispanic Origin 1

2 Not of Hispanic Origin

Invalid

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

Length: Type: Alphanumeric

Field 19: FIRST PAYMENT SRC

16

Description: Code indicating the expected primary source of payment.

Self Pay (Removed from 5010 format, НМ Health Maintenance Organization **Coding Scheme:** beginning 202012 data)

Central Certification Liability 10 ΙT Liability Medical 11 Other Non-federal Programs ΙM 12 Preferred Provider Organization (PPO) MA Medicare Part A Point of Service (POS) Medicare Part B 13 MB Exclusive Provider Organization (EPO) MC Medicaid 14 15 Indemnity Insurance TV Title V

Health Maintenance Organization (HMO) OF Other Federal Program

Medicare Risk

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		AM BL CH CI DS	Automobile N Blue Cross/B CHAMPUS Commercial Disability Ins	lue Shield Insurance		VA WC ZZ `	Workers	Compe	tration Plan nsation Health Claim t or Unknown
Beginning Length:	g Position:	51 2			Data Source: Type:	Claim Alphanui	moric		
Field 20:			ONDARY_I	PAYMEN		Alphanui	Heric		
Description	on:	Code	e indicating	the expe	ected secondary	source of	paymer	ıt.	
Coding So			e as field 16,	FIRST_PA	AYMENT_SRC	- ·			
Beginning Length:	g Position:	53 2			Data Source: Type:	Claim Alphanui	meric		
Field 21:			E_OF_BIL	L	туре.	Alphanui	TICITO		
Description	on:	Prov	ides specifi	c informa					rst digit = type of
Coding So	cheme:		git-Type of F		ype of care. Thi 2 nd digit-Typ		sequenc	eort 3rd di	igit-Sequence of claim
coung 50	ineme.		Hospital	acmey	- ,,	t, including M	1edicare		Non-payment/Zero claim
		2	Skilled nursing			t, Medicare P	art B		Admit through discharge claim
			Home health		3 Outpatie		d:		Interim-first claim
			Religious non-r health care–Ho		4 Outpatie Part B o	ent Other, Me nlv	dicare	3	Interim-continuing claim
		5	Religious non-r health care-Ex	nedical tended car	5 Interme	diate Care-Le	evel I	4	Interim-last claim
			Intermediate c Clinic	are	7 Sub-acu	diate Care-Le te inpatient -		6	Late charge(s) only claim Adjustment of prior claim
		8	Special facility		III 8 Swing be	ed		7	(Not used by Medicare) Replacement of prior clain Void/cancel of prior claim
Beginning Length:	g Position:	55 3			Data Source: Type:	Claim Alphanui	meric	O	void/cancer or prior claim
ield 22:			IDITION_C	ODE 1	турс.	7 (ipriaria)	TICTIC		
					tion relating to t	he claim.			
Coding So	cheme:								
01	Military servi			23	Home care giver av		38	Sem avail	i-private room not able
02	Condition is e related			24	Home IV patient als HHA services	_	39	Priva	ate room medically ssary
03	Patient cover not reflected		insurance	25	Patient is non-US re		40		e day transfer
04	Information (only bil	l.	26	VA eligible patient or receive services in a		41	Parti	al hospitalization
05	Lien has bee	n filed			certified facility		42	Cont	inuing care not related to
06	ESRD patient of entitlemer			27	Patient referred to a community hospital	for a	43		tient admission inuing care not provided
07	Treatment of condition for	non-te	erminal	28	diagnostic laborator Patient and/or spou	se's EGHP is		with wind	n prescribed postdischarge ow
08	Beneficiary w		•	20	secondary to Medica		44		tient admission changed to
	information of insurance co	concern		29	Disabled beneficiary family member's LG	GHP is	45		atient iguous Gender Category
09	Neither patie	_	pouse is	20	secondary to Medica		46		availability statement on
10	employed Patient and/o		•	30	Non-research service to patients enrolled qualified clinical tria	in a	47	file	sfer from another Home
_•	employed bu			31	Patient is student (f		• •		th Agency
11	Disabled ben LGHP covera			32	day) Patient is student	-	48	treat	hiatric residential ment centers for children
17	Patient is hor	meless			(cooperative/work s	study	40		adolescents (RTCs)
18	Maiden name	e retain	ed	33	program) Patient is student (f	full time -	49		uct replacement within uct lifecycle
19	Child retains				night)		50		uct Replacement for Know
20	Beneficiary re		_	34 36	Patient is student (p General care patien	•	51	Atte	station of Unrelated
21	Billing for de			30	special unit	c iii d		Outp Serv	atient Nondiagnostic ices
	Patient on m	uitiple	urug	37	Ward accommodation	on at natient	52		of Hospice Service Area
22	regimen	·		37	request	on at pationt	32	Out	or riospice Service Area
	regimen THCIC	·		37		on de patione	32		S Document #25-1501:

	2		Type: Alpha	numeric	
eginning	g Position: 58		Data Source: Claim	1	
A1 A2	Physically handicapped children's program	D4	Change in clinical codes (ICD) for diagnosis and/or procedur codes.		
A0	TRICARE external partnership program EPSDT/CHAP	D3	Second or Subsequent Interin	W5	Level II Appeal Level III Appeal
	Justification	D1	Changes to Charges	W3	Level I Appeal
86	Additional Hemodialysis Treatment with Medical	D0	Changes to Service Dates	W2	Duplicate of Original Bill
	Hospice Terminal Illness	C7	Extended Authorization		Indicator
85	(AKI) Delayed Recertification of	C6	Admission Preauthorization	WO	United Mine Workers of America (UMWA) Demonstration
84	Dialysis for Acute Kidney Injury	C5	Post-payment review applicat	R9 ole	Request for reopening Reason Code - Faulty Evidence
83	C-section/Inductions 39 weeks or greater	C3 C4	Admission/services denied	50	Evidence
82	C-section/Inductions <39 weeks-Elective	C2	based on focused review Partial approval	R8	Request for reopening Reason Code - New and Material
81	weeks-Medical Necessity	C1 C2	Approved as billed Automatic approval as billed		Code - Corrections other than clerical errors
80 81	Home dialysis - nursing facility C-section/Inductions <39	BP C1	Gulf Oil Spill of 2010	R7	Request for reopening Reason
79	CORF services provided offsite		discharge on same day		Minor Errors and Omissions not Specified in R1-R5 above
78	New coverage not implemented by HMO	B1 B4	Beneficiary is ineligible for demonstration program Admission unrelated to	R6	Request for reopening Reason Code - Other Clerical Errors or
	contractual arrangement or law to accept payment by a primary payer as payment	B0	Medicare coordinated care demonstration claim	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
77	Provider accepts or is obligated/required due to a	AN	Pre-admission screening not required	R4	Request for reopening Reason Code - Computer Errors
76	Back-up in facility dialysis		required		Code - Misapplication of a Fee Schedule
75	Home - 100% reimbursement	AM	Non-emergency medically necessary stretcher transport	R3	Request for reopening Reason
74	Home	AL	Specialized treatment/bed unavailable	R2	Request for reopening Reason Code -Inaccurate Data Entry
73	Self-care training	AK	Air ambulance required		Computational Mistake
71 72	Full care in unit Self-care in unit	AJ	Payer responsible for co- payment	R1	Request for reopening Reason Code - Mathematical or
71	management drug	ΑI	Sterilization	P7	Direct Inpatient Admission from Emergency Room
70	Self-administered anemia	АН	Elective abortion	P1	Do not Resuscitate Order (DNR)
69	time reserve (LTR) days IME/DGME/N&AH Payment Only	AG	social or economic reasons	H5	Reoccurrence of Pericarditis Comorbid Category
68	time reserve (LTR) days Beneficiary elects to use life	A. C	emotional/psychological healt of mother Abortion performed due to		Reoccurrence of Pneumonia Comorbid Category
67	outlier payment Beneficiary elects not to use life	AF	is not life endangering Abortion performed due to	Н3	Reoccurrence of GI Bleed Comorbid Category
61 66	Cost outlier Provider does not wish cost	AE	Abortion performed due to physical health of mother tha	H2	Discharge by a Hospice Provider for Cause
60	Day outlier		Abortion performed due to life endangering physical condition	n	Intent Submitted
59	Non-primary ESRD facility	AD	deformity, or abnormality	110	Delayed Filing, Statement of
58	Terminated Medicare+Choice organization enrollee	AC	Abortion performed due to serious fatal genetic defect,	E0 G0	Changes in Patient Status Distinct Medical Visit
57	SNF readmission		incest	DR	Disaster related
56	Medical appropriateness	AB	Abortion performed due to	D9	Any Other Change
55	SNF bed not available	AA	Abortion performed due to ra	ne	Primary Payer
	Billing Period. Policy Exception Documented at the Home Health Agency	A6 A9	Vaccines/Medicare 100% payment Second opinion surgery	D7 D8	Change to Make Medicare the Secondary Payer Change to Make Medicare the
54	No Skilled Home Health Visits in	A5	Disability	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
	device provided as part of a clinical trial or a free sample	A4	Family planning		or Provider ID
53	Initial placement of a medical	А3	Special Federal Funding	D5	Cancel to correct Insured's ID

