

## Texas Department of State Health Services

### Center for Health Statistics Texas Health Care Information Collection

# TEXAS HOSPITAL EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2017

DSHS Document #25-15013

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#### **BACKGROUND**

The 2014-15 General Appropriations Act, S.B. 1, 83<sup>rd</sup> Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in Chapter 108, Texas Health and Safety Code (THSC). DSHS currently collects inpatient and outpatient data from hospitals and ambulatory surgical centers. DSHS began collecting ED data from hospitals on January 1, 2015 per 25 Texas Administrative Code (TAC), Sections 421.71-421.78, and in conjunction with the collection of inpatient and outpatient data.

Sections <u>108.011(a)</u> and <u>108.013</u> of the THSC require DSHS to provide public use data promptly and to protect patient and physician privacy and confidentiality. Also, 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.

#### HOSPITAL EMERGENCY DEPARTMENT PUBLIC USE DATA FILES

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

The providers/submitters must submit their data according to the schedule specified in 25 TAC, Sections 421.73, 421.75 and 421.76 (which references 25 TAC, Sections 421.63, 421.65 and 421.66). The reporting schedules are also posted on the DSHS/THCIC webpage <a href="http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm">http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm</a>. This means that the Hospital ED PUDF reflects a snapshot in time and each quarter may contain some inpatient encounter records or outpatient event records dated in the previous quarter (i.e. for a complete calendar year of data, be sure to check the first quarter of the following year).

The Hospital ED PUDF contains:

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

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

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

The 2017 Hospital ED PUDF is available in seven fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges, and Facility Type Data files. The sizes of the files are as follows:

#### First quarter, 491 facilities:

IP Base Data #1	389,694 records	167 variables	Fixed field format	299 MB	Tab-delimited	158 MB
IP Base Data #2	389,694 records	99 variables	Fixed field format	242 MB	Tab-delimited	104 MB
IP Charges	7,531,666 records	13 variables	Fixed field format	589 MB	Tab-delimited	347 MB
OP Base Data	2,369,061 records	129 variables	Fixed field format	1,999 MB	Tab-delimited	928 MB
OP Classification Data	2,369,061 records	83 variables	Fixed field format	639 MB	Tab-delimited	317 MB
OP Charges	18,888,359 records	19 variables	Fixed field format	1,927 MB	Tab-delimited	1,491 MB
Facility Type Data	491 records	30 variables	Fixed field format	44 KB	Tab-delimited	39 KB

#### Second quarter, 483 facilities:

IP Base Data #1	374,777 records	166 variables	Fixed field format	287 MB	Tab-delimited	152 MB
IP Base Data #2	374,777 records	99 variables	Fixed field format	232 MB	Tab-delimited	100 MB
IP Charges	7,068,705 records	13 variables	Fixed field format	553 MB	Tab-delimited	325 MB
OP Base Data	2,309,112 records	128 variables	Fixed field format	1,949 MB	Tab-delimited	908 MB
OP Classification Data	2,309,112 records	83 variables	Fixed field format	623 MB	Tab-delimited	310 MB
OP Charges	18,724,107 records	19 variables	Fixed field format	1,911 MB	Tab-delimited	1,478 MB
Facility Type Data	483 records	30 variables	Fixed field format	43 KB	Tab-delimited	38 KB

#### Third quarter, 441 facilities:

IP Base Data #1	368,002 records	166 variables	Fixed field format	282 MB	Tab-delimited	149 MB
IP Base Data #2	368,002 records	99 variables	Fixed field format	228 MB	Tab-delimited	98 MB
IP Charges	6,917,547 records	13 variables	Fixed field format	541 MB	Tab-delimited	319 MB
OP Base Data	2,232,450 records	128 variables	Fixed field format	1,884 MB	Tab-delimited	878 MB
OP Classification Data	2,232,450 records	83 variables	Fixed field format	603 MB	Tab-delimited	299 MB
OP Charges	17,951,759 records	19 variables	Fixed field format	1,832 MB	Tab-delimited	1,418 MB
Facility Type Data	441 records	30 variables	Fixed field format	39 KB	Tab-delimited	35 KB

#### Fourth quarter, 494 facilities:

IP Base Data #1	390,192 records	166 variables	Fixed field format	299 MB	Tab-delimited	158 MB
IP Base Data #2	390,192 records	99 variables	Fixed field format	242 MB	Tab-delimited	105 MB
IP Charges	7,347,775 records	13 variables	Fixed field format	575 MB	Tab-delimited	338 MB
OP Base Data	2,477,301 records	128 variables	Fixed field format	2,091 MB	Tab-delimited	968 MB
OP Classification Data	2,477,301 records	83 variables	Fixed field format	669 MB	Tab-delimited	329 MB
OP Charges	19,192,622 records	19 variables	Fixed field format	1,958 MB	Tab-delimited	1,515 MB
Facility Type Data	494 records	30 variables	Fixed field format	44 KB	Tab-delimited	39 KB

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

#### DATA PROCESSING AND QUALITY

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

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

Finally, DSHS builds a final inpatient encounter and separate outpatient event file that includes all data for those datasets, including the corrected data submitted by the hospitals. DSHS staff checks and adjusts for missing values and invalid codes in this file before the Hospital ED PUDF is generated. Users DSHS/THCIC DSHS Document #25-15013

are advised to examine every data element to be used for missing values and invalid codes, and to read accompanying notes, comments, and other descriptive text.

#### PATIENT/PHYSICIAN CONFIDENTIALITY

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

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

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states (i.e., Arkansas, Louisiana, New Mexico, and Oklahoma).
- The entire ZIP code and gender code are suppressed if the ICD-10-CM code indicates alcohol use, drug use, or an HIV-STD diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital has fewer than five discharges of a particular gender, including 'unknown'.
   The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter. The provider ID is changed to '999999'.
- The country code is suppressed if the country field has fewer than five discharges for that quarter.
- The county code is suppressed if a county has fewer than five discharges for that quarter.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for patients with one or more

- diagnosis codes indicating an HIV-STD diagnosis, alcohol use, or drug use.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital has fewer than ten discharges of a particular race code.

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

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

#### **RESTRICTIONS ON DATA USE**

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

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

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

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

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

user) has been informed that the potential for both civil and criminal penalties exists.

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

#### **DATA LIMITATIONS**

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

- THSC, Section 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 has fewer than five discharges of a particular gender, including 'unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If the ZIP code is changed to '88888' the state abbreviation is changed to 'ZZ'. Suppression of the ZIP code is applied separately within inpatient and outpatient data sets.
- Patient race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities directly from the patient, and may be subjectively captured and reported by the facilities.
- Inaccuracies in the data and incompleteness of the data would be addressed in the hospitals' comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.

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

- considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

#### HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

#### (Users are advised to consider hospital comments in any analysis of the data.)

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

#### CITATION

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

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



## Texas Department of State Health Services

#### Texas Hospital Emergency Department Data Set

#### **DATA DICTIONARY**

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

**Field** Unique, abbreviated name of the data element.

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

taken from specifications manuals

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

Source

Provided to THCIC by the healthcare facility (Provider)

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

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

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

following the Data Source.

**Type** Alphanumeric or numeric

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

scheme

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

Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

#### INPATIENT BASE DATA #1 FILE

Field 1: RECORD ID

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

Record\_ID in the ED Inpatient PUDF is not linkable to the Record\_ID in the ED

Outpatient PUDF or ED Research Data Files (RDFs).

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

Field 2: DISCHARGE

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

Field 3: THCIC\_ID

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

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Suppression:				nto the Provider ID '999999'. If luding 'unknown', Provider ID
Beginning Position: Length:	19	Data Source: Type:	Assigned Alphanumeric	
Field 4:	TYPE_OF_ADM		7.11p.11a.11a.11o.11o	
Description:		the type of admission		
Coding Scheme:	1 Emergen	J.		
county serience.	2 Urgent	cy		
	3 Elective			
	4 Newborn			
	5 Trauma			
		ion not available		
	` Invalid			
<b>Beginning Position:</b>	25	Data Source:	Claim	
Length:	1	Type:	Alphanumeric	
Field 5:	SOURCE_OF_A	DMISSION		
Description:	Code indicating	source of the admission.		
Coding Scheme:		hcare Facility Point of Origin (Beg	ginning July 1, 2010)	
		hysician's Office		
		om a hospital om a skilled nursing facility, inte	rmodiato cara facility	or assisted living facility
		om another health care facility	ermediate care raciity	or assisted living facility
		Enforcement		
	9 Informatio	n not available		
		om One Distinct Unit of the Hosp		ct Unit of the Same Hospital
		n a Separate Claim to the Payer		
		om Ambulatory Surgery Center om a Hospice Facility		
	` Invalid	on a nospice racinty		
	If Type of Admissi	on=4 (Newborn)		
		e this hospital		
		de this hospital		
<b>Beginning Position:</b>	26	Data Source:	Claim	
Length:	1	Type:	Alphanumeric	
Field 6:	SPEC_UNIT_1			
Description:	Specialty Units i	n which most days during	g stay occurred b	based on number of days by
	Type of Bill or R	evenue Code.	-	
Coding Scheme:	С	Coronary Care Unit	Р	Pediatric Unit
	D	Detoxification Unit	Y	Psychiatric Unit
	I H	Intensive Care Unit Hospice Unit	R U	Rehabilitation Unit Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
	0	Oncology Unit		
<b>Beginning Position:</b>	27	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 7:	SPEC_UNIT_2			
Description:			uring stay occurre	ed based on number of days
	by Type of Bill o	r Revenue Code.		
Coding Scheme:	Same as SPEC_UN	NIT_1.		
Beginning Position:	28	Data Source:	Calculated	
Length:		Type:	Alphanumeric	
Field 8:	SPEC_UNIT_3			
Description:			iring stay occurre	ed based on number of days
		r Revenue Code.		
Coding Scheme:	Same as SPEC_UN			
Beginning Position:	29	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 9:	SPEC_UNIT_4			
Description:			iring stay occurre	ed based on number of days
		r Revenue Code.		
Coding Scheme:	Same as SPEC_UI			
Beginning Position:	30	Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
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Field 10: SPEC\_UNIT\_5

**Description:** Specialty Units in which 5<sup>th</sup> most days during stay occurred based on number of days

by Type of Bill or Revenue Code.

**Coding Scheme:** Same as SPEC\_UNIT\_1.

Beginning Position:31Data Source:CalculatedLength:1Type:Alphanumeric

Field 11: PAT\_STATE

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

character Postal Service abbreviation.

Coding Scheme: AR Arkansas

LA Louisiana NM New Mexico OK Oklahoma TX Texas

ZZ All other states and American Territories

FC Foreign country

XX Foreign country

Beginning Position: 32 Data Source: Claim

Length: 2 Type: Alphanumeric

Field 12: PAT\_ZIP

**Description:** Patient's five-digit ZIP code.

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

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

Code is blank.

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

**Length**: 5 **Type**: Alphanumeric

Field 13: PAT\_COUNTRY

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

Organization for Standardization (ISO).

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

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

Beginning Position: 39 Data Source: Claim

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

Field 14: PAT\_COUNTY

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

Coding scheme:

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

**Beginning Position:** Length:

Data Source: Assigned; based on patient ZIP code 41 Alphanumeric

Type:

#### Field 15: Description: Coding Scheme:

#### PUBLIC\_HEALTH\_REGION

Public Health Region of patient's address.

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

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

Invalid

Beginning Position:44Data Source:AssignedLength:2Type:Alphanumeric

Field 16: PAT\_STATUS

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

reported

#### Coding Scheme:

- O1 Discharged to home or self-care (routine discharge)
- 02 Discharged to other short term general hospital
- 03 Discharged to skilled nursing facility
- 04 Discharged to intermediate care facility
- 05 Discharged/transferred to a Designated Cancer Center or Children's Hospital
- 06 Discharged to care of home health service
- 07 Left against medical advice
- 08 Discharged to care of Home IV provider
- 09 Admitted as inpatient to this hospital
- 20 Expired
- 21 Discharged/transferred to Court/Law Enforcement
- 30 Still patient
- 40 Expired at home
- 41 Expired in a medical facility
- 42 Expired, place unknown
- 43 Discharged/transferred to federal health care facility
- 50 Discharged to hospice-home
- 51 Discharged to hospice-medical facility
- 61 Discharged/transferred within this institution to Medicare-approved swing bed
- 62 Discharged/transferred to inpatient rehabilitation facility
- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility
- 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to Critical Access Hospital (CAH)
- 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 71 Discharged/transferred to other outpatient service

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

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

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

Invalid

Beginning Position: 46 Data Source: Claim

Length: 2 Type: Alphanumeric

Field 17: SEX\_CODE

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

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

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

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

are blank for those patients.