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Field 22.	COMPTTO: CODE C		
Field 23:	CONDITION_CODE_2	bion malakina ka t	ha alaim
Cadina Sahama:	Code describing a condit Same as Field CONDITION_	uon relating to t	ne cialm.
Coding Scheme: Beginning Position:	Same as Field CONDITION_	_CODE_1. Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 24:	CONDITION_CODE_3	- /	p =
	Code describing a condit	tion relating to t	he claim.
Coding Scheme:	Same as Field CONDITION		
Beginning Position:	62	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 25:	CONDITION_CODE_4		
6 II 6 I	Code describing a condition	n relating to the cla	aim.
Coding Scheme:	Same as Field 22. 64	Data Source:	Claim
Beginning Position: Length:	2	Type:	Alphanumeric
Field 26:	CONDITION_CODE_5	Турсі	Alphanameric
	Code describing a condit	tion relating to t	he claim.
Coding Scheme:	Same as Field CONDITION	CODE 1.	
Beginning Position:	66	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 27:	CONDITION_CODE_6		
	Code describing a condit		he claim.
Coding Scheme:	Same as Field CONDITION		Claire
Beginning Position: Length:	68 2	Data Source: Type:	Claim Alphanumeric
Field 28:	CONDITION_CODE_7	ıype.	лірнанитієть
	Code describing a condit	tion relating to t	he claim
Coding Scheme:	Same as Field CONDITION		ne cianni
Beginning Position:	70	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 29:	CONDITION_CODE_8		
	Code describing a condit		he claim.
Coding Scheme:	Same as Field CONDITION_	_	Claire
Beginning Position: Length:	72 2	Data Source: Type:	Claim Alphanumeric
Field 30:	PAT_REASON_FOR_V		Alphanameric
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	74	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 31:	PRINC_DIAG_CODE		
			pal diagnosis, including the 4th, 5th, 6th and
			ed following the third character.
Beginning Position:	81	Data Source:	Claim
Length: Field 32:	7 OTH_DIAG_CODE_1	Туре:	Alphanumeric
. 1014 521		de includina tha	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	88	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 33:	OTH_DIAG_CODE_2		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	95	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 34:	OTH_DIAG_CODE_3	do includina H	a 4th Eth 6th and 7th diaits if applicable
		ue inculaina tha	e 4th, 5th, 6th and 7th digits if applicable.
Reginning Desitions	Decimal is implied follow	ving the third ch	aracter.
Beginning Position: Length:	Decimal is implied follow 102	ving the third ch Data Source:	aracter. Claim
Beginning Position: Length: Field 35:	Decimal is implied follow 102 7	ving the third ch	aracter.
Length:	Decimal is implied follow 102	ving the third ch Data Source:	aracter. Claim
Length:	Decimal is implied follow 102 7	ving the third ch Data Source:	aracter. Claim
Length: Field 35:	Decimal is implied follow 102 7 OTH_DIAG_CODE_4	ving the third ch Data Source: Type:	aracter. Claim Alphanumeric

	ICD-10-CM diagnosis cod	de, includina the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	109	Data Source:	Claim
Length: Field 36:	7 OTH_DIAG_CODE_5	Туре:	Alphanumeric
riela 30.		de including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	116	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 37:	OTH_DIAG_CODE_6		ALL ELL CIT. 1711 11 11 11 11 11 11
	Decimal is implied follow		4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	123	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 38:	OTH_DIAG_CODE_7		
			4th, 5th, 6th and 7th digits if applicable.
Danimala a Danisia a	Decimal is implied follow	-	
Beginning Position: Length:	130 7	Data Source: Type:	Claim Alphanumeric
Field 39:	OTH_DIAG_CODE_8	.,,,	Auphanamene
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third cha	
Beginning Position:	137	Data Source:	Claim
Length: Field 40:	7 OTH_DIAG_CODE_9	Туре:	Alphanumeric
riciu 401		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	144	Data Source:	Claim
Length: Field 41:	7	Туре:	Alphanumeric
rieia 41:	OTH_DIAG_CODE_10	do including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third cha	aracter
Beginning Position:	151	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 42:	OTH_DIAG_CODE_11	dia dia ahii dha a Mara	All File Cile and Tile diales if any Parkla
	Decimal is implied follow		4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	158	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 43:	OTH_DIAG_CODE_12		
			4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied follow 165	ing the third cha Data Source:	aracter. Claim
Length:	7	Type:	Alphanumeric
Field 44:	OTH_DIAG_CODE_13	7,1	<u> </u>
			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position: Length:	172 7	Data Source: Type:	Claim Alphanumeric
Field 45:	OTH_DIAG_CODE_14	Type.	Alphanumenc
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	179	Data Source:	Claim
Length: Field 46:	7	Туре:	Alphanumeric
i iciu 40.	OTH_DIAG_CODE_15	de including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	186	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 47:	OTH_DIAG_CODE_16		

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

Decimal is implied following the third character.

Data Source: Beginning Position: 193

Length: 7 Alphanumeric Type:

Field 48: OTH_DIAG_CODE_17

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

Decimal is implied following the third character.

Beginning Position: Data Source:

Length: Type: Alphanumeric

Field 49: OTH_DIAG_CODE_18

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

Decimal is implied following the third character.

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

Field 50: OTH_DIAG_CODE_19

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

Decimal is implied following the third character.

Beginning Position: 214 **Data Source:** Claim

Length: Alphanumeric Type:

Field 51: OTH_DIAG_CODE_20

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

Decimal is implied following the third character.

Beginning Position: 221 **Data Source:**

Length: Alphanumeric Type:

Field 52: OTH_DIAG_CODE_21

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

Decimal is implied following the third character.

Beginning Position: 228 **Data Source:** Claim

Length: Alphanumeric Type:

Field 53: OTH_DIAG_CODE_22

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

Decimal is implied following the third character.

Data Source: Beginning Position: 235 Claim Alphanumeric Length: Type:

Field 54: OTH_DIAG_CODE_23

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: 242 **Data Source:**

Length: Alphanumeric Type:

Field 55: OTH_DIAG_CODE_24

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

Decimal is implied following the third character.

Beginning Position: 249 **Data Source:** Claim

Length: Alphanumeric Type:

Field 56: RELATED_CAUSE_CODE_1

Code identifying an accompanying cause of an illness, injury or an accident.

Auto accident **Coding Scheme:** ΑА

AΒ

AP Another party responsible

FΜ **Employment**

OA Other accident

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

Length: Type: Alphanumeric

Field 57: RELATED_CAUSE_CODE _2

Code identifying an accompanying cause of an illness, injury or an accident.

Coding Scheme: Same as Field RELATED CAUSE CODE 1.

Beginning Position: 258 **Data Source:** Claim Length: Alphanumeric

Type: Field 58: RELATED_CAUSE_CODE _3

Code identifying an accompanying cause of an illness, injury or an accident.

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Coding Scheme: Same as Field RELATED CAUSE CODE 1. **Beginning Position:** 260 **Data Source:** Claim Alphanumeric Length: 2 Type: Field 59: E CODE 1 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:** 262 **Data Source:** Claim Length: Type: Alphanumeric Field 60: E CODE 2 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:** 269 **Data Source:** Claim Length: Type: Alphanumeric 7 E_CODE 3 Field 61: 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:** 276 **Data Source:** Claim Length: Alphanumeric Type: Field 62: E_CODE 4 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:** 283 **Data Source:** Claim Alphanumeric Length: Type: Field 63: E CODE 5 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:** 290 **Data Source:** Claim Length: Alphanumeric Type: Field 64: E CODE 6 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: 297 **Data Source:** Claim Length: Type: Alphanumeric

Field 65: E CODE 7

> 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: 304 Data Source: Claim Length: Type: Alphanumeric

Field 66: E CODE 8

> 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: 311 **Data Source:** Claim Length: Alphanumeric Type:

E CODE 9 Field 67:

> 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: 318 **Data Source:** Claim Lenath: Type: Alphanumeric

Field 68: E_CODE_10

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ICD-10-CM external	cause of injury	code, including	the 4th, 5th,	6th and 7th digits if
applicable of an ad-	ditional external	cause of injury	Decimal is in	inlied following the

third character.

Beginning Position: 325 **Data Source:** Claim Length: 7 Alphanumeric Type:

Field 69: PROC CODE 1

Code for the surgical or other procedure with the highest charge performed during

the period covered by the bill. HCPCS or CPT code.

Beginning Position: Length:

Data Source: Type: Alphanumeric

Field 70: PROC_CODE_2

Code for surgical or other procedure with the next highest charge performed during

the period covered by the bill. HCPCS or CPT code. Claim

Beginning Position: Data Source:

Length: Alphanumeric 5 Type:

Field 71: PROC_CODE_3

Code for surgical or other procedure with the next highest charge performed during

the period covered by the bill. HCPCS or CPT code.

Beginning Position: Data Source: 342 Claim Alphanumeric Length: Type:

Field 72: PROC_CODE_4

Code for surgical or other procedure with the next highest charge performed during

the period covered by the bill. HCPCS or CPT code.

Beginning Position: Data Source: 347 Claim

Alphanumeric Length: Type:

Field 73: PROC_CODE_5

Code for surgical or other procedure with the next highest charge performed during

the period covered by the bill. HCPCS or CPT code.

Beginning Position: Data Source: 352 Claim Alphanumeric Length: Type:

Field 74: PROC_CODE_6

Code for surgical or other procedure with the next highest charge performed during

the period covered by the bill. HCPCS or CPT code.

Beginning Position: 357 **Data Source:** Claim

Length: Alphanumeric Type:

Field 75: PROC_CODE_7

Code for surgical or other procedure with the next highest charge performed during

the period covered by the bill. HCPCS or CPT code.

Beginning Position: 362 **Data Source:** Claim Length: Alphanumeric Type:

Field 76: PROC_CODE_8

Code for surgical or other procedure with the next highest charge performed during

the period covered by the bill. HCPCS or CPT code. Claim

Beginning Position: 367 **Data Source:**

Length: Alphanumeric Type:

Field 77: PROC_CODE_9

Code for surgical or other procedure with the next highest charge performed during

the period covered by the bill. HCPCS or CPT code.

Beginning Position: 372 **Data Source:** Claim

Length: Alphanumeric Type:

Field 78: PROC_CODE_10

Code for surgical or other procedure with the next highest charge performed during

the period covered by the bill. HCPCS or CPT code.

Beginning Position: 377 **Data Source:** Claim

Length: Alphanumeric Type:

Field 79: PROC_CODE_11

Code for surgical or other procedure with the next highest charge performed during

the period covered by the bill. HCPCS or CPT code.