Coding Scheme: M Male

F Female U Unknown ` Invalid

Beginning Position: 48 Data Source: Claim

Length: 1 Type: Alphanumeric

Field 18: RACE

**Description:** Code indicating the patient's race.

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

(code equals 5).

Coding Scheme: 1 American Indian/Eskimo/Aleut

2 Asian or Pacific Islander

3 Black 4 White

5 OtherInvalid

Beginning Position: 49 Data Source: Claim

Length: 1 Type: Alphanumeric

Field 19: ETHNICITY

**Description:** Code indicating the Hispanic origin of the patient.

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

race is suppressed (code is blank).

Coding Scheme: 1 Hispanic Origin

2 Not of Hispanic Origin

Invalid

Beginning Position: 50 Data Source: Claim

Length: 1 Type: Alphanumeric

Field 20: ADMIT\_WEEKDAY

**Description:** Code indicating day of week patient is admitted

Coding Scheme: 1 Monday 5 Friday

Tuesday
Wednesday
Thursday
Thursday
Invalid

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

Field 21: LENGTH\_OF\_STAY

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

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

9999 days.

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

Field 22:	PAT_AGE			
Description:	Code indicating age of p	natient in days o	r vears on date o	of discharge
Coding Scheme:	00 1-28 days	10 35-39	years on date e	20 85-89
3	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 07 20-24	16 65-69 17 70-74		25 65-74 26 75+
	08 25-29	18 75-79		` Invalid
	09 30-34	19 80-84		
<b>Beginning Position:</b>	56	Data Source:	Assigned	
Length:	2	Type:	Alphanumeric	
Field 23:	FIRST_PAYMENT_SRO			
Description:	Code indicating the exp			
Coding Scheme:	09 Self Pay (Removed from beginning 20		HM Health N	Maintenance Organization
	10 Central Certification	2012 data)	LI Liability	
	11 Other Non-federal Prog			Medical
	12 Preferred Provider Orga	anization (PPO)	MA Medicar	
	<ul><li>13 Point of Service (POS)</li><li>14 Exclusive Provider Organic</li></ul>	anization (FPO)	MB Medicar MC Medicai	e Part B
	15 Indemnity Insurance	anization (Li O)	TV Title V	u
	16 Health Maintenance Or	ganization (HMO)	OF Other F	ederal Program
	Medicare Risk		140	A 1
	AM Automobile Medical BL Blue Cross/Blue Shield			Administration Plan S Compensation Health Claim
	CH CHAMPUS			Indigent or Unknown
	CI Commercial Insurance			99 and ZZ, combined for 2004 & 2005
	DS Disability Insurance		` Invalid	
Beginning Position:	58	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 24:	SECONDARY_PAYMEN	VI SRC		
Description:	Code indicating the exp	ected secondary	source of payme	ent.
Coding Scheme:	Same as field FIRST_PAYM	ected secondary ENT_SRC		ent.
Coding Scheme: Beginning Position:	Same as field FIRST_PAYM 60	ected secondary ENT_SRC <b>Data Source</b> :	Claim	ent.
Coding Scheme: Beginning Position: Length:	Same as field FIRST_PAYM 60 2	ected secondary ENT_SRC		ent.
Coding Scheme: Beginning Position: Length: Field 25:	Same as field FIRST_PAYM 60 2 TYPE_OF_BILL	ected secondary IENT_SRC <b>Data Source</b> : <b>Type</b> :	Claim	ent.
Coding Scheme: Beginning Position: Length: Field 25: Description:	Same as field FIRST_PAYM 60 2 TYPE_OF_BILL Indicates the specific type	ected secondary IENT_SRC     Data Source:     Type:  of bill.	Claim Alphanumeric	ent.  3 <sup>rd</sup> digit–Sequence of claim
Coding Scheme: Beginning Position: Length: Field 25:	Same as field FIRST_PAYM 60 2 TYPE_OF_BILL	ected secondary ENT_SRC Data Source: Type:  of bill.  2 <sup>nd</sup> digit-Typ 1 Inpatien:	Claim Alphanumeric	
Coding Scheme: Beginning Position: Length: Field 25: Description:	Same as field FIRST_PAYM 60 2 TYPE_OF_BILL Indicates the specific type 1st digit-Type of Facility	ected secondary ENT_SRC Data Source: Type:  of bill.  2 <sup>nd</sup> digit—Typ. 1 Inpatien: Part A 2 Inpatien:	Claim Alphanumeric	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge
Coding Scheme: Beginning Position: Length: Field 25: Description:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit-Type of Facility 1 Hospital	ected secondary ENT_SRC Data Source: Type:  of bill.  2 <sup>nd</sup> digit—Typ 1 Inpatien Part A	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B	3 <sup>rd</sup> digit–Sequence of claim 0 Non-payment/Zero claim
Coding Scheme: Beginning Position: Length: Field 25: Description:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical	ected secondary ENT_SRC  Data Source: Type:  of bill.  2 <sup>nd</sup> digit—Typ 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie 4 Outpatie	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare	3 <sup>rd</sup> digit-Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim
Coding Scheme: Beginning Position: Length: Field 25: Description:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital	ected secondary ENT_SRC  Data Source: Type:  of bill.  2 <sup>nd</sup> digit—Typ 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie 4 Outpatie Part B or	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim
Coding Scheme: Beginning Position: Length: Field 25: Description:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical	ected secondary ENT_SRC  Data Source: Type:  of bill.  2 <sup>nd</sup> digit—Typ 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie 4 Outpatie Part B or 5 Intermed	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare	<ul> <li>3<sup>rd</sup> digit-Sequence of claim</li> <li>Non-payment/Zero claim</li> <li>Admit through discharge claim</li> <li>Interim-first claim</li> </ul>
Coding Scheme: Beginning Position: Length: Field 25: Description:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit-Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ. 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie Part B or 5 Intermed	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare Illy Idiate Care—Level II	3 <sup>rd</sup> digit-Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim-first claim 3 Interim-continuing claim 4 Interim-last claim 5 Late charge(s) only claim
Coding Scheme: Beginning Position: Length: Field 25: Description:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit-Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended can	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ. 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie 4 Outpatie Part B or 5 Intermed 7 Sub-acuit	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B Int Int Other, Medicare ally diate Care—Level I	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim
Coding Scheme: Beginning Position: Length: Field 25: Description:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit-Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ. 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie Part B or 5 Intermed	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare Illy diate Care—Level I  diate Care—Level II te inpatient — Level	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare)
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care 7 Clinic 8 Special facility	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ. 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie 4 Outpatie Part B or 5 Intermed 7 Sub-acut III	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare ally diate Care-Level I  diate Care-Level II te inpatient – Level	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare)
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:  Beginning Position:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care 7 Clinic 8 Special facility	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie 4 Outpatie Part B or 5 Intermed 7 Sub-acui	Claim Alphanumeric  De of Care to including Medicare to Medicare Part B  Int Int Other, Medicare Inly Idiate Care—Level I Idiate Care—Level II Idiate Care—III	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:  Beginning Position: Length:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended car 6 Intermediate care 7 Clinic 8 Special facility 62 3	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie 4 Outpatie Part B or 5 Intermed 7 Sub-acui	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare ally diate Care-Level I  diate Care-Level II te inpatient – Level	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:  Beginning Position: Length: Field 26:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care 7 Clinic 8 Special facility 62 3  TOTAL_CHARGES	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ 1 Inpatient Part A 2 Inpatient Part B or 5 Intermed 7 Sub-acut III 8 Swing be  Data Source: Type:	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare Int Idiate Care—Level I Idiate Care—Level II Idiate Care—Le	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:  Beginning Position: Length:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care 7 Clinic 8 Special facility 62 3  TOTAL_CHARGES Sum of accommodation	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie 4 Outpatie Part B or 5 Intermed 7 Sub-acui III 8 Swing be Data Source: Type:  charges, non-co	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare Int Idiate Care—Level I Idiate Care—Level II Ide inpatient — Level Int	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:  Beginning Position: Length: Field 26: Description:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care 7 Clinic 8 Special facility 62 3  TOTAL_CHARGES Sum of accommodation charges, non-covered a	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ. 1 Inpatien: Part A 2 Inpatien: only 3 Outpatie 4 Outpatie Part B or 5 Intermed 7 Sub-acui III 8 Swing be  Data Source: Type:  charges, non-concillary charges.	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare Inty Idiate Care—Level I Idiate Care—Level II Idiate Care—L	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:  Beginning Position: Length: Field 26: Description: Beginning Position:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care 7 Clinic 8 Special facility 62 3  TOTAL_CHARGES Sum of accommodation charges, non-covered a 65	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ. 1 Inpatien: Part A 2 Inpatien: Part B or 5 Intermed 7 Sub-acui III 8 Swing be  Data Source: Type:  charges, non-concillary charges. Data Source:	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare Int Idiate Care—Level I Idiate Care—Level II Idiate Care—Le	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:  Beginning Position: Length: Field 26: Description:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care 7 Clinic 8 Special facility 62 3  TOTAL_CHARGES Sum of accommodation charges, non-covered a 65 12	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ 1 Inpatient Part A 2 Inpatient Part B or 5 Intermed 7 Sub-acut III 8 Swing be  Data Source: Type:  charges, non-concillary charges. Data Source: Type:	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare Inty Idiate Care—Level I Idiate Care—Level II Idiate Care—L	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:  Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care 7 Clinic 8 Special facility 62 3  TOTAL_CHARGES Sum of accommodation charges, non-covered a 65 12  TOTAL_NON_COV_CH	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ. 1 Inpatien: Part A 2 Inpatien: Part B or 5 Intermed 7 Sub-acui III 8 Swing be  Data Source: Type:  charges, non-concillary charges. Data Source: Type:  IARGES	Claim Alphanumeric  De of Care It, including Medicare It, Medicare Part B Int Int Other, Medicare Inly Idiate Care—Level I Idiate Care—Level II Idiate Care—Level III Idiate Care—Level II Idiate Care—Level II Idiate Care—Level II Idiate Care	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:  Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27: Description:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care 7 Clinic 8 Special facility 62 3  TOTAL_CHARGES Sum of accommodation charges, non-covered a 65 12	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ. 1 Inpatien: Part A 2 Inpatien: Part B or 5 Intermed 7 Sub-acui III 8 Swing be  Data Source: Type:  charges, non-concillary charges. Data Source: Type:  IARGES	Claim Alphanumeric  De of Care It, including Medicare It, Medicare Part B Int Int Other, Medicare Inly Idiate Care—Level I Idiate Care—Level II Idiate Care—Level III Idiate Care—Level II Idiate Care—Level II Idiate Care—Level II Idiate Care	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim
Coding Scheme: Beginning Position: Length: Field 25: Description: Coding Scheme:  Beginning Position: Length: Field 26: Description: Beginning Position: Length: Field 27:	Same as field FIRST_PAYM 60 2  TYPE_OF_BILL Indicates the specific type 1st digit—Type of Facility 1 Hospital 2 Skilled nursing 3 Home health 4 Religious non-medical health care—Hospital 5 Religious non-medical health care—Extended care 6 Intermediate care 7 Clinic 8 Special facility 62 3  TOTAL_CHARGES Sum of accommodation charges, non-covered a 65 12  TOTAL_NON_COV_CH- Sum of non-covered accommoder covered	ected secondary ENT_SRC  Data Source: Type:  of bill.  2nd digit—Typ 1 Inpatien: Part A 2 Inpatien: Part B or 5 Intermed 7 Sub-acut III 8 Swing be  Data Source: Type:  charges, non-concillary charges. Data Source: Type:  IARGES commodation ch	Claim Alphanumeric  De of Care t, including Medicare t, Medicare Part B  Int Int Other, Medicare Int Idiate Care—Level I Idiate Care—Level II Idiate Care—Le	3 <sup>rd</sup> digit—Sequence of claim 0 Non-payment/Zero claim 1 Admit through discharge claim 2 Interim—first claim 3 Interim—continuing claim 4 Interim—last claim 5 Late charge(s) only claim 6 Adjustment of prior claim (Not used by Medicare) 7 Replacement of prior claim 8 Void/cancel of prior claim

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Field 28: TOTAL\_CHARGES\_ACCOMM Description: Sum of covered and non-covered accommodation charges. **Beginning Position:** Data Source: 89 Claim Numeric Length: 12 Type: Field 29: TOTAL\_NON\_COV\_CHARGES\_ACCOMM Description: Sum of non-covered accommodations charges. **Beginning Position:** 101 Data Source: Claim Numeric Length: Type: 12 Field 30: TOTAL CHARGES ANCIL Description: Sum of covered and non-covered ancillary charges. **Beginning Position:** Data Source: Claim 113 Length: Numeric 12 Type: Field 31: TOTAL\_NON\_COV\_CHARGES\_ANCIL Description: Sum of non-covered ancillary charges. **Beginning Position:** Data Source: Claim 125 Length: 12 Type: Numeric Field 32: ADMITTING DIAGNOSIS Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** Data Source: 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. **Beginning Position:** 144 Data Source: Claim Length: Type: Alphanumeric Field 34: POA PRINC DIAG CODE Description: Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital Coding Scheme: Υ Yes Ν No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr. 2012 only) 1 Invalid **Beginning Position:** 151 Data Source: Claim Length: Type: **Alphanumeric** Field 35: OTH\_DIAG\_CODE\_1 Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 152 Data Source: Claim Length: Type: **Alphanumeric** Field 36: POA\_OTH\_DIAG\_CODE\_1 Description: Code identifying whether Oth\_Diag\_Code\_1 code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE Coding Scheme: **Beginning Position:** Data Source: 159 Claim Length: Type: Alphanumeric Field 37: OTH\_DIAG\_CODE\_2 Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** Data Source: 160 Type: Length: **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

Coding Scheme:

Length:

**Beginning Position:** 

Data Source:

Type:

Claim

Alphanumeric

Same as Field POA\_PRINC\_DIAG\_CODE

167

1

Field 39: OTH\_DIAG\_CODE\_3

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

Decimal is implied following the third character.

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

**Length:** 7 **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

Claim

was admitted to the hospital

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

**Beginning Position:** 175 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 41: OTH\_DIAG\_CODE\_4

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

Decimal is implied following the third character.

**Beginning Position:** 176 **Data Source**: Claim

Length: 7 Type: Alphanumeric

Field 42: POA\_OTH\_DIAG\_CODE\_4

**Description:** Code identifying whether Oth\_Diag\_Code\_4 code was present at the time the patient

was admitted to the hospital

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

Beginning Position: 183 Data Source: Claim

Length: 1 Type: Alphanumeric

Field 43: OTH\_DIAG\_CODE\_5

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

Decimal is implied following the third character.

Beginning Position: 184 Data Source: Claim

**Length:** 7 **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: 191 Data Source: Claim

Length: 1 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: 7 Type: Alphanumeric

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

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

was admitted to the hospital

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

Beginning Position: 199 Data Source: Claim

Length: 1 Type: Alphanumeric

Field 47: OTH\_DIAG\_CODE\_7

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

Decimal is implied following the third character.

Beginning Position: 200 Data Source: Claim

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

Field 48: POA\_OTH\_DIAG\_CODE\_7

**Description:** Code identifying whether Oth\_Diag\_Code\_7 code was present at the time the patient

was admitted to the hospital

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

Beginning Position: 207 Data Source: Claim

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

Field 49: OTH\_DIAG\_CODE\_8

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

Decimal is implied following the third character.

Beginning Position: 208 Data Source: Claim

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

Field 50: POA\_OTH\_DIAG\_CODE\_8

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

was admitted to the hospital

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

Beginning Position:215Data Source:ClaimLength:1Type:Alphanumeric

Field 51: OTH\_DIAG\_CODE\_9

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

Decimal is implied following the third character.

Beginning Position: 216 Data Source: Claim

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

Field 52: POA\_OTH\_DIAG\_CODE\_9

**Description:** Code identifying whether Oth\_Diag\_Code\_9 code was present at the time the patient

was admitted to the hospital

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

**Beginning Position:** 223 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 53: OTH\_DIAG\_CODE\_10

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

Decimal is implied following the third character.

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

Length: 7 Type: Alphanumeric

Field 54: POA\_OTH\_DIAG\_CODE\_10

**Description:** Code identifying whether Oth\_Diag\_Code\_10 code was present at the time the

patient was admitted to the hospital

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

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

Length: 1 Type: Alphanumeric

Field 55: OTH\_DIAG\_CODE\_11

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

Decimal is implied following the third character.

232 Data Source: Claim

Beginning Position: 232 Data Length: 7 Type:

Length:7Type: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: 1 Type: Alphanumeric

Field 57: OTH\_DIAG\_CODE\_12

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

Decimal is implied following the third character.

240

Data Source: Claim

Beginning Position: 240 Data Source:

**Length:** 7 **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

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

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

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

Field 59: OTH\_DIAG\_CODE\_13

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

Decimal is implied following the third character.

Beginning Position: 248 Data Source: Claim

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

Field 60: POA\_OTH\_DIAG\_CODE\_13

**Description:** Code identifying whether Oth\_Diag\_Code\_13 code was present at the time the

patient was admitted to the hospital

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

Beginning Position:255Data Source:ClaimLength:1Type:Alphanumeric

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Field 61: OTH\_DIAG\_CODE\_14

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

Decimal is implied following the third character.

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

Length: Type: **Alphanumeric** 

POA\_OTH\_DIAG\_CODE\_14 Field 62:

Description: Code identifying whether Oth\_Diag\_Code\_14 code was present at the time the

patient was admitted to the hospital

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

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

Length: Type: Alphanumeric

Field 63: OTH\_DIAG\_CODE\_15

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

Decimal is implied following the third character.

**Beginning Position:** Data Source: 264 Claim

Lenath: 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 Alphanumeric

Length: 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

Length: Alphanumeric 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: Alphanumeric Type:

Field 67: OTH\_DIAG\_CODE\_17

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

Claim

Decimal is implied following the third character.

**Beginning Position:** Data Source:

Alphanumeric Length: Type:

Field 68: POA\_OTH\_DIAG\_CODE\_17

Description: Code identifying whether Oth\_Diag\_Code\_17 code was present at the time the

patient was admitted to the hospital

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

**Beginning Position:** Data Source: 287 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:** 288 Data Source: Claim

Lenath: Type: **Alphanumeric** 

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

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

patient was admitted to the hospital

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

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

Length: **Alphanumeric** 

Field 71: OTH\_DIAG\_CODE\_19

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

Decimal is implied following the third character.

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

Length: 7 Type: **Alphanumeric** 

DSHS/THCIC DSHS Document #25-15013 Page 23 www.dshs.texas.gov/THCIC Last Updated: September, 2018 Field 72: POA\_OTH\_DIAG\_CODE\_19

Description: Code identifying whether Oth Diag Code 19 code was present at the time the

patient was admitted to the hospital

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

**Beginning Position:** 303 Data Source: Claim Length: Type: **Alphanumeric** 

Field 73: OTH\_DIAG\_CODE\_20

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

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

Description: Code identifying whether Oth\_Diag\_Code\_20 code was present at the time the

patient was admitted to the hospital

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

**Beginning Position:** 311 **Data Source:** Claim

Length: Type: **Alphanumeric** 

Field 75: OTH\_DIAG\_CODE\_21

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

Decimal is implied following the third character.

**Beginning Position:** Data Source: Claim 312

Alphanumeric Length: Type:

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

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

patient was admitted to the hospital

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

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

Length: Type: **Alphanumeric** 

Field 77: OTH\_DIAG\_CODE\_22

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

Alphanumeric

Claim

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

**Beginning Position:** Length: Type:

Field 78: POA\_OTH\_DIAG\_CODE\_22

Code identifying whether Oth\_Diag\_Code\_22 code was present at the time the

Description: patient was admitted to the hospital

Coding Scheme: Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position:** Data Source: 327 Claim

Lenath: Alphanumeric Type:

Field 79: OTH\_DIAG\_CODE\_23

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

> Decimal is implied following the third character. Claim

**Beginning Position:** Data Source: 328

Length: Alphanumeric Type:

Field 80: POA\_OTH\_DIAG\_CODE\_23

Description: Code identifying whether Oth\_Diag\_Code\_23 code was present at the time the

patient was admitted to the hospital

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

**Beginning Position:** 335 Data Source: Claim

Length: Type: **Alphanumeric** 

Field 81: OTH\_DIAG\_CODE\_24

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

Decimal is implied following the third character.

**Beginning Position:** 336 Data Source:

Length: **Alphanumeric** 

Field 82: POA\_OTH\_DIAG\_CODE\_24

Description: Code identifying whether Oth\_Diag\_Code\_24 code was present at the time the

patient was admitted to the hospital

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

**Beginning Position:** 343 Data Source: Claim

Length: **Alphanumeric** 1 Type:

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Field 83: E\_CODE\_1 ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if Description: applicable, of the primary external cause of injury. A decimal is implied following the third character. 344 Data Source: **Beginning Position:** Claim Length: Type: **Alphanumeric** Field 84: POA\_E\_CODE\_1 Code identifying whether E\_Code\_1 external cause of injury code was present at the Description: time the patient was admitted to the hospital Coding Scheme: Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position:** Data Source: Claim Length: Alphanumeric Type: Field 85: E\_CODE\_2 Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 352 Data Source: Claim Length: Type: **Alphanumeric** Field 86: POA E CODE 2 Description: Code identifying whether external cause of injury E\_Code\_2 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position:** 359 **Data Source:** Claim Length: Type: **Alphanumeric** Field 87: E\_CODE\_3 Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 360 Data Source: Claim Length: **Alphanumeric** Type: Field 88: POA\_E\_CODE\_3 Description: Code identifying whether E\_Code\_3 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE Coding Scheme: **Beginning Position:** Data Source: 367 Claim Length: Type: **Alphanumeric** Field 89: E\_CODE\_4 Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 368 Data Source: Claim Length: Alphanumeric Type: Field 90: POA\_E\_CODE\_4 Description: Code identifying whether E\_Code\_4 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE Coding Scheme: **Beginning Position:** Data Source: 375 Claim Length: Type: **Alphanumeric** E CODE 5 Field 91: Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 376 Data Source: Claim Length: Alphanumeric Type: Field 92: POA\_E\_CODE\_5 Description: Code identifying whether E\_Code\_5 external cause of injury code was present at the

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Type:

Data Source:

Claim

**Alphanumeric** 

time the patient was admitted to the hospital

Same as Field POA\_PRINC\_DIAG\_CODE

Coding Scheme: Beginning Position:

Length:

383

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. 384 Data Source: **Beginning Position:** Claim Length: Type: **Alphanumeric** Field 94: POA\_E\_CODE\_6 Code identifying whether E\_Code\_6 external cause of injury code was present at the Description: time the patient was admitted to the hospital Coding Scheme: Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position:** Data Source: Claim Alphanumeric Length: Type: Field 95: E\_CODE\_7 Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 392 Data Source: Claim Length: Type: **Alphanumeric** Field 96: POA E CODE 7 Description: Code identifying whether E\_Code\_7 external cause of injury code was present at the time the patient was admitted to the hospital Coding Scheme: Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position:** 399 **Data Source:** Claim Length: 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 **Alphanumeric** Length: 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: Type: **Alphanumeric** Field 99: E\_CODE\_9 Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 408 Data Source: Claim Length: 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 Same as Field POA\_PRINC\_DIAG\_CODE Coding Scheme: **Beginning Position:** Data Source: 415 Claim Length: Type: Alphanumeric Field 101: E\_CODE\_10 Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 416 Data Source: Claim Length: Alphanumeric Type: Field 102: POA\_E\_CODE\_10

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Type:

Data Source:

the time the patient was admitted to the hospital

Same as Field POA\_PRINC\_DIAG\_CODE

Code identifying whether E\_Code\_10 external cause of injury code was present at

Claim

**Alphanumeric** 

Description:

Length:

Coding Scheme: Beginning Position:

423

Field 103: PRINC\_SURG\_PROC\_CODE Description: Code for the principal surgical or other procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 424 **Data Source:** Claim Length: Type: **Alphanumeric** PRINC SURG PROC DAY Field 104: Description: Day of principal surgical or other procedure equals Principal Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 431 Calculated Length: **Alphanumeric** Type: OTH\_SURG\_PROC\_CODE\_1 Field 105: Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Data Source: **Beginning Position:** 435 Claim Type: Length: **Alphanumeric** Field 106: OTH\_SURG\_PROC\_DAY\_1 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 442 **Data Source:** Calculated Length: Alphanumeric Type: Field 107: OTH\_SURG\_PROC\_CODE\_2 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** Data Source: 446 Claim Length: 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:** 453 **Data Source:** Calculated Length: Alphanumeric Type: Field 109: OTH SURG PROC CODE 3 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** Data Source: 457 Claim Type: Length: **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: Data Source:** 464 Calculated Alphanumeric Length: Type: Field 111: OTH\_SURG\_PROC\_CODE\_4 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 468 Data Source: Claim Length: Type: Alphanumeric Field 112: OTH\_SURG\_PROC\_DAY\_4 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 475 **Data Source:** Calculated Length: Alphanumeric Type: 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 **Alphanumeric** Length: Type: Field 114: OTH\_SURG\_PROC\_DAY\_5 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 486 Data Source: Calculated

Length:	4 Type:	Alphanumeric
Field 115:	OTH_SURG_PROC_CODE_6	•
Description:		her than the principal procedure performed
-	during the period covered by the bill. I	
Beginning Position:	490 Data Source:	Claim
Length:	7 <b>Type</b> :	Alphanumeric
Field 116:	OTH_SURG_PROC_DAY_6	F
Description:		re equals Other Surgical Procedure Date minus
	Admission/Start of Care Date	e equals officer surgicul i roccuure bute minus
Beginning Position:	497 Data Source:	Calculated
Length:	4 Type:	Alphanumeric
Field 117:	OTH_SURG_PROC_CODE_7	Aprianament
Description:		her than the principal procedure performed
Description.	during the period covered by the bill. I	
Poginning Position:	501 Data Source:	CD-10-PC3 code. Claim
Beginning Position: Length:	7 <b>Type</b> :	Alphanumeric
Field 118:	OTH_SURG_PROC_DAY_7	Alphanamenc
Description:		en aguala Othar Curainal Pranadura Data minus
Description.		re equals Other Surgical Procedure Date minus
	Admission/Start of Care Date	
Beginning Position:	508 Data Source:	Calculated
Length: Field 119:	4 Type:	Alphanumeric
	OTH_SURG_PROC_CODE_8	
Description:		her than the principal procedure performed
	during the period covered by the bill. I	
Beginning Position:	512 Data Source:	
Length:	7 Type:	Alphanumeric
Field 120:	OTH_SURG_PROC_DAY_8	
Description:		re equals Other Surgical Procedure Date minus
	Admission/Start of Care Date	
Beginning Position:	519 <b>Data Source</b> :	Calculated
Length:	4 Type:	Alphanumeric
Field 121:	OTH_SURG_PROC_CODE_9	
Description:		her than the principal procedure performed
	during the period covered by the bill. I	
Beginning Position:	523 Data Source:	Claim
Length:	523 Data Source: Type:	
Length: Field 122:	523 Data Source: 7 Type: OTH_SURG_PROC_DAY_9	Claim Alphanumeric
Length:	523 Data Source: 7 Type: OTH_SURG_PROC_DAY_9 Day of other surgical or other procedur	Claim
Length: Field 122: Description:	523 Data Source: 7 Type: OTH_SURG_PROC_DAY_9 Day of other surgical or other procedur Admission/Start of Care Date.	Claim Alphanumeric  re equals Other Surgical Procedure Date minus
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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: Alphanumeric Type: Field 128: OTH\_SURG\_PROC\_DAY\_12 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated Length: Alphanumeric 4 Type: Field 129: OTH SURG PROC CODE 13 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 567 Data Source: Claim Length: Alphanumeric Type: Field 130: OTH\_SURG\_PROC\_DAY\_13 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 574 Data Source: Calculated Length: Alphanumeric 4 Type: Field 131: OTH\_SURG\_PROC\_CODE\_14 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 578 Data Source: Claim Length: Alphanumeric Type: 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:** 585 Data Source: Calculated Length: Alphanumeric 4 Type: Field 133: OTH\_SURG\_PROC\_CODE\_15 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 589 Data Source: Claim Length: Type: Alphanumeric Field 134: OTH SURG PROC DAY 15 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: 596 Calculated Length: **Alphanumeric** 4 Type: Field 135: OTH\_SURG\_PROC\_CODE\_16 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** Data Source: 600 Claim Lenath: Type: Alphanumeric Field 136: OTH\_SURG\_PROC\_DAY\_16 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 607 Data Source: Calculated Length: Alphanumeric 4 Type: Field 137: OTH\_SURG\_PROC\_CODE\_17 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Data Source: **Beginning Position:** Claim 611 Length: Type: Alphanumeric

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Last Updated: September, 2018

Data Source:

Type:

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

Calculated

**Alphanumeric** 

OTH\_SURG\_PROC\_DAY\_17

Admission/Start of Care Date.

618

4

Field 138:

Length:

Description:

**Beginning Position:** 

Field 139: OTH\_SURG\_PROC\_CODE\_18 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 622 Data Source: Claim Length: Type: **Alphanumeric** OTH SURG PROC DAY 18 Field 140: Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated Length: Type: Alphanumeric Field 141: OTH\_SURG\_PROC\_CODE\_19 Code for surgical or other procedure other than the principal procedure performed Description: during the period covered by the bill. ICD-10-PCS code. Data Source: **Beginning Position:** 633 Claim Type: Length: **Alphanumeric** Field 142: OTH\_SURG\_PROC\_DAY\_19 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 640 Data Source: Calculated Length: Alphanumeric Type: Field 143: OTH\_SURG\_PROC\_CODE\_20 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** Data Source: Claim 644 Alphanumeric Length: Type: Field 144: OTH\_SURG\_PROC\_DAY\_20 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 651 **Data Source:** Calculated Length: Type: **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:** Data Source: 655 Claim Length: Type: Alphanumeric Field 146: OTH\_SURG\_PROC\_DAY\_21 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated Alphanumeric Length: Type: Field 147: OTH\_SURG\_PROC\_CODE\_22 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 666 Data Source: Claim Length: 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:** 673 **Data Source:** Calculated Alphanumeric Length: 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 Alphanumeric Length: Type: Field 150: OTH\_SURG\_PROC\_DAY\_23 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. **Beginning Position:** 684 Data Source: Calculated

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Length:	4 <b>Type</b> : Alphanumeric	
Field 151:	OTH_SURG_PROC_CODE_24	
Description:	Code for surgical or other procedure other than the principal procedure performed	
	during the period covered by the bill. ICD-10-PCS code.	
<b>Beginning Position:</b>	688 Data Source: Claim	
Length:	7 Type: Alphanumeric	
Field 152:	OTH_SURG_PROC_DAY_24	
Description:	Day of other surgical or other procedure equals Other Surgical Procedure Date min	ius
	Admission/Start of Care Date.	
Beginning Position:	695 Data Source: Calculated	
Length:	4 Type: Alphanumeric	
Field 153:	MS_MDC	
Description:	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicai	
	Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital	al
	payment for Medicare beneficiaries. First available 2004.	
Beginning Position:		
Length:	2 <b>Type</b> : Alphanumeric	
Field 154:	MS_DRG	
Description:	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG),	,
	as assigned for hospital payment for Medicare beneficiaries.	
Beginning Position:		
Length:	3 Type: Alphanumeric	
Field 155:	MS_GROUPER_VERSION_NBR	
Description:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and	
	previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS	,
	DRG and, MS MDC codes	
<b>Beginning Position:</b>		
Length:	5 Type: Alphanumeric	
Field 156:	MS_GROUPER_ERROR_CODE	
Description:	Error codes identify potential variations with MS DRG code assignment	
Coding Scheme:	00 No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is inval	id
	or exempt	NI
	Diagnosis code cannot be used as principal diagnosis  DisableHac is invalid and at least one HAC POA is or U	IN
	Record does not meet criteria for any 21 DisableHac is invalid and at least one HAC POA is	
	DRG invalid or exempt	
	03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exem DisableHac is invalid and at least one HAC POA is	
	04 Invalid Sex 23 Example 13 invalid and at least one trace to a second	
	DisableHac $=$ 0 and there are multiple HACs that	
	05 Invalid Discharge Status 24 have different HAC POA values that are not Y, W,	N,
	U DisableHac is invalid and there are multiple HACs	
	10 Illogical Principal Diagnosis (CMS only) 25 that have different HAC POA values that are not Y	
	W	
	11 Invalid Principal Diagnosis	
Beginning Position:		
Length: Field 157:	2 Type: Alphanumeric	
	APR_MDC  Major Diagnostic Catagory (MDC) as assigned by 2MTM ADD DDC Crowner	
Description:	Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper. 711 Data Source: Assigned	
Beginning Position: Length:	711 Data Source: Assigned 2 Type: Alphanumeric	
Field 158:	APR_DRG	
Description:	APR_DRG  All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-	
Description.		-
Beginning Position:	DRG Grouper 713 Data Source: Assigned	
Length:	4 <b>Type:</b> Alphanumeric	
Field 159:	RISK_MORTALITY	
Description:		c
Description.	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of	3
	·	
Coding Saharra	dying. 1 Minor	
Coding Scheme:	1 Minor 2 Moderate	
	3 Major	
		2
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4 Extreme

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

Field 160: ILLNESS\_SEVERITY

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

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

physiologic decompensation.

Coding Scheme: 1 Minor

2 Moderate

3 Major4 Extreme

0 No class specified

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

Field 161: APR\_GROUPER\_VERSION\_NBR

**Description:** 3M<sup>™</sup> All Patient Refined Diagnosis Related Grouper version used to assign APR DRG

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

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

Field 162: APR\_GROUPER\_ERROR\_CODE

03

**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. Ω1 Diagnosis code cannot be used as 19 DisableHac = 0 and at least one HAC POA is invalid or principal diagnosis exempt 02 Record does not meet criteria for any 20 DisableHac is invalid and at least one HAC POA is N or

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

O4 Invalid Sex
O5 Invalid Discharge Status
O6 Invalid birthweight (AP & APR only)
O6 Invalid birthweight (AP & APR only)
O7 DisableHac = 0 and at least one HAC POA is exempt
O8 DisableHac = 0 and there are multiple HACs that

6 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,

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

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

authorized by the hospital to admit or treat patients.

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

minimum cell size of five.

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

999999999 Temporary license or license number could not be matched

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

Field 164: OPERATING\_PHYSICIAN\_UNIF\_ID

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

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

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

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

less than the minimum cell size of five.

Coding Scheme: 9999999998 Cell size less than 5

999999999 Temporary license or license number could not be matched

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

Field 165: ENCOUNTER\_INDICATOR

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

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

Field 166: PROVIDER\_NAME

**Description:** Hospital name provided by the hospital.

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

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

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

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

#### INPATIENT BASE DATA #2 FILE

Field 1: RECORD\_ID

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

Record\_ID in the ED Inpatient PUDF is not linkable to the Record\_ID in the ED

Outpatient PUDF or ED Research Data Files (RDFs).

Beginning Position: 1 Data Source: Assigned

Length: 12 Type: 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: 109 Data Source: Calculated

Length: 12 Data Source: Calculated Type: Numeric

Field 11: USED\_DME\_AMOUNT

**Description:** Ancillary Service Charge, Used Durable Medical Equipment Charge Amount.

Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes

other than 0100-0219, revenue center 0293.

Beginning Position:121Data Source:CalculatedLength:12Type:Numeric

Field 12: PT\_AMOUNT

**Description:** Ancillary Service Charge, Physical Therapy Charge Amount, Calculated using

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

0219, revenue center 042X.