Beginning Position: 382 **Data Source:** Claim

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Length:	5	Type:	Alphanumeric
Field 80:	PROC_CODE_12		
	Code for surgical or other	procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	387	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 81:	PROC_CODE_13	73: -	
		nrocedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	392	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 82:	PROC_CODE_14	турсі	Alphanamene
		nrocedure with	n the next highest charge performed during
Danimulus Danitiau.	the period covered by the 397		
Beginning Position:	5	Data Source:	Claim
Length: Field 83:	-	Туре:	Alphanumeric
riela 63:	PROC_CODE_15		. The control of the
			the next highest charge performed during
	the period covered by the		
Beginning Position:	402	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 84:	PROC_CODE_16		
			n the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	407	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 85:	PROC_CODE_17		•
		nrocedure with	n the next highest charge performed during
	the period covered by the	hill HCPCS or	CPT code
Beginning Position:	412	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 86:	PROC_CODE_18	турс.	Alphanamenc
i ieiu oo.			the next bighest shound newformed division
			the next highest charge performed during
	the period covered by the		
Beginning Position:	417 5	Data Source:	Claim
Length:	.7	Type:	Alphanumeric
	-	71	•
Field 87:	PROC_CODE_19		. The many historian about a second about a
riela 87:	PROC_CODE_19 Code for surgical or other	procedure with	the next highest charge performed during
	PROC_CODE_19 Code for surgical or other the period covered by the	procedure with	CPT code.
Beginning Position:	PROC_CODE_19 Code for surgical or other	procedure with	the next highest charge performed during CPT code. Claim
Beginning Position: Length:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5	procedure with	CPT code.
Beginning Position: Length:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20	procedure with bill. HCPCS or Data Source:	CPT code. Claim Alphanumeric
Reginning Position: Length: Field 88:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20	procedure with bill. HCPCS or Data Source:	CPT code. Claim Alphanumeric
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Beginning Position: Length: Field 88:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20	procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric the next highest charge performed during
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Beginning Position: Length: Field 88: Beginning Position: Length:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5	procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or	CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
Beginning Position: Length:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21	procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 88: Beginning Position: Length:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other other the period covered by the 427	procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during a the next highest charge performed during
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Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432	procedure with bill. HCPCS or Data Source: procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: procedure with bill. HCPCS or Data Source:	CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim CPT code. CPT code. CPT code. CIaim
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Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other	procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during
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Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5	procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric cert code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Claim Alphanumeric the next highest charge performed during CPT code.
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Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other	procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric The next highest charge performed during CPT code. Claim Alphanumeric
Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length: Field 91:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other the period covered by the 437 5	procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric In the next highest charge performed during CPT code. Claim Alphanumeric In the next highest charge performed during CPT code. Claim Alphanumeric In the next highest charge performed during CPT code. Claim Alphanumeric In the next highest charge performed during CPT code. Claim Alphanumeric In the next highest charge performed during CPT code. Claim Alphanumeric In the next highest charge performed during CPT code.
Beginning Position: Length: Field 88: Beginning Position: Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length: Field 91:	PROC_CODE_19 Code for surgical or other the period covered by the 422 5 PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other the period covered by the 432 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_22 Code for surgical or other the period covered by the 437 5 PROC_CODE_23 Code for surgical or other the period covered by the 442	procedure with bill. HCPCS or Data Source: Type: procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric In the next highest charge performed during CPT code. Claim Alphanumeric In the next highest charge performed during CPT code. Claim Alphanumeric In the next highest charge performed during CPT code. Claim Alphanumeric In the next highest charge performed during CPT code. Claim Alphanumeric In the next highest charge performed during CPT code. Claim CPT code. Claim CPT code. Claim
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Field 92:	PROC_CODE_24				
	Code for surgical or other procedure with the next highest charge performed during				
	the period covered by th				
Beginning Position:	447	Data Source:	Claim		
Length: Field 93:	5 BROG CODE 35	Туре:	Alphanumeric		
rieia 93:	PROC_CODE_25	r procedure wit	h the next highest charge performed during		
	the period covered by th		h the next highest charge performed during		
Beginning Position:	452	Data Source:	Claim		
Length:	5	Type:	Alphanumeric		
Field 94:	OTHER_AMOUNT				
	Ancillary Service Charge	, Other Charge	Amount. Calculated using MEDPAR algorithm.		
		Sum of charges associated with revenue codes other than 0100-0219, revenue			
		(-024X, 052X-05	53X, 055X-060X, 064X-070X, 076X-078X,		
	090X-095X, 099X.				
Beginning Position:	457 12	Data Source:	Calculated		
Length: Field 95:	PHARM_AMOUNT	Туре:	Numeric		
i ieiu 33.	_	Pharmacy Cha	rge Amount. Calculated using MEDPAR		
			ith revenue codes other than 0100-0219,		
	revenue center 026X, 06		ich revenue codes other than ofto ozis,		
Beginning Position:	469	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 96:	MEDSURG_AMOUNT				
			al Supply Charge Amount. Calculated using		
			ociated with revenue codes other than 0100-		
	0219, revenue center 02				
Beginning Position:	481 12	Data Source:	Calculated Numeric		
Length: Field 97:	DME_AMOUNT	Туре:	Numeric		
		Durable Medic	al Equipment Charge Amount. Calculated		
			es associated with revenue codes other than		
	0100-0219, revenue cer				
Beginning Position:	493	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 98:	USED_DME_AMOUNT				
	Ancillary Service Charge, Used Durable Medical Equipment Charge Amount.				
			m of charges associated with revenue codes		
Beginning Position:	other than 0100-0219, r 505	Data Source:	7293. Calculated		
Length:	12	Type:	Numeric		
Field 99:	PT_AMOUNT	/r -			
		, Physical Thera	py Charge Amount. Calculated using MEDPAR		
	algorithm. Sum of charg	es associated w	ith revenue codes other than 0100-0219,		
	revenue center 042X.				
Beginning Position:	517	Data Source:	Calculated		
Length: Field 100:	12	Туре:	Numeric		
rieia 100:	OT_AMOUNT	Occupational T	herapy Charge Amount. Calculated using		
			ociated with revenue codes other than 0100-		
	0219, revenue center 04		ociated with revenue codes other than 0100-		
Beginning Position:	529	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 101:	SPEECH_AMOUNT				
			ogy Charge Amount. Calculated using		
			ociated with revenue codes other than 0100-		
	0219, revenue center 04				
Beginning Position:	541	Data Source:	Calculated		
Length: Field 102:	12 IT_AMOUNT	Туре:	Numeric		
1011	11_API00111				
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	Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-				
Beginning Position:	0219, revenue center 04 553	11X, 046X. Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 103:	BLOOD_AMOUNT				
		n. Sum of charge	ded during the patient's stay. Calculated es associated with revenue codes other than		
Beginning Position:	565	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 104:	stay. Calculated using M	for blood storage EDPAR algorithm	ge and processing related to the patient's m. Sum of charges associated with revenue		
Beginning Position:	codes other than 0100-0	Data Source:	Calculated		
Length:	12	Туре:	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:	589	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
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 079X.				
Beginning Position: Length:	601 12	Data Source: Type:	Calculated Numeric		
Field 107:	CARD_AMOUNT	турсі	Numeric		
	algorithm. Sum of charg revenue center 048X, 07	es associated w 73X.	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Beginning Position:	613 12	Data Source:	Calculated Numeric		
Length: Field 108:	ANES_AMOUNT	Туре:	Numenc		
	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: Length:	625 12	Data Source: Type:	Calculated Numeric		
Field 109:	LAB AMOUNT	- /			
	algorithm. Sum of charg	es associated w	arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Beginning Position:	revenue center 030X-03	1X, 0/4X-0/5X. Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 110:	RAD_AMOUNT	/r-			
	algorithm. Sum of charg revenue center 028X, 03	es associated w 32X-035X, 040X			
Beginning Position: Length:	649 12	Data Source: Type:	Calculated Numeric		
Field 111:	MRI_AMOUNT	iype.	Numeric		
	Ancillary Service Charge Sum of charges associat center 061X.		mount. Calculated using MEDPAR algorithm. ecodes other than 0100-0219, revenue		
Beginning Position:	661	Data Source:	Calculated		
Length: Field 112:	12 OP_AMOUNT	Туре:	Numeric		
	OP_APIOUNI				
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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:** 673 **Data Source:** Calculated Length: 12 Numeric Type: Field 113: **ER_AMOUNT** 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:** 685 **Data Source:** Calculated Length: 12 Numeric Type: Field 114: **AMBULANCE AMOUNT** 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:** 697 **Data Source:** Calculated Length: 12 Type: Numeric Field 115: PRO_FEE_AMOUNT 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:** 709 **Data Source:** Calculated Length: 12 Type: Numeric Field 116: ORGAN AMOUNT 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:** 721 **Data Source:** Calculated Length: 12 Type: Numeric Field 117: ESRD_AMOUNT Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X. **Beginning Position:** 733 **Data Source:** Calculated Length: 12 Type: Numeric **CLINIC AMOUNT** Field 118: Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X. 745 Calculated **Beginning Position: Data Source:** Length: 12 Numeric Type: Field 119: TOTAL_CHARGES Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. **Beginning Position:** 757 **Data Source:** Claim Length: 12 Type: Numeric Field 120: TOTAL_NON_COV_CHARGES Sum of non-covered accommodation charges, non-covered ancillary charges. **Beginning Position:** 769 **Data Source:** Claim Length: 12 Numeric Type: Field 121: TOTAL CHARGES ANCIL Sum of covered and non-covered ancillary charges. **Beginning Position:** 781 **Data Source:** Claim Length: 12 Type: Numeric Field 122: TOTAL_NON_COV_CHARGES_ANCIL Sum of non-covered ancillary charges. **Beginning Position:** 793 **Data Source:** Claim

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Numeric

Type:

12

Length:

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 PHYSICIAN2_INDEX_NUMBER Field 124: **Description:** Unique identifier assigned to the licensed physician reported as the other provider, if reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients. Suppression: Suppressed when the number of physicians reported for a facility or the number of physicians represented for CCS PROC CODE 1 for a facility is less than five. **Coding Scheme:** 999999998 Cell size less than 5 999999999 Temporary license or license number could not be matched **Beginning Position:** 815 **Data Source: Assigned** Length: Alphanumeric 10 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 2 4 Transfer from a hospital Transfer from a skilled nursing facility, intermediate care facility or assisted living facility Transfer from another health care facility Court/Law Enforcement Information not available 9 D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) Born inside this hospital Born outside this hospital 6 **Beginning Position:** 826 **Data Source:** Claim Length: Type: Alphanumeric PAT_STATUS Field 127: 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 02 Discharged/transferred to a short term general hospital for inpatient care DSHS/THCIC DSHS Document #25-15013 Page www.dshs.texas.gov/THCIC Last Updated: October, 2021 71

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 Pandmission (effective 10.1.17013)	
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 Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	
07	Left against medical advice			
08	Admitted as inpatient to this hospital		Discharged/Transferred to Home under Care of	
09	Expired		Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	
20	Discharged/transferred to Court/Law Enforcement	86		
21	Still patient			
30	Expired at home	87	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital	
40	Expired in a medical facility			
41	Expired, place unknown	88	Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Hospital-based	
42	Discharged/transferred to federal government operated health facility		Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	
43	Hospice-home			
50	Hospice–medical facility (Certified) providing hospice level of care	89	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital	
51	Discharged/transferred within this institution to Medicare-approved swing bed		with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	
61	Discharged/transferred to inpatient rehabilitation facility	90	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	
62	Discharged/transferred to Medicare-certified long term care hospital			
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 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) 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) Discharged to home or self-care (routine discharge)	
64	Discharged/transferred to psychiatric hospital or	0.0		
65	psychiatric distinct part of a hospital Discharged/transferred to Critical Access Hospital (CAH)	92		
66	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)	93		
69	Discharge/transfer to another type of health care institution not defined elsewhere in the code list			
70	Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)	94		
81	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	95		
82	•		Invalid	
	Facility (SNF) with Medicare Certification with a			