Beginning Position:133Data Source:CalculatedLength:12Type:Numeric

Field 13: OT\_AMOUNT

**Description:** Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using

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

0219, revenue center 043X.

Beginning Position:145Data Source:CalculatedLength:12Type:Numeric

Field 14: SPEECH\_AMOUNT

**Description:** Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using

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

0219, revenue center 044X, 047X.

Beginning Position:157Data Source:CalculatedLength:12Type:Numeric

Field 15: IT\_AMOUNT

**Description:** Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using

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

0219, revenue center 041X, 046X.

Beginning Position:169Data Source:CalculatedLength:12Type:Numeric

Field 16: BLOOD\_AMOUNT

**Description:** Ancillary Service Charge for blood provided during the patient's stay. Calculated

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

0100-0219, revenue center 038X.

Beginning Position:181Data Source:CalculatedLength:12Type:Numeric

Field 17: BLOOD ADMIN AMOUNT

**Description:** Ancillary Service Charge for blood storage and processing related to the patient's

stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue

codes other than 0100-0219, revenue center 039X.

Beginning Position:193Data Source:CalculatedLength:12Type:Numeric

Field 18: OR\_AMOUNT

**Description:** Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR

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

revenue center 036X, 071X-072X.

Beginning Position:205Data Source:CalculatedLength:12Type:Numeric

Field 19: LITH\_AMOUNT

**Description:** Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR

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

revenue center 079X.

Beginning Position:217Data Source:CalculatedLength:12Type:Numeric

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Field 20: CARD\_AMOUNT Description: Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X. **Beginning Position:** 229 Data Source: Calculated Length: 12 Type: Numeric Field 21: ANES AMOUNT Description: Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X. **Beginning Position:** 241 Data Source: Calculated Length: Type: Numeric Field 22: LAB AMOUNT Description: Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X. **Beginning Position:** 253 Data Source: Calculated Lenath: 12 Type: Numeric Field 23: RAD AMOUNT Description: Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X. Calculated **Beginning Position:** Data Source: 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:** 277 Data Source: 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:** Data Source: Calculated Length: 12 Type: Numeric Field 26: **ER\_AMOUNT** Description: Ancillary Service Charge, Emergency Room Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X. **Beginning Position:** Data Source: Calculated Length: 12 Type: Numeric Field 27: AMBULANCE\_AMOUNT Description: Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X. **Beginning Position:** Data Source: 313 Calculated Length: 12 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		Туре:	Numeric					
Field 30		ESRD_AMOUN								
Descript	ion:	Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-								
						reve	nue codes other than 0100-			
D!!-	D !!!	•	enter	080X, 082X-085X	-					
Beginnir Length:	ng Position:	349 12		Data Source: Type:	Calculated Numeric					
Field 31		CLINIC_AMOUN	JT	туре.	Numeric					
Descript				ae. Clinic Visit Cha	arge Amoun	t. Cal	culated using MEDPAR			
•							s other than 0100-0219,			
		revenue center		_			,			
Beginnir	ng Position:	361		Data Source:	Calculated					
Length:		12		Type:	Numeric					
Field 32 Descript		OCCUR_CODE_		aificant avant ralat	ting to the c	laim				
Coding S		code describing	a sigi	nificant event relat	ting to the c	iaiiii.				
01	Auto accident		27	Date Home Health Pla	an	47	Date cost outlier status begins			
			21	Established or Last R			-			
02		rance Involved - o Accident/Other	28	Date Comprehensive		A1	Birthdate - Insured A			
03	Accident/ Tort			Rehabilitation Plan Es or Last Reviewed	stablished	A2	Effective Date - Insured A Policy			
04		ployment Related	29	Date Outpatient PT P	lan	А3	Payer A benefits exhausted			
05	Other acciden	-	<b>4</b> 7	established or last re		A4	Split Bill Date			
		ι	30	Date Outpatient ST P			·			
06	Crime Victim			established or last re		B1	Birthdate - Insured B			
09	Start of Infert Cycle	ility Treatment	31	Date beneficiary notified intent to bill (accomm		B2	Effective date - Insured B Policy			
10	Last Menstrua	Il Period	32	Date beneficiary notif	•	В3	Payer B benefits exhausted			
11	Onset of Symp			intent to bill (procedu		C1	Birthdate - Insured C			
	•		0.7	treatments)		C2	Effective date - Insured C Policy			
12	Dependent In	for a Chronically dividual	37	Date of inpatient hos discharge for non-cov		С3	Payer C benefits exhausted			
16	Date of Last T	herapy		transplant patients		DR	Katrina disaster related			
17	Date Outpatie		38	Date treatment starte home IV therapy	ed for	E1	Birthdate - Insured D			
18	Date of Retire		39	Date discharged on a continuous course if		E2	Effective date - Insured D Policy			
10	Patient/Benefi	=	40	Scheduled date of ad		E3	Payer D benefits exhausted			
19		ment - Spouse	41	Date of first test of p	re-	F1	Birthdate - Insured E			
20	Began	ee of Payment		admission testing		F2	Effective date - Insured E Policy			
21	Date UR Notic	e Received	42	Date of discharge (ho only)	ospice	F3	Payer E benefits exhausted			
22	Date Active Ca	are Ended	43	Scheduled date of car	nceled	G1	Birthdate - Insured F			
24	Date Insuranc	ce Denied		surgery		G2	Effective date - Insured F Policy			
25	Date Benefits	Terminated by	44	Date treatment starte	ed - OT	G2 G3	•			
	Primary Payer	•	45	Date treatment starte	ed - ST	GS	Payer F benefits exhausted			
26	Date SNF Bed	Became Available	46	Date treatment starte Cardiac rehabilitation						
Beginnir	ng Position:	373		Data Source:	Claim					
Length:		2		Туре:	Alphanume	eric				
Field 33		OCCUR_DAY_1								
Descript		<del>-</del>	equa			nissio	n/Start of Care Date.			
Beginnir Length:	ng Position:	375 4		Data Source: Type:	Calculated Alphanume	ric				
Field 34	•	OCCUR_CODE_	2	туре.	Alphanume	110				
Descript				nificant event relat	ting to the c	laim.				
Coding S		Same as Field OC		ODE_1.						
_	ng Position:	379		Data Source:	Claim	m! c				
Length: Field 35	•	OCCUR_DAY_2	<b>)</b>	Type:	Alphanume	er TC				
Descript				ls Occurrence Data	minus ∆dn	nissin	n/Start of Care Date.			
	ng Position:	381	cyua	Data Source:	Calculated	113310	in Start of Sale Date.			
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	=									

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

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**Beginning Position:** Data Source: 423 Calculated Length: Type: **Alphanumeric** Field 50: OCCUR\_CODE\_10 Description: Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 427 Data Source: Claim Alphanumeric Length: Type: Field 51: OCCUR\_DAY\_10 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 429 Data Source: Calculated Alphanumeric Length: Type: Field 52: OCCUR\_CODE\_11 Description: Code describing a significant event relating to the claim. Same as Field OCCUR\_CODE\_1. Coding Scheme: **Beginning Position:** 433 Data Source: Claim Length: **Alphanumeric** Type: Field 53: OCCUR\_DAY\_11 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 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:** 439 Data Source: Claim Length: **Alphanumeric** Type: Field 55: OCCUR\_DAY\_12 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. Description: **Beginning Position:** 441 Data Source: Calculated Length: Type: **Alphanumeric** Field 56: OCCUR SPAN CODE 1 Description: Code describing a significant event relating to the claim that may affect payer processing Qualifying stay dates (for SNF use only) Coding Scheme: 78 SNF prior stay dates 71 Prior stay dates 80 Prior Same SNF prior stay dates for Payment Ban Purposes 72 First/Last Visit 81 Antepartum Days at Reduced Level of Care 73 Benefit eligibility period MO QIO/UR approved stay dates Noncovered level of care/Leave of absence 74 М1 Provider liability - no utilization 75 SNF level of care M2 Inpatient respite dates 76 Patient Liability Period M3 ICF level of care 77 Provider Liability - Utilization Charged M4 Residential level of care **Beginning Position:** 445 Data Source: Claim Length: Type: Alphanumeric Field 57: OCCUR\_SPAN\_FROM\_1 Description: Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 447 Data Source: Calculated Length: Alphanumeric Type: Field 58: OCCUR SPAN THRU 1 Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 453 Data Source: Calculated Length: Type: **Alphanumeric** Field 59: OCCUR\_SPAN\_CODE\_2 Description: Code describing a significant event relating to the claim that may affect payer processing. Same as Field OCCUR\_CODE\_SPAN\_1. Coding Scheme: **Beginning Position:** Data Source: 459 Claim Length: Alphanumeric Type: Field 60: OCCUR\_SPAN\_FROM\_2 Description: Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated DSHS/THCIC DSHS Document #25-15013 Page 39 www.dshs.texas.gov/THCIC Last Updated: September, 2018

Length:		6		Type:	Alphanumeric	
Field 61		OCCUR_SPAN	_	<del></del>		
Descript	tion:	Occurrence Sp. Date.	an Thru	ı <i>equals</i> Ending Da	ate of Event <i>mi</i>	nus Admission/Start of Care
Beginniı Length:	ng Position:	467 6		Data Source: Type:	Calculated Alphanumeric	
Field 62		OCCUR_SPAN	I COD		Alphanamene	
Descript					ting to the clair	n that may affect payer
•		processing.			ting to the clair	ii tilat illay alicet payer
	Scheme:	Same as Field O	CCUR_C		Olai-	
ведіппіі Length:	ng Position:	473 2		Data Source:	Claim Alphanumeric	
Field 63	•	OCCUR_SPAN	I EDOI	Type:	Alphanumenc	
Descript		Occurrence Sp			g Date of Event	minus Admission/Start of
		Care Date.				
_	ng Position:	475		Data Source:	Calculated	
Length:		6		Type:	Alphanumeric	
Field 64		OCCUR_SPAN	_			
Descript	tion:	Occurrence Sp. Date.	an Thru	ı <i>equals</i> Ending Da	ate of Event <i>mi</i>	nus Admission/Start of Care
Beginniı	ng Position:	481		Data Source:	Calculated	
Length:		6		Type:	Alphanumeric	
Field 65	:	OCCUR_SPAN	_			
Descript	tion:	Code describin	g a sigi	nificant event rela	ting to the clair	n that may affect payer
		processing.				
Coding 9	Scheme:	Same as Field O	CCUR_C	ODE_SPAN_1.		
	ng Position:	487		Data Source:	Claim	
Length:		2		Туре:	Alphanumeric	
Field 66	:	OCCUR_SPAN				
Descript	tion:	Occurrence Sp. Care Date.	an Fror	n <i>equals</i> Beginnin	g Date of Event	minus Admission/Start of
	ng Position:	489		Data Source:	Calculated	
<u>Length:</u> Field 67		6 OCCUP CDAN	LTUDI	Type:	Alphanumeric	
Descript		OCCUR_SPAN			ata of Fuant mi	nuc Admission/Start of Cara
Descrip	1011.		an mi	i equals Ending Da	ate of Event IIII	nus Admission/Start of Care
Dominai	an Docition.	Date. 495		Data Cauras.	Calculated	
Length:	ng Position:	6		Data Source: Type:	Calculated Alphanumeric	
Field 68		CONDITION	CODE		Alphanumenc	
Descript	=			ا۔ اطition relating to	the claim	
_	Scheme:	Code describin	y a con	dition relating to	trie Ciairri.	
•		o rolotod	47	Dotiont !- !		Disabled berefit
UΊ	Military servic	e reiated	17	Patient is homeless	29	Disabled beneficiary and/or family member's LGHP is
02	Condition is er	mployment	18	Maiden name retaine		secondary to Medicare
03		d by insurance	19	Child retains mother	's name 30	•
	not reflected h		20	Beneficiary requested	d billing	to patients enrolled in a qualified clinical trial
04	Information of	nly bill.	21	Billing for denial notion	ce 31	Patient is student (full time -
05	Lien has been	filed	22	Patient on multiple d	rug 32	day)  Patient is student
06	•	in first 18 months covered by EGHP	23	regimen Home care giver ava		Patient is student (cooperative/work study program)
07	Treatment of condition for h	non-terminal nospice patient	24	Home IV patient also HHA services	receiving 33	Patient is student (full time -
08	Beneficiary wo	ould not provide	25	Patient is non-US res	sident 34	night) Patient is student (part-time)
	insurance cov	oncerning other erage	26	VA eligible patient ch	nooses to 36	,
09	Neither patien employed	t or spouse is		receive services in a certified facility	Medicare 37	special unit
10	Patient and/or	spouse is	27	Patient referred to a	sole	request
	employed but	no EGHP exists		community hospital f diagnostic laboratory	വ	Semi-private room not
11	Disabled bene LGHP coverag	•	28	Patient and/or spous secondary to Medicar		available
Dene	THCIC			. ,		DSHS Document #25-15013
12.711.7/	111010			—— Page 40 —		בווטוווטווות πבט־וטווט σοсшווכות πבט־13013