Beginning Position: 827 Data Source: Claim Length: Alphanumeric Type: 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:** 829 **Data Source:** Provider Length: 55 Type: Alphanumeric

OUTPATIENT	SCIFICATI	$\cap N$		FTIF
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	OUTPATIENT CLASSIFICA	I TOM DATA LIFE
Field 1:	RECORD_ID	
Description:	Record Identification Number. Unique n	umber assigned to identify the record. The
		not linkable to the Record_ID in the ED
	Inpatient PUDF or ED Research Data File	
Beginning Position:	1 Data Source:	Assigned
Length:	12 Type:	Alphanumeric
Field 2:	CCS_PRIN_DIAG_CODE	Aprianament
11010 21		lassification of PRIN_DIAG_CODE into clinically
		iassification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis category.	A
Beginning Position:	Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 3:	CCS_OTH_DIAG_CODE_1	
	Clinical Classifications Software (CCS) c	
	clinically meaningful diagnosis category	
Beginning Position:	17 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 4:	CCS_OTH_DIAG_CODE_2	
	Clinical Classifications Software (CCS) c	lassification of OTH DIAG CODE 2 into
	clinically meaningful diagnosis category	
Beginning Position:	21 Data Source:	Assigned
Length:	4 Type :	Alphanumeric
Field 5:	CCS_OTH_DIAG_CODE_3	7.11.0.11.0.11.0
	Clinical Classifications Software (CCS) c	lassification of OTH DIAG CODE 3 into
	clinically meaningful diagnosis category	
Basinaina Basitian		
Beginning Position:		Assigned
Length:	4 Type:	Alphanumeric
Field 6:	CCS_OTH_DIAG_CODE_4	
	Clinical Classifications Software (CCS) c	
	clinically meaningful diagnosis category	•
Beginning Position:	29 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 7:	CCS_OTH_DIAG_CODE_5	
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_5 into
	clinically meaningful diagnosis category	
Beginning Position:	33 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 8:	CCS_OTH_DIAG_CODE_6	
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_6 into
	clinically meaningful diagnosis category	
Beginning Position:	37 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 9:	CCS OTH DIAG CODE 7	Alphanamene
	Clinical Classifications Software (CCS) c	laccification of OTH DIAC CODE 7 into
	clinically meaningful diagnosis category	
Beginning Position:	41 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 10:	CCS_OTH_DIAG_CODE_8	
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_8 into
	clinically meaningful diagnosis category	
Beginning Position:	45 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 11:	CCS_OTH_DIAG_CODE_9	
	Clinical Classifications Software (CCS) c	lassification of OTH DIAG CODE 9 into
	clinically meaningful diagnosis category	
Beginning Position:	49 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 12:	CCS_OTH_DIAG_CODE_10	
		lassification of OTH_DIAG_CODE_10 into
	clinically meaningful diagnosis category	•
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Beginning Position: Length:	53 4	Data Source: Type:	Assigned Alphanumeric	
Field 13:	CCS_OTH_DIAG_CODE		Augmanianterio	
			assification of OTH_DIAG_CODE_11 into	
	clinically meaningful diag			
Beginning Position:	57	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 14:	CCS_OTH_DIAG_CODE		7 aprianamente	
			assification of OTH_DIAG_CODE_12 into	
	clinically meaningful diag			
Beginning Position:	61	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 15:	CCS_OTH_DIAG_CODE		лирпининене	
			assification of OTH_DIAG_CODE_13 into	
	clinically meaningful diag		assincation of OTT_DIAG_CODE_15 into	
Beginning Position:	65	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 16:	CCS_OTH_DIAG_CODE		Alphanameric	
i icia 10.			assification of OTH_DIAG_CODE_14 into	
	clinically meaningful diag			
Beginning Position:	69	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 17:	CCS_OTH_DIAG_CODE		Alphanamenc	
			assification of OTH_DIAG_CODE_15 into	
	clinical classifications so		assincation of OTH_DIAG_CODE_13 III(0	
Daniumium Danitiaus			Assistant	
Beginning Position: Length:	73 4	Data Source:	Assigned	
Field 18:		Type:	Alphanumeric	
rielu 10:	CCS_OTH_DIAG_CODE		and the state of OTH DIAC CODE 16 into	
			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		16 COTH DIAG CODE 47	
			assification of OTH_DIAG_CODE_17 into	
	clinically meaningful diag			
Beginning Position:	81	Data Source:	Assigned	
Length: Field 20:	CCC OTH DIAC CODE	Type:	Alphanumeric	
riela 20:	CCS_OTH_DIAG_CODE		and the state of OTH DIAC CODE 10 into	
			assification of OTH_DIAG_CODE_18 into	
	clinically meaningful diag		A	
Beginning Position:	85	Data Source:	Assigned	
Length:	4	Type:	Alphanumeric	
Field 21:	CCS_OTH_DIAG_CODE		agaification of OTH DIAC CODE 10 inte	
			assification of OTH_DIAG_CODE_19 into	
	clinically meaningful diag			
Beginning Position:	89	Data Source:	Assigned	
Length: Field 22:	CCC OTH DIAC CODE	Type:	Alphanumeric	
rielu ZZ:	CCS_OTH_DIAG_CODE		positionation of OTH DIAC CODE 30 late	
			assification of OTH_DIAG_CODE_20 into	
Doginalna Doeltier	clinically meaningful diag		Assigned	
Beginning Position:	93	Data Source:	Assigned	
Length: Field 23:	CCS OTH DIAG CODE	Type:	Alphanumeric	
rielu 23:	CCS_OTH_DIAG_CODE		aggification of OTU DIAC CODE 31 inte	
			assification of OTH_DIAG_CODE_21 into	
Bandand B 111	clinically meaningful diag		Assissand	
Beginning Position:	97	Data Source:	Assigned	
	1	Type:	Alphanumeric	
Length:	4			
Length:	CCS_OTH_DIAG_CODE	_22		
Length:	CCS_OTH_DIAG_CODE Clinical Classifications So	_ 22 ftware (CCS) cl	assification of OTH_DIAG_CODE_22 into	
Length: Field 24:	CCS_OTH_DIAG_CODE Clinical Classifications So clinically meaningful diag	_ 22 ftware (CCS) clands nosis category.	assification of OTH_DIAG_CODE_22 into	
Length: Field 24:	CCS_OTH_DIAG_CODE Clinical Classifications So	_ 22 ftware (CCS) cl	assification of OTH_DIAG_CODE_22 into Assigned	
Length:	CCS_OTH_DIAG_CODE Clinical Classifications So clinically meaningful diag	_ 22 ftware (CCS) clands nosis category.	assification of OTH_DIAG_CODE_22 into	

Length:	4	Type:	Alphanumeric
Field 25:	CCS_OTH_DIAG_COI		
			classification of OTH_DIAG_CODE_23 into
Doginalna Do-!+!	clinically meaningful di		
Beginning Position: Length:	105 4	Data Source: Type:	Assigned Alphanumeric
Field 26:	CCS_OTH_DIAG_CO		ларлинитене
 •			classification of OTH_DIAG_CODE_24 into
	clinically meaningful di		
Beginning Position:	109	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 27:	CCS_PROC_CODE_1		
			for Services and Procedures classification of
	PROC_CODE_1 into clir		
Beginning Position:	113	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 28:	CCS_PROC_CODE_2	0-6 (222)	for Complete and Day 1 1 1 1 1 1 1 1 1 1
			for Services and Procedures classification of
Doginalna Docitio	PROC_CODE_2 into clir		
Beginning Position: Length:	116 3	Data Source: Type:	Assigned Alphanumeric
Field 29:	CCS_PROC_CODE_3	ı ype.	лірпанатістс
ricia 25.		Software (CCS) f	for Services and Procedures classification of
	PROC_CODE_3 into clir		
Beginning Position:	119	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 30:	CCS_PROC_CODE_4		•
		Software (CCS) f	for Services and Procedures classification of
	PROC_CODE_4 into clir		
Beginning Position:	122	Data Source:	•
Length:	3	Туре:	Alphanumeric
Field 31:	CCS_PROC_CODE_5	_	
			for Services and Procedures classification of
	PROC_CODE_5 into clir		
Beginning Position:	125	Data Source:	3
Length: Field 32:	CCS PROC CORE 6	Туре:	Alphanumeric
rielu 32;	CCS_PROC_CODE_6	Software (CCS)	for Convices and Procedures classification of
			for Services and Procedures classification of
Beginning Position:	PROC_CODE_6 into clir 128	nically meaningfu Data Source:	Assigned
Lenath:	3	Type:	Alphanumeric
Field 33:	CCS_PROC_CODE_7	. , , ,	prioritaritarita
		Software (CCS) f	for Services and Procedures classification of
	PROC CODE 7 into clir		
Beginning Position:	131	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 34:	CCS_PROC_CODE_8		
			for Services and Procedures classification of
	PROC_CODE_8 into clir		
Beginning Position:	134	Data Source:	
Length:	3	Туре:	Alphanumeric
Field 35:	CCS_PROC_CODE_9	0 0 (005)	
			for Services and Procedures classification of
Doginalna Da-!!!	PROC_CODE_9 into clir		
Beginning Position:	137 3	Data Source:	3
Length: Field 36:	CCS_PROC_CODE_1	Type:	Alphanumeric
i idiu 50.			for Carvicas and Procedures classification of
			for Services and Procedures classification of ful procedure category.
Beginning Position:	140	Data Source:	
Length:	3	Type:	Assigned Alphanumeric
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Field 37:	CCS_PROC_CODE_11	
		or Services and Procedures classification of
	PROC_CODE_11 into clinically meaningf	
Beginning Position:	143 Data Source:	Assigned
_ength:	3 Type:	Alphanumeric
ield 38:	CCS_PROC_CODE_12	
		or Services and Procedures classification of
	PROC_CODE_12 into clinically meaningf	
Beginning Position:	146 Data Source:	Assigned
.ength: Field 39:	3 Type: CCS_PROC_CODE_13	Alphanumeric
ielu 39.		or Services and Procedures classification of
	PROC_CODE_13 into clinically meaningf	
Beginning Position:	149 Data Source:	Assigned
ength:	3 Type:	Alphanumeric
ield 40:	CCS_PROC_CODE_14	F
		or Services and Procedures classification of
	PROC_CODE_14 into clinically meaningf	
Beginning Position:	Data Source:	Assigned
ength:	3 Type:	Alphanumeric
ield 41:	CCS_PROC_CODE_15	
		or Services and Procedures classification of
Namina Baskian	PROC_CODE_15 into clinically meaningf	
Beginning Position: .ength:	155 Data Source: Type:	Assigned Alphanumeric
ield 42:	CCS_PROC_CODE_16	Alphanumenc
1014 421		or Services and Procedures classification of
	PROC_CODE_16 into clinically meaningf	
Beginning Position:	158 Data Source:	Assigned
ength:	3 Type:	Alphanumeric
ield 43:	CCS_PROC_CODE_17	
		or Services and Procedures classification of
	PROC_CODE_17 into clinically meaningf	
Beginning Position:	161 Data Source:	Assigned
ength:	3 Type:	Alphanumeric
ield 44:	CCS_PROC_CODE_18	or Comisso and Drasadyras describestion of
	PROC_CODE_18 into clinically meaningf	or Services and Procedures classification of
Beginning Position:	164 Data Source:	Assigned
ength:	3 Type:	Assigned Alphanumeric
ield 45:	CCS_PROC_CODE_19	Alphanamenc
		or Services and Procedures classification of
	PROC_CODE_19 into clinically meaningf	
Beginning Position:	167 Data Source:	Assigned
ength:	3 Type:	Alphanumeric
ield 46:	CCS_PROC_CODE_20	
		or Services and Procedures classification of
	PROC_CODE_20 into clinically meaningf	
Beginning Position:	170 Data Source:	Assigned
ength:	3 Type:	Alphanumeric
ield 47:	CCS_PROC_CODE_21	on Complete and Durandouse all astimatics
		or Services and Procedures classification of
Beginning Position:	PROC_CODE_21 into clinically meaningf 173 Data Source:	ul procedure category. Assigned
eginning Position: .ength:	3 Type:	Assigned Alphanumeric
	CCS_PROC_CODE_22	, aprianament
ield 48:		or Services and Procedures classification of
Field 48:	Clinical Classifications Software (CCS) for	.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Field 48:	Clinical Classifications Software (CCS) for PROC CODE 22 into clinically meaning	
	Clinical Classifications Software (CCS) for PROC_CODE_22 into clinically meaningf 176 Data Source:	ul procedure category.
Beginning Position:	PROC_CODE_22 into clinically meaningf	
Beginning Position:	PROC_CODE_22 into clinically meaningf 176 Data Source:	ul procedure category. Assigned
Field 48: Beginning Position: Length: DSHS/THCIC	PROC_CODE_22 into clinically meaningf 176 Data Source:	ul procedure category. Assigned