	THCIC		—— Page 41 ————	T	DSHS Document #25-15013
>arra	/FIVOYO	AN	Pre-admission screening not required	R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
76	Back-up in facility dialysis		required		Code - Computer Errors
75	Home - 100% reimbursement	AM	Non-emergency medically necessary stretcher transport	R4	Schedule  Request for reopening Reason
74	Home	AL	unavailable		Code - Misapplication of a Fee
73	Self-care training	AL	Specialized treatment/bed	R3	Request for reopening Reason
72	Self-care in unit	AK	payment Air ambulance required	R2	Request for reopening Reason Code -Inaccurate Data Entry
70	management drug  Full care in unit	AJ	Payer responsible for co-		Code - Mathematical or Computational Mistake
69 70	IME/DGME/N&AH Payment Only Self-administered anemia	AH AI	Elective abortion Sterilization	R1	Emergency Room Request for reopening Reason
68	Beneficiary elects to use life time reserve (LTR) days	AG	Abortion performed due to social or economic reasons	P7	Direct Inpatient Admission from
	time reserve (LTR) days	4.0	of mother	P1	Comorbid Category  Do not Resuscitate Order (DNR)
67	outlier payment  Beneficiary elects not to use life	AF	Abortion performed due to emotional/psychological health	H5	Comorbid Category Recurrence of Pericarditis
61 66	Cost outlier Provider does not wish cost	,,,_	physical health of mother that is not life endangering	H4	Comorbid Category Reoccurrence of Pneumonia
60	Day outlier	AE	Abortion performed due to	НЗ	Reoccurrence of GI Bleed
59 60	Non-primary ESRD facility	AD	Abortion performed due to life endangering physical condition	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice organization enrollee	,,,	serious fatal genetic defect, deformity, or abnormality	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	AC	incest  Abortion performed due to	G0	Distinct Medical Visit
56	Medical appropriateness	AB	Abortion performed due to	EO	Changes in Patient Status
55	SNF bed not available	AA	Abortion performed due to rape	DR	Disaster related
	Health Agency	Α9	Second opinion surgery	D9	Any Other Change
5.	Billing Period. Policy Exception Documented at the Home	A6	Vaccines/Medicare 100% payment	D8	Change to Make Medicare the Primary Payer
54	clinical trial or a free sample  No Skilled Home Health Visits in	<b>A</b> 5	Disability	<b>D</b> 0	Secondary Payer
JJ	device provided as part of a	A4	Family planning	D7	Change to Make Medicare the
52 53	Out of Hospice Service Area  Initial placement of a medical	А3	Special Federal Funding	D6	Cancel Only to Repay a  Duplicate or OIG Overpayment
E 2	Services	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID or Provider ID
51	Attestation of Unrelated Outpatient Nondiagnostic	A1	EPSDT/CHAP		for diagnosis and/or procedure codes.
50	Product Replacement for Known Recall of a Product	AO	TRICARE external partnership program	D4	Change in clinical codes (ICD)
49	Product replacement within product lifecycle	50	Treatment with Medical Justification	D3	Second or Subsequent Interim PPS Bill
	and adolescents (RTCs)	86	Hospice Terminal Illness Additional Hemodialysis	D1	Changes to Charges
48	Psychiatric residential treatment centers for children	85	Delayed Recertification of	D0	Changes to Service Dates
47	Transfer from another Home Health Agency	84	Dialysis for Acute Kidney Injury (AKI)	C6 C7	Admission Preauthorization  Extended Authorization
47	file	03	or greater	C5	Postpayment review applicable
46	Non-availability statement on	83	weeks-Elective C-section/Inductions 39 weeks	C4	Admission/services denied
45	Ambiguous Gender Category	82	C-section/Inductions <39	C3	Partial approval
44	Inpatient admission changed to outpatient	81	C-section/Inductions <39 weeks-Medical Necessity		based on focused review
	within prescribed postdischarge window	80	Home dialysis - nursing facility	C2	Automatic approval as billed
43	Continuing care not provided	79	CORF services provided offsite	C1	Gulf Oil Spill of 2010  Approved as billed
42	Continuing care not related to inpatient admission	78	New coverage not implemented by HMO	BP	discharge on same day
41	Partial hospitalization		payer as payment	B4	demonstration program  Admission unrelated to
40	Same day transfer		contractual arrangement or law to accept payment by a primary	B1	Beneficiary is ineligible for
39	Private room medically necessary	77	Provider accepts or is obligated/required due to a	ВО	Medicare coordinated care demonstration claim
				_	

R6	•	opening Reason	R8	Request for reopening		W2	Duplicate of Original Bill
		Clerical Errors or nd Omissions not		Code - New and Mater Evidence	rial	W3	Level I Appeal
	Specified in R1		R9	Request for reopening	Reason	W4	Level II Appeal
-		opening Reason		Code - Faulty Evidence	е	W5	Level III Appeal
	clerical errors	ions other than	WO	United Mine Workers (UMWA) Demonstration			
	g Position:	501		Data Source:	Claim		
Length: Field 69:		2	005	Type:	Alphanume	eric	
Descripti	on:	CONDITION_C			ac oloim		
Coding S		Same as Field CON		dition relating to the	ne ciaim.		
	g Position:	503		Data Source:	Claim		
Length:	<b>g</b> . coc	2		Type:	Alphanume	eric	
Field 70:		CONDITION_C	ODE_	3			
Descripti	on:	Code describing	a con	dition relating to the	ne claim.		
Coding S	cheme:	Same as Field 68.		_			
-	g Position:	505		Data Source:	Claim		
Length:		2		Type:	Alphanume	eric	
Field 71:		CONDITION_C	_				
Descripti				dition relating to the	ne claim.		
Coding S		Same as Field CON 507	סוווטו		Claim		
Length:	g Position:	2		Data Source: Type:	Alphanume	ric	
Field 72	•	CONDITION_C	ODF		7 iipriariarii	7110	
Descript				dition relating to tl	ne claim.		
Coding S		Same as Field CON					
_	g Position:	509		Data Source:	Claim		
Length:		2		Type:	Alphanume	eric	
Field 73:		CONDITION_C					
Descripti				dition relating to the	ne claim.		
Coding S		Same as Field CON	IDITIO		Claim		
Length:	g Position:	511 2		Data Source: Type:	Claim Alphanume	ric	
Field 74:		CONDITION_C	ODE		7 apriariarie	7110	
Descripti	on:			dition relating to the	ne claim.		
Coding S	cheme:	Same as Field CON					
•	g Position:	513		Data Source:	Claim	_	
Length:		2	005	Type:	Alphanume	eric	
Field 75: Descripti	on:	CONDITION_C		ង dition relating to tl	ao claim		
Coding S		Same as Field CON			ie ciaiiii.		
	g Position:	515	DITTO	Data Source:	Claim		
Length:		2		Type:	Alphanume	eric	
Field 76:		VALUE_CODE_					
Descripti		Code describing	inforn	nation that may af	fect payer <sub>l</sub>	proces	sing.
Coding S	cheme:						
01		semi-private rate	09	Coinsurance amount i calendar year	n the first	15	Worker's compensation
02	Hospital has no rooms	o semi-private	10	Lifetime reserve amousecond calendar year	ınt in the	16	Public health service (PHS) or other federal agency
04	•	arges which are	11	Coinsurance amount is second calendar year	n the	21	Catastrophic
05	combined bille		12	Working aged		22	Surplus
05	Professional co included in cha billed separate	arges and also	. 2	beneficiary/spouse with employer group health		23	Recurring monthly income
06	Blood deductib	-	13	ESRD beneficiary in a coordination period wi		24	Medicaid Rate Code
08	Life time reser	ve amount in the		employer group health	n plan	25	Offset to the patient - payment
	first calendar y		14	No fault, including aut	o/other		amount - prescription drugs