Field 49:	CCS_PROC_CODE_23		
			r Services and Procedures classification of
Paginning Dagitians	PROC_CODE_23 into clini		
Beginning Position: Length:	179 3	Data Source: Type:	Assigned Alphanumeric
ield 50:	CCS_PROC_CODE_24	турсі	Alphanamene
		ftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_24 into clini		
Beginning Position:	182	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 51:	CCS_PROC_CODE_25		
		ftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_25 into clini		
Beginning Position:	185	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 52:	EAPG_GRP_VER		
	Enhanced Ambulatory Pat	tient Group Vers	sion Number, as assigned by 3M™ EAPG
	Grouper		
Beginning Position:	188		
Length:	12	Туре:	Alphanumeric
Field 53:	APC_GRP_VER	161 (.,,
			Version Number as assigned by 3M™ APC
	Grouper. Not available 40	•	
Beginning Position:	200	Data Source:	Assigned
Length: Field 54:	CDC STATUS 1	Туре:	Alphanumeric
riela 54:	CRG_STATUS_1		and and by AMIM CDC Common Nat
	,	status code as	assigned by 3M™ CRG Grouper. Not
D - - -	available 4Q09.	D-4- C	A ==: = -d
Beginning Position: Length:	212 1	Data Source:	Assigned Alphanumeric
Field 55:	CRG_STATUS_2	Туре:	Alphanamenc
i icia 55.		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.	status code as	assigned by 514 CRG Grouper. Not
Beginning Position:	213	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 56:	CRG_STATUS_3	- 7	
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		abbiginad by arra arra arrapair mar
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.		- · · · · · · · · · · · · · · · · · · ·
Beginning Position:	215	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 58:	CRG_STATUS_5		
	Clinical Risk Group (CRG)	status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	216	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 59:	CRG_STATUS_6		
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	217	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 60:	CRG_STATUS_7		
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	available 4Q09. 218	Data Source:	Assigned
Beginning Position: DSHS/THCIC		Data Source: Page	Assigned DSHS Document #25-15013

Length:	1	Туре:	Alphanumeric
Field 61:	CRG_STATUS_8		
	Clinical Risk Group (CRG) available 4Q09.	status code as	assigned by 3M™ CRG Grouper. Not
Beginning Position:	219	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 62:	CRG_STATUS_9		
	Clinical Risk Group (CRG) available 4Q09.	status code as	assigned by 3M™ CRG Grouper. Not
Beginning Position:	220	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 63:	CRG_STATUS_10		•
		status code as	assigned by 3M™ CRG Grouper. Not
Beginning Position:	221	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 64:	CRG_CODE_1	. / F	
		code as assign	ed by 3M™ CRG Grouper. Not available
Beginning Position:	222	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 65:	CRG_CODE_2	.,,,	7 iprioritatione
Ticla 051		code as assign	ed by 3M™ CRG Grouper. Not available
Beginning Position:	227	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 66:	CRG_CODE_3	.,,,	7 ii piramamamamamamamamamamamamamamamamamamam
Ticia doi		code as assign	ed by 3M™ CRG Grouper. Not available
Beginning Position:	232	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 67:	CRG_CODE_4	.,,,	7 ii piramamamamamamamamamamamamamamamamamamam
		code as assign	ed by 3M™ CRG Grouper. Not available
Beginning Position:	237	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 68:	CRG_CODE_5	•	•
		code as assign	ed by 3M™ CRG Grouper. Not available
Beginning Position:	242	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 69:	CRG CODE 6	•	•
	Clinical Risk Group (CRG) 4Q09.	code as assign	ed by 3M™ CRG Grouper. Not available
Beginning Position:	247	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 70:	CRG_CODE_7		
	—		
	Clinical Risk Group (CRG) 4Q09.	code as assign	ed by 3M™ CRG Grouper. Not available
Beginning Position:		code as assigned Data Source:	ed by 3M™ CRG Grouper. Not available Assigned
	4Q09.	_	Assigned
Beginning Position: Length: Field 71:	4Q09. 252 5	Data Source:	·
Length:	4Q09. 252 5 CRG_CODE_8	Data Source: Type:	Assigned
Length:	4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG)	Data Source: Type:	Assigned Alphanumeric
Length: Field 71:	4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09.	Data Source: Type:	Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available
Length: Field 71: Beginning Position:	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 assigno Data Source: Type:	Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned
Length: Field 71: Beginning Position: Length: Field 72:	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 assigne Data Source: Type: code as assigne	Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available
Length: Field 71: Beginning Position: Length: Field 72: Beginning Position:	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 assigne Data Source: Type: code as assigne Data Source:	Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Assigned
Length: Field 71: Beginning Position: Length: Field 72: Beginning Position: Length:	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 assigne Data Source: Type: code as assigne 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 71: Beginning Position: Length: Field 72: Beginning Position:	4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257 5 CRG_CODE_9 Clinical Risk Group (CRG) 4Q09. 262 5	Data Source: Type: code as assigne Data Source: Type: code as assigne Data Source:	Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Alphanumeric ed by 3M™ CRG Grouper. Not available Assigned Assigned

Field 73:	CRG_CODE_10		
	<u> </u>	code as assig	ned by 3M™ CRG Grouper. Not available
	4Q09.	code do dooig	ned by bit one crouper net available
Beginning Position:	267	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 74:	CRG_SEVERITY_1		
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	272	Data Source:	Assigned
Length: Field 75:	CRG SEVERITY 2	Туре:	Alphanumeric
rieiu /5:		coverity code	as assigned by 3M™ CRG Grouper. Not
	available 4009.	severity code	as assigned by 5M CRG Grouper. Not
Beginning Position:	273	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 76:	CRG_SEVERITY_3	,, , ,	F
	_	severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	•	,
Beginning Position:	274	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 77:	CRG_SEVERITY_4		· II OMIM CDC C
		severity code	as assigned by 3M™ CRG Grouper. Not
Danimulus Danitians	available 4Q09. 275	Data Carres	Assistance
Beginning Position: Length:	1	Data Source: Type:	Assigned Alphanumeric
Field 78:	CRG_SEVERITY_5	турс.	Alphanumenc
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	severity code	as assigned by six sixe creapent nec
Beginning Position:	276	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 79:	CRG_SEVERITY_6		
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	277 1	Data Source:	Assigned Alphanumeric
Length: Field 80:	CRG_SEVERITY_7	Туре:	Alphanumenc
i icia ooi		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	Severity code	as assigned by 511 - Cita Grouper. Not
Beginning Position:	278	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 81:	CRG_SEVERITY_8		
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	279	Data Source:	Assigned
Length: Field 82:	CRG_SEVERITY_9	Туре:	Alphanumeric
1 1014 021		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	severity code	as assigned by sin CNG Grouper, Not
Beginning Position:	280	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 83:	CRG_SEVERITY_10		
		severity code	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position: Length:	281	Data Source:	Assigned Alphanumeric
	1	Type:	

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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:

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0049	oundino.				
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	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	(deluxe) rooms - obstetrics Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
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0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute	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
	care - surgical	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
0202	Room charges for intensive care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy – non-generic drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory – non-routine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological -
0213	- heart transplant	0262	IV Therapy - pharmacy services		cytology
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0263	IV Therapy - drug/supply delivery	0312	Laboratory pathological - histology
0219	Room charges for coronary care	0264	IV Therapy - supplies	0314	Laboratory pathological - biopsy
0220	- other	0269	IV Therapy - other	0319	Laboratory pathological - other
0220	Special charges - general	0270	Medical surgical supplies and	0320	Radiology - diagnostic - general
0221	Special charges - admission charge		devices - general	0321	Radiology - diagnostic -
0222	Special charges - technical support charge	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	0323	arteriography
	discharge, medically necessary	0274	devices - take-home Medical surgical supplies and	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other		devices - prosthetic/orthotic	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	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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			nouny charge	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0389	(cryoprecipitate) Blood - other	0442	visit charge Speech-language pathology - hourly charge	0520	Freestanding Clinic - general
0387	Blood - other derivatives	0441	general Speech-language pathology -	0519	Clinic - other
0386	Blood - other components	0440	Speech-language pathology -	0517	Clinic - family practice
0385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
0384	Blood - platelets	0434	Occupational therapy - evaluation or reevaluation	0515	Clinic - pediatric
0382	Blood - whole blood Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0381	Blood - packed red cells	0432	Occupational therapy - hourly charge	0513	Clinic - psychiatric
0380	Blood - general	0431	Occupational therapy - visit charge	0512	Clinic - dental
0379	Anesthesia - other	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
0372	radiology Anesthesia - incident to other	0423	Physical therapy - group rate		other
0370	Anesthesia - incident to	0422	Physical therapy - hourly charge	0490	general Ambulatory surgical care -
0370	Anesthesia - general	0421	Physical therapy - visit charge	0489 0490	Cardiology - other Ambulatory surgical care -
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		ultrasound	0469	Pulmonary function - other
0349	Nuclear medicine - other	0402	diagnostic mammography Other imaging services -	0460	Pulmonary function - general
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0401	Other imaging services -	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	0333	administration, storage and processing - other	0452	services Emergency room - beyond
0341	Nuclear medicine - diagnostic procedures	0399	processing – processing and storage Blood and blood component	0451	Emergency room - EMTALA emergency medical screening
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
	chemotherapy administration - other		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
	chemotherapy administration -		administration, storage and		group rate

Services	DSHS/	THCTC				
Freestanding Clinic - Wish by Service Services Se		_		Рада		DSHS Document #25-15013
Prestanding Clinic - family Prestanding Clinic - Wist by		Medical social services - visit	0021		0657	Hospice services - physician services
Freestanding Clinic - Visit by Practice 19570 Home health aide - general 19524 Medical/Surgical supplies 19570 Home health aide - general 19524 Medical/Surgical supplies 19570 Home health aide - visit charge 19524 Medical/Surgical supplies 19570 Medica		-		Technology (MRT) - Other MRT	0656	Hospice services - general inpatient care (non-respite)
Freestanding Clinic - family practice Services Se				Technology (MRT) - MRA – other	0655	Hospice services - inpatient
Freestanding Clinic - family practice Services Se	0551	Skilled nursing - visit charge	0618	lower extremities	0652	Hospice services - continuous
Services Surgical dressings	0550	Skilled nursing - general	0616	Magnetic Resonance	0651	Hospice services - routine hom care
0523 Freestanding Clinic - family practice p	0549		0615	Technology (MRT) - MRA –	0650	other Hospice services - general
Seestanding Clinic - family practice Services Ser		Ambulance service - telephone			0649	Home IV therapy services -
Preestanding Clinic - family practice 0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF 0572 Home health aide - visit charge 0631 Drugs requiring specific identification - FPO, 10,0 more units 0574 Home health aide - wisit charge 0631 Drugs requiring specific identification - multiple stay 0575 Home health aide - hourly charge 0632 Drugs requiring specific identification - multiple stay 0576 Home health aide - hourly charge 0632 Drugs requiring specific identification - multiple stay 0576 Home health aide - other 0577 Home health aide - other 0578 Home health aide - other 0579 Home health aide - other 0579 Home health aide - other 0579 Home health aide - other 0570 Other visits (home health) - 0570			0614	Magnetic Resonance	0648	Home IV therapy services - training, disabled patient,
Preestanding Clinic - family practice Services Services		ambulance	0612	Magnetic Resonance Technology (MRT) - MRI -	0647	Home IV therapy services - training, patient/caregiver, peripheral
Services Services Services Services Services Presestanding Clinic - Visit by RPC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF	0544		0611	Technology (MRT) - MRI - brain		training, disabled patient, central line
Services Services Services Services Services Services Preestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF Sta	0543	Ambulance service - heart	0610	Technology (MRT) - MRI -	0646	
Services Services Services Services Services Preestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF Shaper in a Covered Part A Stay or NF or ICF MR or Other Residential Facility O580 Other visits (home health) - Size (home					0645	
Services		_			0644	Home IV therapy services – non-routine nursing, periphera
Preestanding Clinic - family practice O524 Freestanding Clinic - Visit by Practice O570 Home health aide - general O623 Medical/surgical supplies Surgical dressings O624 Medical/surgical supplies Surgical dressings O624 Medical/surgical supplies Surgical dressings O624 Medical/surgical supplies Surgical dressings O625 Medical/surgical supplies O626 Medical/surgical supplies O627 Home health aide - visit charge O628 Medical/surgical supplies Investigational devices O628 Medical/surgical supplies Investigational devices O629 Medical/surgical supplies Investigational devices O629 Medical/surgical supplies Investigational devices O629 Medical/surgical supplies O629 Medical/surgical supplies O624 Medical/surgical dressings O624 Medical/surgical dressings O624 Medical/surgical supplies O624 Medical/surgical supplies O624 Medical/surgical supplies O624 Medical/surgical dressings O624 Medical/surgical resings O624 Medical/surgical resings O624 Medical/surgical resings O625 Drugs requiring specific Identification - restrictive O635 Drugs requiring specific Identification - Febo, 10,000 O636 O		·	0604	•	0643	Home IV therapy services - IV start/change, peripheral line
Preestanding Clinic - family practice	0531	Osteopathic service - therapy	0603		0642	Home IV therapy services - IV site care, central line
Freestanding Clinic - family practice 0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Home Health Sorial Services 0525 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Home Health Sorial Services 0526 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Home Health Sorial Services 0527 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Home Health Sorial Services 0528 Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident) 0529 Freestanding Clinic - Visit by RHC/FQHC Site (e.g. Scene of Accident) 0530 Medical/surgical supplies surgical dressings 0540 Medical/surgical supplies surgical dressings 0571 Home health aide - visit charge 0571 Home health aide - hourly charge 0572 Home health aide - other 0573 Home health aide - other 0574 Home health aide - other 0575 Home health aide - other 0575 Home health aide - other 0576 Other visits (home health) - visit (home health) - visit (home health) - visit (home health) - visit (home health) - hourly charge 0581 Other visits (home health) - hourly charge 0582 Other visits (home health) - hourly charge 0583 Other visits (home health) - visit (home health	0530	Osteopathic service - general	0602	stat/equip/supply under 1 liter	0641	Home IV therapy services – non-routine nursing, central line
Freestanding Clinic - family practice D570 Home health aide - general D623 Medical/surgical supplies surgical dressings	٠	5 			0640	Home IV therapy services - general
Services	0529	of Accident)	0600	Oxygen (home health) -	0637	identification - self-
0523Freestanding Clinic - family practice0569Medical social services - other practicesservices0524Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF0570Home health aide - general0624Medical/surgical supplies surgical dressings0525Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility0572Home health aide - hourly charge0631Drugs requiring specific identification - single sour identification - multiple sour identification - multiple sour identification - multiple sour identification - restrictive prescription0526Freestanding Clinic - urgent care0580Other visits (home health) - visit charge0634Drugs requiring specific identification - restrictive prescription0527Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a0580Other visits (home health) - assessment0635Drugs requiring specific identification - EPO, 10,00 more units	0528	Freestanding Clinic – Visit by		other Units of service (home health) -	0636	identification - requiring
0523Freestanding Clinic - family practice0569Medical social services - other practicesservices0524Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF0570Home health aide - general0624Medical/surgical supplies surgical dressings0525Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility0572Home health aide - hourly charge0631Drugs requiring specific identification - single sour identification - multiple sour identification - multiple sour identification - multiple sour identification - restrictive general0526Freestanding Clinic - urgent care0580Other visits (home health) - visit (home health) - visit charge0634Drugs requiring specific identification - restrictive prescription0526Freestanding Clinic - urgent care0582Other visits (home health) - visits (home health) - hourly charge0634Drugs requiring specific identification - EPO, less to identific	U52/	Nurse Services(s) to a Member's Home when in a		assessment		identification - EPO, 10,000 or more units
0523Freestanding Clinic - family practice0569Medical social services - other practicesservices0524Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF0571Home health aide - visit charge0624Medical/surgical supplies surgical dressings0525Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility0572Home health aide - hourly charge0631Drugs requiring specific identification - single sour identification - multiple sour identification - multiple sour identification - multiple sour identification - multiple sour identification - restrictive general0526Freestanding Clinic - urgent care0580Other visits (home health) - visit (home health) - visit charge0634Drugs requiring specific identification - restrictive prescription				hourly charge	0635	,
0523Freestanding Clinic - family practice0569Medical social services - other practiceservices0524Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay) or NF or ICF MR or Other Residential Facility0570Home health aide - general0624Medical/surgical supplies surgical dressings0525Home health aide - visit charge Stay at SNF0631Drugs requiring specific identification - single sour charge0525Preestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility0570Home health aide - other0632Drugs requiring specific identification - multiple sour identification - multiple sour charge	0526		0581	Other visits (home health) -	0634	prescription Drugs requiring specific
0523 Freestanding Clinic - family practice 0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Stay at SNF 0525 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a Stay at SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (net Covered National Covered National Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitioner to a SNF (net Covered National Clinic - Visit by RHC/FQHC Practitione		Other Residential Facility	0580		0633	Drugs requiring specific
0523 Freestanding Clinic - family practice 0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF 0529 Restanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF 0530 Medical supplies surgical dressings 0540 Home health aide - general O6540 Medical/surgical supplies investigational devices investigational devices 0571 Home health aide - hourly 0631 Drugs requiring specific	0525	RHC/FQHC Practitioner to a		charge	0632	Drugs requiring specific
Freestanding Clinic - family practice 0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a 0569 Medical social services - other practices 0570 Home health aide - general surgical dressings 0571 Home health aide - general 0624 Medical/surgical supplies		Stay at SNF		-	0631	Drugs requiring specific
0523 Freestanding Clinic - family 0569 Medical social services - other services	0524			-	0624	Medical/surgical supplies - FDA
by RHC/FQHC Practitioner charge incident to other diagnost	0523		0569	Medical social services - other	0623	services Medical/surgical supplies -
	0522		0562		0622	Medical/surgical supplies - incident to other diagnostic