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Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received  Accident hour  Number of grace days  Any liability insurance  Hemoglobin reading  Hematocrit reading  Physical Therapy visits  Occupational Therapy visits	69 80 81 82 83 84 A0 A1 A2 A3 A4 A5 A6 A7 A8	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A  Coinsurance payer A  Estimated responsibility payer A  Covered self-administrable drugs - emergency  Covered self-administrable in form and situation furnished to patient  Covered self-administrable drugs - diagnostic study and other  Co-payment payer A  Patient weight  Patient height	C3 C7 CA CB D3 D4 D5 FC FD G8 Y1 Y2 Y3 Y4 Y5	Estimated responsibility payer C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned by NLM/NIH Last Kt/V Reading Patient Paid Amount Credit Received from the Manufacturer for a Medical Device Facility where Inpatient Hospice Service is Delivered Part A Demonstration Payment Part B Demonstration Payment Part B Coinsurance Conventional Provider Payment
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received  Accident hour  Number of grace days  Any liability insurance  Hemoglobin reading  Physical Therapy visits	80 81 82 83 84 A0 A1 A2 A3 A4 A5	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A  Coinsurance payer A  Estimated responsibility payer A  Covered self-administrable drugs - emergency  Covered self-administrable in form and situation furnished to patient  Covered self-administrable drugs - diagnostic study and other  Co-payment payer A	C3 C7 CA CB D3 D4 D5 FC FD G8 Y1 Y2 Y3	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned by NLM/NIH Last Kt/V Reading Patient Paid Amount Credit Received from the Manufacturer for a Medical Device Facility where Inpatient Hospice Service is Delivered Part A Demonstration Payment Part B Demonstration Payment
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received  Accident hour  Number of grace days  Any liability insurance  Hemoglobin reading  Hematocrit reading	80 81 82 83 84 A0 A1 A2 A3 A4 A5	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A  Coinsurance payer A  Estimated responsibility payer A  Covered self-administrable drugs - emergency  Covered self-administrable in form and situation furnished to patient  Covered self-administrable drugs - diagnostic study and other	C3 C7 CA CB D3 D4 D5 FC FD G8 Y1 Y2	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned by NLM/NIH Last Kt/V Reading Patient Paid Amount Credit Received from the Manufacturer for a Medical Device Facility where Inpatient Hospice Service is Delivered Part A Demonstration Payment
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received  Accident hour  Number of grace days  Any liability insurance  Hemoglobin reading	80 81 82 83 84 A0 A1 A2 A3 A4 A5	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A  Coinsurance payer A  Estimated responsibility payer A  Covered self-administrable drugs - emergency  Covered self-administrable in form and situation furnished to patient  Covered self-administrable drugs - diagnostic study and	C3 C7 CA CB D3 D4 D5 FC FD G8 Y1	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned by NLM/NIH Last Kt/V Reading Patient Paid Amount Credit Received from the Manufacturer for a Medical Device Facility where Inpatient Hospice Service is Delivered Part A Demonstration Payment
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received  Accident hour  Number of grace days  Any liability insurance	80 81 82 83 84 A0 A1 A2 A3 A4 A5	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A  Coinsurance payer A  Estimated responsibility payer A  Covered self-administrable drugs - emergency  Covered self-administrable drugs - administrable in form and situation furnished to patient	C3 C7 CA CB D3 D4 D5 FC FD	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned by NLM/NIH Last Kt/V Reading Patient Paid Amount Credit Received from the Manufacturer for a Medical Device Facility where Inpatient Hospice Service is Delivered
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received  Accident hour  Number of grace days	80 81 82 83 84 A0 A1 A2 A3	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A  Coinsurance payer A  Estimated responsibility payer A  Covered self-administrable drugs - emergency  Covered self-administrable drugs - administrable in form and situation furnished to	C3 C7 CA CB D3 D4 D5 FC FD	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned by NLM/NIH Last Kt/V Reading Patient Paid Amount Credit Received from the Manufacturer for a Medical Device Facility where Inpatient Hospice
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received  Accident hour	80 81 82 83 84 A0 A1 A2 A3	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A  Coinsurance payer A  Estimated responsibility payer A  Covered self-administrable drugs - emergency	C3 C7 CA CB D3 D4 D5 FC	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned by NLM/NIH Last Kt/V Reading Patient Paid Amount Credit Received from the Manufacturer for a Medical
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	80 81 82 83 84 A0 A1 A2	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A  Coinsurance payer A  Estimated responsibility payer A  Covered self-administrable	C3 C7 CA CB D3 D4 D5 FC	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned by NLM/NIH Last Kt/V Reading Patient Paid Amount
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to accept from primary payer when this amount is less than charges but higher than	80 81 82 83 84 A0 A1	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A  Coinsurance payer A  Estimated responsibility payer	C3 C7 CA CB D3 D4 D5	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned by NLM/NIH Last Kt/V Reading
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to accept from primary payer	80 81 82 83 84 A0	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A	C3 C7 CA CB D3 D4	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned by NLM/NIH
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age 65 with LGHP  Amount provider agreed to	80 81 82 83 84 A0	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis  Special zip code reporting  Deductible payer A	C3 C7 CA CB	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C Patient estimated responsibility Clinical Trial Number Assigned
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung  VA  Disabled beneficiary under age	80 81 82 83 84	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis	C3 C7 CA	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical education) - payer C
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO  Black lung	80 81 82 83 84	Covered Days  Non-covered Days  Co-insurance Days  Lifetime Reserve Days  Shorter Duration Hemodialysis	C3 C7 CA	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C Other assessments or allowances (e.g., medical
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented by HMO	80 81 82	Covered Days  Non-covered Days  Co-insurance Days	C3 C7 CA	C Co-payment payer C Regulatory surcharges, assessments, allowances or health care related taxes - payer C
Units of blood furnished  Blood deductible units  Units of blood replaced  New coverage not implemented	80 81 82	Covered Days  Non-covered Days  Co-insurance Days	C3 C7	C Co-payment payer C Regulatory surcharges, assessments, allowances or
Units of blood furnished  Blood deductible units	80 81	Covered Days	C3 C7	C Co-payment payer C
Units of blood furnished		, ,	C3	С
•	69	State charity care percentage		Estimated responsibility paver
premiums				
amount - health insurance	68	EPO-drug	C2	Coinsurance payer C
Offset to the patient - payment	67	Peritoneal dialysis	C1	education) - payer B  Deductible payer C
Offset to the patient - payment amount - other medical services	66	Medicaid spend down amount	BB	Other assessments or allowances (e.g., medical
transport Offset to the patient - payment amount - podiatric services	61	Place of Residence where service is furnished (HHA and hospice)		assessments, allowances or health care related taxes - payer B
Multiple patient ambulance	60	HHA branch MSA	ВА	Regulatory surcharges,
Patient Liability Amount	59	Oxygen saturation	В7	B Co-payment payer B
Preadmission testing	58	Arterial blood gas	В3	Estimated responsibility payer
Offset to the patient - payment amount - chiropractic services	57	Home health aide - home visit hours	B2	Coinsurance payer B
Offset to the patient - payment amount - dental services	56	Skilled nurse - home visit hours	B1	education) - payer A  Deductible payer B
amount - vision and eye services	55	Eligibility threshold for charity care	AB	Other assessments or allowances (e.g., medical
services	54	Newborn birth weight in grams		health care related taxes - payer A
Offset to the patient - payment	53	Cardiac rehab visits	AA	Regulatory surcharges, assessments, allowances or
	amount - hearing and ear services  Offset to the patient - payment amount - vision and eye services  Offset to the patient - payment amount - dental services  Offset to the patient - payment amount - chiropractic services  Preadmission testing	amount - hearing and ear services 54  Offset to the patient - payment amount - vision and eye 55 services  Offset to the patient - payment amount - dental services  Offset to the patient - payment amount - chiropractic services  Preadmission testing 58	amount - hearing and ear services  Offset to the patient - payment amount - vision and eye services  Offset to the patient - payment amount - dental services  Offset to the patient - payment amount - chiropractic services  Preadmission testing  54 Newborn birth weight in grams  55 Eligibility threshold for charity care  Skilled nurse - home visit hours  57 Home health aide - home visit hours  Arterial blood gas	amount - hearing and ear services 54 Newborn birth weight in grams  Offset to the patient - payment amount - vision and eye services  Offset to the patient - payment amount - dental services  Offset to the patient - payment amount - chiropractic services  Preadmission testing  54 Newborn birth weight in grams  55 Eligibility threshold for charity care  Skilled nurse - home visit hours  57 Home health aide - home visit hours  82  Arterial blood gas  B3

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

Length: 2 Type: Alphanumeric

Field 77: VALUE\_AMOUNT\_1

**Description:** Dollar amount that may be affected.

Beginning Position: 519 Data Source: Claim

**Length:** 9 **Type:** Alphanumeric

Field 78: VALUE\_CODE\_2 Description: Code describing information that may affect payer processing. Coding Scheme: Same as Field VALUE\_CODE\_1. **Beginning Position:** 528 Data Source: Claim Length: Type: Alphanumeric Field 79: VALUE AMOUNT\_2 Description: Dollar amount that may be affected. **Beginning Position:** 530 Data Source: Claim Alphanumeric Length: Type: Field 80: VALUE CODE 3 Description: Code describing information that may affect payer processing. Same as Field VALUE CODE\_1. Coding Scheme: **Beginning Position:** 539 Data Source: Claim Length: Type: **Alphanumeric** Field 81: VALUE\_AMOUNT\_3 Description: Dollar amount that may be affected. **Beginning Position:** Data Source: Claim Length: Type: **Alphanumeric** Field 82: VALUE\_CODE\_4 Description: Code describing information that may affect payer processing. Same as Field VALUE\_CODE\_1. Coding Scheme: **Beginning Position:** 550 Data Source: Claim Length: Type: Alphanumeric Field 83: VALUE\_AMOUNT\_4 Dollar amount that may be affected. Description: **Beginning Position:** Data Source: 552 Claim Length: Type: Alphanumeric VALUE\_CODE\_5 Field 84: 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:** 563 Data Source: Claim Length: Type: **Alphanumeric** Field 86: VALUE CODE 6 Description: Code describing information that may affect payer processing. Same as Field VALUE\_CODE\_1. Coding Scheme: **Beginning Position:** 572 Data Source: Claim Length: Type: Alphanumeric Field 87: VALUE\_AMOUNT\_6 Description: Dollar amount that may be affected. **Beginning Position:** 574 Data Source: Claim Alp<u>hanumeric</u> Length: 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 **Alphanumeric** Length: Type: Field 89: **VALUE AMOUNT 7** Description: Dollar amount that may be affected. **Beginning Position:** 585 Data Source: Claim Length: **Alphanumeric** Type: VALUE\_CODE\_8 Field 90: Description: Code describing information that may affect payer processing. Coding Scheme: Same as Field VALUE\_CODE\_1. **Beginning Position:** 594 Data Source: Claim Alphanumeric Length: 2 Type: Field 91: VALUE\_AMOUNT\_8 Description: Dollar amount that may be affected. **Beginning Position:** 596 Data Source: Claim

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Length: Alphanumeric Type: Field 92: VALUE\_CODE\_9 Description: Code describing information that may affect payer processing. Coding Scheme: Same as Field VALUE\_CODE\_1. **Beginning Position:** Data Source: Length: Type: Alphanumeric Field 93: VALUE\_AMOUNT\_9 Description: Dollar amount that may be affected. **Beginning Position:** Data Source: Claim Length: Type: Alphanumeric Field 94: VALUE\_CODE\_10 Description: Code describing information that may affect payer processing. Coding Scheme: Same as Field VALUE\_CODE\_1. **Beginning Position:** Data Source: 616 Claim Alphanumeric Lenath: Type: Field 95: VALUE\_AMOUNT\_10 Description: Dollar amount that may be affected. 618 **Beginning Position:** Data Source: Claim <u>Alphanum</u>eric Length: Type: VALUE\_CODE\_11 Field 96: Description: Code describing information that may affect payer processing. Coding Scheme: Same as Field VALUE\_CODE\_1. **Beginning Position:** 627 Data Source: Claim Length: Alphanumeric Type: Field 97: VALUE\_AMOUNT\_11 Description: Dollar amount that may be affected. **Beginning Position:** 629 Data Source: Claim Length: Type: **Alphanumeric** Field 98: VALUE\_CODE\_12 Description: Code describing information that may affect payer processing. Coding Scheme: Same as Field VALUE\_CODE\_1. **Beginning Position:** 638 Data Source: Claim Length: **Alphanumeric** Type: Field 99: VALUE\_AMOUNT\_12 Dollar amount that may be affected. Description: **Beginning Position:** 640 Data Source: Claim Length: 9 Type: **Alphanumeric** 

## INPATIENT CHARGES DATA FILE

Field 1: RECORD\_ID

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

available 1st quarter 2002. Does NOT match the RECORD\_ID in THCIC Research

Data Files (RDF's).

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

Field 2: REVENUE\_CODE

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

calculation related to the services being billed.

## Coding Scheme:

0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0158	Room charges for ward rooms rehabilitation
0112	Room charges for private rooms - obstetrics	0136	Room charges for semi-private - 3/4 beds - rooms -	0159	Room charges for ward rooms - other
0113	Room charges for private rooms - pediatric	0137	detoxification Room charges for semi-private	0160	Room charges for other rooms - general
0114	Room charges for private rooms - psychiatric	0138	- 3/4 beds - rooms - oncology Room charges for semi-private	0164	Room charges for other rooms  – Sterile Environment
0115	Room charges for private rooms - hospice		- 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric	0193	Room charges for subacute
Delle.	3				care - Level III (complex care)
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0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general  Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
0202	care - surgical  Room charges for intensive	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
	care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy - nongeneric drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU)	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient
	Room charges for intensive care - burn care	0255	Pharmacy - drugs incident to radiology	0304	(home) 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 -
0214	<ul> <li>heart transplant</li> <li>Room charges for coronary care</li> </ul>	0262	IV Therapy - pharmacy services	0312	cytology Laboratory pathological -
	- intermediate coronary care unit (CCU)	0263	IV Therapy - drug/supply delivery	0314	histology  Laboratory pathological -
0219	Room charges for coronary care - other	0264	IV Therapy - supplies		biopsy
0220	Special charges - general	0269	IV Therapy - other	0319	Laboratory pathological - other
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0320	Radiology - diagnostic - general
0222	charge Special charges - technical	0271	Medical surgical supplies and	0321	Radiology - diagnostic - angiocardiography
	support charge	0272	devices - nonsterile  Medical surgical supplies and	0322	Radiology - diagnostic - arthrography
0223	Special charges - UR service charge	0273	devices - sterile  Medical surgical supplies and	0323	Radiology - diagnostic - arteriography
0224	Special charges - late discharge, medically necessary		devices - take-home	0324	Radiology - diagnostic - chest
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 - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0221	general
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home	0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral  Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy
0239	Incremental nursing care - other	0289	Oncology - other	0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV