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0669	Respite care - other	0760	Treatment or observation room services - general	0826	Hemodialysis - outpatient or home - shorter duration (effective 7/1/17)
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0662	charge/skilled nursing Respite care - hourly	0739	EKG/ECG services - other	0823	Hemodialysis - outpatient or home – home equipment
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)659	Hospice services - other	0730 0731	EKG/ECG services - general EKG/ECG services - Holter	0822	Hemodialysis - outpatient or
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0922	peripheral vascular lab Other diagnostic services - electromyogram	0975	Professional fees - operating room	1005	Behavior health accommodations - group home
0921	general Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	accommodations - halfway house
0920	treatment/services - other Other diagnostic services -	0973	Professional fees - radiology - therapeutic	1004	Behavior health
0919	treatment/services - testing Behavior health	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0918	biofeedback Behavior health	0971	Professional fees - laboratory		treatment - chemical dependency
0917	Behavior health treatment/services -	0969	(CRNA) Professional fees - other	1002	Behavior health accommodations - residential
0916	Behavior health treatment/services - family therapy	0964	anesthesiologist (MD) Professional fees - anesthetist	1001	Behavior health accommodations - residential treatment - psychiatric
	treatment/services - group therapy	0963	ophthalmology Professional fees -	1000	Behavior health accommodations - general
0915	therapy Behavior health	0961 0962	Professional fees - psychiatric Professional fees -	0999	Patient convenience items - other
0914	hospitalization - intensive Behavior health treatment/services - individual	0960	Professional fees - general	0998	Patient convenience items - beauty shop/barber
0913	Behavior health treatment/services - partial		chemical dependency (drug and alcohol)	0997	Patient convenience items - admission kits
0912	Behavior health treatment/services - partial hospitalization - less intensive	0953	kinesiotherapy Other therapeutic services –	0996	nonpatient room rentals Patient convenience items - la discharge charge
2012	treatment/services - rehabilitation	0951 0952	Other therapeutic services – athletic training Other therapeutic services -	0995	TV/radio Patient convenience items -
0911	program Behavior health	0949	Other therapeutic services - other	0994	telephone/telegraph Patient convenience items -
0907	Behavior health treatments/services - community behavioral health	0948	Other therapeutic services – pulmonary rehabilitation	0993	private linen service Patient convenience items -
	outpatient services - chemical dependency	0,747	complex medical equipment - ancillary	0991	cafeteria/guest tray Patient convenience items -
0906	Behavior health treatments/services - intensive	0947	complex medical equipment - routine Other therapeutic services -	0990	Patient convenience items - general Patient convenience items -
0905	Behavior health treatments/services - intensive outpatient services - psychiatric	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private dut nurse
, <u>, , , , , , , , , , , , , , , , , , </u>	treatments/services - activity therapy	0945	drug rehabilitation Other therapeutic services -	0988	Professional fees - consultation
0904	treatments/services - play therapy Behavior health	0944	cardiac rehabilitation Other therapeutic services -	0987	Professional fees - hospital vis
0903	therapy Behavioral health	0943	education/training Other therapeutic services -	0986	Professional fees - EEG
0902	Behavior health treatments/services - milieu	0941	Other therapeutic services - recreational therapy Other therapeutic services -	0985	social services Professional fees - EKG
901	Behavior health treatments/services - electroshock	0940	Other therapeutic services - general	0983 0984	Professional fees - clinic Professional fees - medical
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupation therapy
0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0861	Magnetoencephalography (MEG) - MEG	0923	Other diagnostic services - pap smear	0976	Professional fees - respiratory therapy

2100	Alternative thera general	apy services -	2105	Alternative therapy servi biofeedback	ces -	3103	Adult day care, medical and social - daily
2101	Alternative thera acupuncture	apy services -	2106	Alternative therapy serviny hypnosis	ces -	3104	Adult day care, social - daily
2102	Alternative thera acupressure	apy services -	2109	Alternative therapy serviother	ces -	3105	Adult foster care - daily
2103	Alternative thera massage	apy services -	3101	Adult day care, medical a social - hourly	and	3109	Adult foster care - other
2104	Alternative thera reflexology	apy services -	3102	Adult day care, social - h	ourly		
Beginn Length	ing Position:	13 4		Data Source: Type:	Claim	ı ınumeric	
Field 3		HCPCS_QUA	LIFIE		тирпи	mamene	
Descrip	otion:		ing the	type/source of the d	escript	ive numl	per used in
Beginn	ing Position:	17 17	DEDONE	Data Source:	Claim	1	
Length	_	2		Туре:	Alpha	numeric	
Field 4		HCPCS_PRO					
Descrip	otion:				(HCPC	CS) code	applicable to ancillary
Codina	Scheme:	services or a			odeSoto	·/ANHCDC	S/list.asp for complete list of
coung	Scheme:	Level II HCPCS		ns.guv/ncrcskeleasec	ouesels	HINTEPL	Symst.asp for complete list of
Beginn	ing Position:	19		Data Source:	Claim)	
Length		5		Туре:	Alpha	numeric	
Field 5		MODIFIER_				c	· · · · · · · · · · · · · · · · · · ·
Descrip Coding		identifies spe	ecial cir	cumstances related t	o the p	erformai	nce of the service
	Scheme:	donal acorda	F0	Channel on Dolor 1.5	l		Dueforeignel Duming 11
22	Increased proced		58	Staged or Related Proced Service by the Same Phy			Professional During the Postoperative Period
23	Unusual Anesthe			or Other Qualified Health		80	Assistant Surgeon
24	Unrelated Evalua Management Ser			Professional During the Postoperative Period		81	Minimum Assistant Surgeon
	Same Physician	or Other	59	Distinct Procedural Servi	ce	82	Repeat procedure by same
	Qualified Health Professional duri		62	Two Surgeons		<i>y</i> =	physician
	Postoperative Pe		63	Procedure Performed on	Infants	90	Reference (Outside) Laboratory
25	Significant, Sepa	•		less than 4kg		91	Repeat Clinical Diagnostic Laboratory Test
	Identifiable Eval Management Se		66	Surgical Team		92	Alternative Laboratory Platform
	Same Physician Qualified Health		73	Discontinued Outpatient Hospital/Ambulatory Sur	nerv		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 Professional Con	nonen t	74	Anestnesia Discontinued Outpatient			Video Telecommunications
		•	/ 4	Hospital/Ambulatory Sur		00	System Multiple Modifiers
27	Multiple Outpation E/M Encounters			Center (ASC) Procedure Administration of Anesth		99	Multiple Modifiers
	Date		76	Repeat Procedure by Sar		1P	Performance Measure Exclusion Modifier due to Medical Reasons
32	Mandated Service			Physician or Other Qualif		2P	Performance Measure Exclusion
33	Preventive Servi		77	Health Care Professional Repeat Procedure by And	ther	20	Modifier due to Patient Reasons
47	Anesthesia by Si	_	,,	Physician or Other Qualif		3P	Performance Measure Exclusion Modifier due to System Reasons
50	Bilateral Procedu		78	Health Care Professional Unplanned Return to the		8P	Performance Measure Reporting
51	Multiple Procedu		70	Operating/Procedure Roc			Modifier- Action not performed, reason not otherwise specified
52	Reduced Service			the Same Physician or Of Qualified Health Care	her	P1	A normal healthy patient
53	Discontinued Pro			Professional Following In	itial	P2	A patient with mild systemic
54	Surgical Care Or	nly		Procedure for a Related Procedure During the		50	disease
55	Postoperative Ma Only	anagement		Postoperative Period		Р3	A patient with severe systemic disease
	•	nagement Only	79	Unrelated Procedure or S by the Same Physician or		P4	A patient with severe systemic
56	Preoperative Mai				Juici		disease that is a constant
56 57	•	gerv		Qualified Health Care			threat to life
56 57	Decision for Sur	gery		Qualified Health Care			threat to life

	survive without the	IA	Leit Hallu, tiluli	iD	KI	procedure	
operation	saivive without the	GG	Performance an		т1	·	
	orain-dead patient		screening mam		T1	Left foot, second digit	
whose orga	ns are being donor purposes		diagnostic mammography on same patient, same day.		12 Left 100t, till digit		
		GH	Diagnostic man		Т3	Left foot, fourth digit	
	E1 Upper left eyelid E2 Lower left eyelid		converted from mammogram or	-	T4	Left foot, fifth digit	
	•	LC	Left circumflex	coronary artery	T5	Right foot, great toe	
E3 Upper right	eyelid	LD	Left anterior de	scendina	Т6	Right foot, second digit	
E4 Lower right	•	LD	coronary artery	-	T7	Right foot, third digit	
F1 Left hand, s	econd digit	LM	Left main coron	ary artery	Т8	Right foot, fourth digit	
F2 Left hand, t	hird digit	LT	Left side of the	body procedure	Т9	Right foot, fifth digit	
F3 Left hand, f	ourth digit	Q	Ambulance serv	•	TA	Left foot, great toe	
F4 Left hand, f	fth digit	М	under arrangem provider of serv		XE	Separate Encounter	
F5 Right hand,	thumb	QN	Ambulance serv		XS	Separate Structure	
F6 Right hand,	second digit		directly by a pro	ovider of	XP	·	
F7 Right hand,	third digit	D.C.	services			Separate Practitioner	
F8 Right hand,	_	RC	Right coronary	•	XU	Unusual Non-Overlapping Service	
	_	RI	Ramus intermed	dius coronary			
F9 Right hand,	mui digit		,				
Beginning Position			Data So				
Length: Field 6:	2 MODIFIER_2	`	Туре:	Alphan	umeric		
Description:			umstances re	slated to the no	rforma	nce of the service.	
Coding Scheme:	Same as Field N			elated to the per	iioiiiia	ince of the service.	
Beginning Position		IODII IL	Data So	urce: Claim			
Length:	2		Type:	Alphan	umeric		
Field 7:	MODIFIER_3	3					
Description:	Identifies sned	rial circ	umetaneoe re	lated to the por	rforma	£ Ll	
•				elated to the per	HUHHI	nce of the service.	
Coding Scheme:	Same as Field N		R_1		HOHHA	ince of the service.	
Coding Scheme: Beginning Position	Same as Field M n: 28		R_1 Data So	urce: Claim		ince of the service.	
Coding Scheme: Beginning Position Length:	Same as Field M n: 28 2	10DIFIE	R_1			ince of the service.	
Coding Scheme: Beginning Position Length: Field 8:	Same as Field M n: 28 2 MODIFIER_4	10DIFIE	R_1 Data So Type:	urce: Claim Alphan	<u>umeric</u>		
Coding Scheme: Beginning Position Length: Field 8: Description:	Same as Field M n: 28 2 MODIFIER_4	10DIFIE	R_1 Data So Type:	urce: Claim Alphan	<u>umeric</u>	nce of the service.	
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Coding Scheme: Beginning Position Length: Field 8: Description: Coding Scheme: Beginning Position Length:	Same as Field M 28 2 MODIFIER_4 Identifies spec Same as Field M n: 30 2	MODIFIE	R_1 Data So Type: umstances re R_1 Data So Type:	urce: Claim Alphan	<u>umeric</u> rforma		
Coding Scheme: Beginning Position Length: Field 8: Description: Coding Scheme: Beginning Position Length: Field 9:	Same as Field M 28 2 MODIFIER_4 Identifies spectors are as Field M 30 2 UNIT_MEASO	MODIFIE ial circ MODIFIE	R_1 Data So Type: umstances re R_1 Data So Type: ENT_CODE	urce: Claim Alphan Plated to the per urce: Claim Alphan	umeric rforma umeric	nce of the service.	
Coding Scheme: Beginning Position Length: Field 8: Description: Coding Scheme: Beginning Position Length: Field 9: Description:	Same as Field M 28 2 MODIFIER_4 Identifies specified M 30 2 UNIT_MEASI Code specifyir	MODIFIE ial circ MODIFIE	R_1 Data So Type: umstances re R_1 Data So Type: ENT_CODE	urce: Claim Alphan Plated to the per urce: Claim	umeric rforma umeric	nce of the service.	
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FA Left hand, thumb

RT Right side of the body

A moribund patient who is not

Length:	14	Туре:	Numeric				
Field 14:	FINAL_EAPG_CATEG	ORY_CODE					
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™						
	EAPG Grouper. Not available 4Q09.						
Beginning Position:	81	Data Source:	Assigned				
Length:	2	Туре:	Alphanumeric				
Field 15:	FINAL_EAPG_TYPE_						
	Enhanced Ambulatory	Patient Group (E	APG) type code, as assigned by 3M™ EAPG				
	Grouper. Not available	4Q09.					
Beginning Position:	83	Data Source:	Assigned				
Length:	2	Туре:	Alphanumeric				
Field 16:	FINAL_EAPG						
			up (EAPG), as assigned by 3M™ EAPG				
	Grouper. Not available						
Beginning Position:	85	Data Source:	Assigned				
Length:	5	Туре:	Alphanumeric				
Field 17:	APC_PROCEDURE_C						
			C) procedure code as assigned by 3M™ APC				
	Grouper. Not available	-					
Beginning Position:	90	Data Source:	Assigned				
Length:	5	Type:	Alphanumeric				
Field 18:	APC_PX_STATUS_IN		0)				
			C) procedure status indicator as assigned by				
	3M [™] APC Grouper. No						
Beginning Position:	95 2	Data Source:	Assigned				
Length: Field 19:		Туре:	Alphanumeric				
rieid 19:	APC_WEIGHT	Classification (AD	C) weighting as assigned by 2MIM ADC				
		-	C) weighting as assigned by 3M™ APC				
Designing Desition:	Grouper. Not available	•	Assigned				
Beginning Position:	97 9	Data Source:	Assigned Alphanumeric				
Length:	<i>3</i>	Туре:	Alphanument				

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 id	lentifier assigned	to the provider by DSHS. The THCIC_ID is
			data and generally throughout a full year. A
			during the middle of a year. This will be
			ware of those mid-year name changes.
Designing Desition.			
Beginning Position:	1	Data Source:	Assigned
Length:	6	Туре:	Alphanumeric
Field 2:	PROVIDER_NAME		
Description:	Hospital name provide		
Beginning Position:	7	Data Source:	Provider
Length:	55	Туре:	Alphanumeric
Field 3:	FAC_TEACHING_IN		
Description:	Teaching Facility Indic		
Suppression:	Suppressed for hospitals	with fewer than 50	0 discharges (Provider ID equals '999999').
Coding Scheme:	A Member, Council of Te	aching Hospitals	
	X Other teaching facility		
Beginning Position:	62	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 4:	FAC_PSYCH_IND		
Description:	Psychiatric Facility Inc	dicator.	
Suppression:			0 discharges (Provider ID equals '999999').
Beginning Position:	63	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 5:	FAC_REHAB_IND	.,,,,,	, we have the
Description:	Rehabilitation Facility	Indicator	
Suppression:			O discharges (Provider ID equals '999999').
Beginning Position:	64	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 6:			Alphanumenc
	FAC_ACUTE_CARE_		
Description:	Acute Care Facility Inc		O dischauses (Duswider ID escale 10000001)
Suppression:			0 discharges (Provider ID equals '999999').
Beginning Position:	65	Data Source:	Provider
Length: Field 7:	1	Туре:	Alphanumeric
	FAC_SNF_IND	. To discuss	
Description:	Skilled Nursing Facility		0 11 1 70 1 10000001
Suppression:			0 discharges (Provider ID equals '999999').
Beginning Position:	66	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 8:	FAC_LONG_TERM_A		
Description:	Long Term Acute Care		
Suppression:			0 discharges (Provider ID equals '999999').
Beginning Position:	67	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 9:	FAC_OTHER_LTC_II		
Description:	Other Long Term Care		
Suppression:	Suppressed for hospitals	with fewer than 50	0 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:			0 discharges (Provider ID equals '999999').
Coding Scheme:			's Hospitals and Related Institutions (NACHRI)
5 · · · · ·	X Facilities that also trea		,
Beginning Position:	69	Data Source:	Provider
Length:	1	Type:	Alphanumeric
-			•
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Field 44.	FAC CARRIOVACCU	LAD TND	
Field 11:	FAC_CARDIOVASCU		
Description:	Cardiovascular facility		D
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 T	Type:	Alphanumeric
	FAC_ENDOSCOPY_II		
Description:	Endoscopy facility indi		D
Beginning Position:	72	Data Source:	Provider
Length: Field 14:	TAC FOOT THE	Туре:	Alphanumeric
	FAC_FOOT_IND	. h	
Description:	Foot care facility indica		Duestiden
Beginning Position:	73 1	Data Source:	Provider Alphanumeric
Length: Field 15:	FAC_GASTROENTER	Type:	Alphanumenc
Description:	Gastroenterology facili		
Beginning Position:	74	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 16:	FAC_GENERAL_IND	Type.	Alphanameric
Description:	General care facility in	dicator	
Beginning Position:	75	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 17:	FAC_NEUROLOGICA		Auphanamene
Description:	Neurological care facili		
Beginning Position:	76	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 18:	FAC_OB_GYN_IND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
Description:	Obstetric and gynecolo	ogy facility indica	ator.
Beginning Position:	77	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 19:	FAC_OPTHAMOLOGY		·
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.	
Beginning Position:	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	Type:	Alphanumeric
Field 22:	FAC_OTOLARYNGOL		
Description:	Otolaryngology facility		
Beginning Position:	81	Data Source:	Provider
Length: Field 23:	TAC DATH MNOME	Type:	Alphanumeric
Description:	FAC_ PAIN_MNGMT		
Beginning Position:	Pain management facil	Data Source:	Provider
Length:	82 1	Type:	Alphanumeric
Field 24:	FAC_PLASTIC_IND	туре.	Alphanamenc
Description:	Plastic surgery facility	indicator	
Beginning Position:	83	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 25:	FAC_THORACIC_IND		- aprimitante
Description:	Thoracic care facility in		
Beginning Position:	84	Data Source:	Provider
Length:	1	Type:	Alphanumeric
			•

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Field 26: FAC_UROLOGY_IND **Description:** Urology care facility indicator. Data Source: **Beginning Position:** 85 Provider Length: Type: Alphanumeric Field 27: **FAC OTHER IND Description:** Other facility indicator. **Beginning Position:** 86 Data Source: Provider Length: Alphanumeric Type: Field 28: FAC EMERGENCY DEPARTMENT IND **Description:** Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting with the 4th Quarter 2020 Facility Type Data File. Note: The FEMCFs names are available at https://dshs.texas.gov/thcic/ (downloadable Excel sheet named Current Facility Contact), under "Facility Reporting Requirement". The provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider file dataset. For the first quarterly implementation, 4th Quarter 2020, the facility indicator has incomplete data due to implementation timing. **Beginning Position: Data Source:** Provider Length: Alphanumeric Type: Field 29: **FAC ONCOLOGY IND Description:** Oncology facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric POA PROVIDER INDICATOR Field 30: **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:** Μ Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required Exempt Χ Invalid **Beginning Position:** 87 **Data Source: Assigned** Length: Alphanumeric Type: Field 31: CERT_STATUS_IP **Description:** Assignment of a code to indicate the certification of data (inpatient) and submission of comments by the hospital. **Coding Scheme:** 1 Certified, without comment 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Hospital elected not to certify 5 Hospital closed, data not certified 6 Hospital out of compliance, did not certify data Data not certified. Facility affected by natural or man-made disaster (4Q2016) 7 8 No Emergency Department data submitted **Beginning Position:** 88 Data Source: **Assigned** Length: Type: Alphanumeric Field 32: CERT_STATUS_OP **Description:** Assignment of a code to indicate the certification of data (outpatient) and submission of comments by the hospital. **Coding Scheme:** Certified, without comment 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Hospital elected not to certify 5 Hospital closed, data not certified Hospital out of compliance, did not certify data

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7	Data not certified. Facility affected by natural or man-made disaster (4Q2016)					
8	No Emergency Department data sub	mitted				
89	Data Source:	Assigned				
1	Туре:	Alphanumeric				

Beginning Position:

Length:



Texas Department of State Health Services

Texas Hospital Emergency Department Data Set DATA FILE LAYOUTS

Inpatient Base Data #1 File

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

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

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

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

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

Inpatient Base Data #2 File

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF			
1	or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	PRIVATE_AMOUNT	13	12	Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric

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Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC_AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric
37	OCCUR_DAY_3	387	4	Alphanumeric
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric

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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

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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	FAC_EMERGENCY_DEPARTMENT_IND ¹	87	1	Alphanumeric
29	FAC_ONCOLOGY_IND ¹	88	1	Alphanumeric
30	POA_PROVIDER_INDICATOR	89	1	Alphanumeric
31	CERT_STATUS_IP	90	1	Alphanumeric
32	CERT_STATUS_OP	91	1	Alphanumeric
	Record_Length	91		

¹ Facility Type Code added to the 4th Quarter 2020 Facility Type Data File DSHS/THCIC Page www.dshs.texas.gov/THCIC 108