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0339	Radiology - therapeutic and/or chemotherapy administration -	0391	Blood and blood component administration, storage and	0449	Speech-language pathology - other
	other		processing - administration	0450	Emergency room - general
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and processing – processing and	0451	Emergency room - EMTALA emergency medical screening
0341	Nuclear medicine - diagnostic procedures		storage		services
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	Emergency room - beyond EMTALA screening
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	0456	Emergency room - urgent care
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0.401	·	0459	Emergency room - other
0349	Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0460	Pulmonary function - general
0350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
0351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
0352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
0360	Operating room services -	0410	Respiratory services - general	0479	Audiology - other
	general			0480	Cardiology - general
0361	Operating room services - minor surgery	0412	Respiratory services - inhalation	0481	Cardiology - cardiac cath lab
0362	Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy	0482	Cardiology - stress test
02/7	kidney	0419	Respiratory services - other	0483	Cardiology - echocardiology
0367	Operating room services - kidney transplant	0420	Physical therapy - general	0489	Cardiology - other
0369	Operating room services - other	0421	Physical therapy - visit charge	0490	Ambulatory surgical care -
0370	Anesthesia - general	0422	Physical therapy - hourly	0499	general Ambulatory surgical care -
0371	Anesthesia - incident to radiology	0423	charge Physical therapy - group rate	0500	other Outpatient services - general
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or	0509	Outpatient services - other
0374	Anesthesia - acupuncture	0429	reevaluation Physical therapy - other	0510	Clinic - general
0379	Anesthesia - other	0430	Occupational therapy - general	0511	Clinic - chronic pain
0380	Blood - general	0430	Occupational therapy - general		·
0381	Blood - packed red cells	0431	Occupational therapy - visit charge	0512	Clinic - dental
0382	Blood - whole blood	0432	Occupational therapy - hourly charge	0513	Clinic - psychiatric
		0433	Occupational therapy - group	0514	Clinic - OB/GYN
0383	Blood - plasma	0434	rate Occupational therapy -	0515	Clinic - pediatric
0384	Blood - platelets	0.420	evaluation or reevaluation	0516	Clinic - urgent care
0385	Blood - leukocytes	0439	Occupational therapy - other	0517	Clinic - family practice
0386	Blood - other components	0440	Speech-language pathology - general	0519	Clinic - other
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0520	Freestanding Clinic - general
0389	Blood - other	0442	Speech-language pathology - hourly charge	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
	processing - general	0444	Speech-language pathology - evaluation or reevaluation	0523	Freestanding Clinic - family practice

0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a	0570	Home health aide - general	0624	Medical/surgical supplies - FDA investigational devices
	Member in a Covered Part A Stay at SNF	0571	Home health aide - visit charge	0631	Drugs requiring specific identification - single source
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered	0572	Home health aide - hourly charge	0632	Drugs requiring specific identification - multiple source
	Part A Stay) or NF or ICF MR or Other Residential Facility	0579 0580	Home health aide - other  Other visits (home health) -	0633	Drugs requiring specific identification - restrictive
0526	Freestanding Clinic - urgent care	0581	general	0634	prescription  Drugs requiring specific
		0582	Other visits (home health) - visit charge Other visits (home health) -		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting		hourly charge	0635	Drugs requiring specific identification - EPO, 10,000 or
	Nurse Services(s) to a Member's Home when in a	0583	Other visits (home health) - assessment	0636	more units  Drugs requiring specific
0528	Home Health Shortage Area Freestanding Clinic – Visit by	0589	Other visits (home health) - other		identification - requiring detailed coding
	RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene	0590	Units of service (home health) - general	0637	Drugs requiring specific identification - self-
0529	of Accident) Freestanding Clinic - other	0600	Oxygen (home health) - general	0640	administrable  Home IV therapy services -
		0601	Oxygen (home health) - stat/equip/supply or contents	0641	general  Home IV therapy services -
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter	0642	nonroutine nursing, central line Home IV therapy services - IV
0531	Osteopathic service - therapy	0603	per minute Oxygen (home health) -		site care, central line
0539	Osteopathic service - other	0003	stat/equip/supply over 4 liters per minute	0643	Home IV therapy services - IV start/change, peripheral line
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	Home IV therapy services - nonroutine nursing, peripheral line
0541	Ambulance service - supplies	0400		0645	Home IV therapy services -
0542	Ambulance service - medical transport	0609	Oxygen (home health) - other		training patient/caregiver, central line
0543	Ambulance service - heart mobile	0610	Magnetic Resonance Technology (MRT) - MRI - general	0646	Home IV therapy services - training, disabled patient, central line
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)	0647	Home IV therapy services - training, patient/caregiver,
0545	Ambulance service - air ambulance	0612	Magnetic Resonance	0648	peripheral Home IV therapy services -
0546	Ambulance service - neonatal		Technology (MRT) - MRI - spinal cord (including spine)		training, disabled patient, peripheral
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other	0649	Home IV therapy services - other
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance	0650	Hospice services - general
0549					
	Ambulance service - other		Technology (MRT) - MRA – head and neck	0651	Hospice services - routine home care
0550	Ambulance service - other  Skilled nursing - general	0616	Technology (MRT) - MRA -	0651 0652	·
0551	Skilled nursing - general Skilled nursing - visit charge		Technology (MRT) - MRA – head and neck Magnetic Resonance Technology (MRT) - MRA – lower extremities		care  Hospice services - continuous home care  Hospice services - inpatient
0551 0552	Skilled nursing - general Skilled nursing - visit charge Skilled nursing - hourly charge	0616	Technology (MRT) - MRA – head and neck Magnetic Resonance Technology (MRT) - MRA –	0652	care  Hospice services - continuous home care  Hospice services - inpatient respite care  Hospice services - general
0551 0552 0559	Skilled nursing - general Skilled nursing - visit charge Skilled nursing - hourly charge Skilled nursing - other	0616	Technology (MRT) - MRA – head and neck Magnetic Resonance Technology (MRT) - MRA – lower extremities Magnetic Resonance Technology (MRT) - MRA –	0652 0655	Hospice services - continuous home care Hospice services - inpatient respite care Hospice services - general inpatient care (nonrespite) Hospice services - physician
0551 0552 0559 0560	Skilled nursing - general Skilled nursing - visit charge Skilled nursing - hourly charge Skilled nursing - other Medical social services - general	0616 0618	Technology (MRT) - MRA – head and neck  Magnetic Resonance Technology (MRT) - MRA – lower extremities  Magnetic Resonance Technology (MRT) - MRA – other  Magnetic Resonance	0652 0655 0656	Hospice services - continuous home care Hospice services - inpatient respite care Hospice services - general inpatient care (nonrespite) Hospice services - physician services Hospice services - room and
0551 0552 0559 0560 0561	Skilled nursing - general Skilled nursing - visit charge Skilled nursing - hourly charge Skilled nursing - other Medical social services - general Medical social services - visit charge	0616 0618 0619	Technology (MRT) - MRA – head and neck  Magnetic Resonance Technology (MRT) - MRA – lower extremities  Magnetic Resonance Technology (MRT) - MRA – other  Magnetic Resonance Technology (MRT) - Other MRT  Medical/surgical supplies - incident to radiology  Medical/surgical supplies -	0652 0655 0656 0657	Hospice services - continuous home care Hospice services - inpatient respite care Hospice services - general inpatient care (nonrespite) Hospice services - physician services
0551 0552 0559 0560	Skilled nursing - general Skilled nursing - visit charge Skilled nursing - hourly charge Skilled nursing - other Medical social services - general Medical social services - visit	0616 0618 0619 0621	Technology (MRT) - MRA – head and neck  Magnetic Resonance Technology (MRT) - MRA – lower extremities  Magnetic Resonance Technology (MRT) - MRA – other  Magnetic Resonance Technology (MRT) - Other MRT  Medical/surgical supplies - incident to radiology	0652 0655 0656 0657 0658	Hospice services - continuous home care Hospice services - inpatient respite care Hospice services - general inpatient care (nonrespite) Hospice services - physician services Hospice services - room and board - nursing facility

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	0620	home – shorter duration (effective 7/1/17)
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based		Observation Room - Treatment Room	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0762	Specialty Room - Treatment/ Observation Room - Observation Room	0831	or home - general  Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I			0832	Peritoneal dialysis - outpatient or home – home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home – home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient or home - support services
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	Peritoneal dialysis - outpatient or home - other
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	CAPD - outpatient or home - general
0691	Pre-hospice/Palliative Care Services – visit charge	0801	Inpatient renal dialysis services - hemodialysis	0841	CAPD - outpatient or home -
0692	Pre-hospice/Palliative Care Services – hourly charge	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)	0842	composite or other rate  CAPD - outpatient or home -
0693	Pre-hospice/Palliative Care Services - evaluation	0803	Inpatient renal dialysis services - continuous ambulatory	0843	home supplies  CAPD - outpatient or home –
0694	Pre-hospice/Palliative Care		peritoneal dialysis (CAPD)		home equipment
	Services – consultation and education	0804	Inpatient renal dialysis services - continuous cycling peritoneal	0844	CAPD - outpatient or home – maintenance 100%
0695	Pre-hospice/Palliative Care Services – inpatient care	0809	dialysis (CAPD)  Inpatient renal dialysis services	0845	CAPD - outpatient or home - support services
0696	Pre-hospice/Palliative Care Services – physician services	0007	- other	0849	CAPD - outpatient or home - other
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body components- general	0850	CCPD - outpatient or home - general
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home - home equipment
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components - unsuccessful organ search-	0854	CCPD - outpatient or home - maintenance 100%
0722	Labor/Delivery Room services - delivery	0815	donor bank charges  Acquisition of body components	0855	CCPD - outpatient or home - support services
0723	Labor/Delivery Room services - circumcision	33.3	- stem cells- allogeneic	0859	CCPD - outpatient or home - other
0724	Labor/Delivery Room services - birthing center	0819	Acquisition of body components - other donor	0860	Magnetoencephalography (MEG) - General
0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general	0861	Magnetoencephalography (MEG) - MEG
0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate	0880	Miscellaneous dialysis - general
0731	EKG/ECG services - holter monitor	0822	Hemodialysis - outpatient or home – home supplies	0881	Miscellaneous dialysis - ultrafiltration

0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
0002	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	Professional fees - hospital visit
0905	therapy Behavior health	0945	Other therapeutic services - alcohol rehabilitation	0988	Professional fees - consultation  Professional fees - private duty
	treatments/services - intensive outpatient services - psychiatric	0946	Other therapeutic services - complex medical equipment -	0990	nurse Patient convenience items -
0906	Behavior health treatments/services - intensive		routine		general
	outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment - ancillary	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health treatments/services -	0948	Other therapeutic services – pulmonary rehabilitation	0992	Patient convenience items - private linen service
	community behavioral health program	0949	Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health treatment/services -	0951	other Other therapeutic services –	0994	Patient convenience items - TV/radio
0912	rehabilitation Behavior health	0952	athletic training Other therapeutic services -	0995	Patient convenience items - nonpatient room rentals
	treatment/services - partial hospitalization - less intensive	0953	kinesiotherapy Other therapeutic services –	0996	Patient convenience items - late
0913	Behavior health treatment/services - partial	0733	chemical dependency (drug and alcohol)	0997	discharge charge  Patient convenience items - admission kits
0914	hospitalization - intensive Behavior health	0960	Professional fees - general	0998	Patient convenience items -
0714	treatment/services - individual therapy	0961	Professional fees - psychiatric	0999	beauty shop/barber Patient convenience items -
0915	Behavior health treatment/services - group	0962	Professional fees -	0,,,	other
	therapy	0963	ophthalmology Professional fees -	1000	Behavior health accommodations - general
0916	Behavior health treatment/services - family	0964	anesthesiologist (MD)	1001	Behavior health accommodations - residential
0917	therapy Behavior health	0964	Professional fees - anesthetist (CRNA)		treatment - psychiatric
0417	treatment/services - biofeedback	0969	Professional fees - other	1002	Behavior health accommodations - residential treatment - chemical
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1002	dependency
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services - peripheral vascular lab	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	Other diagnostic services -	0975	Professional fees - operating room		accommodations - group home
0923	electromyogram  Other diagnostic services - pap	0976	Professional fees - respiratory therapy	2100	Alternative therapy services - general
0924	smear Other diagnostic services -	0977	Professional fees - physical	2101	Alternative therapy services - acupuncture
	allergy test	0978	therapy Professional fees - occupational	2102	Alternative therapy services - acupressure
0925	Other diagnostic services - pregnancy test		therapy		•

2103	Alternative thera massage	py services -	2109	Alternative therapy service other	ces -	3104	Adult day care, social - daily
2104	Alternative thera reflexology	py services -	3101	Adult day care, medical a social - hourly	ind	3105	Adult foster care - daily
2105	Alternative thera biofeedback	py services -	3102	Adult day care, social - hourly		3109	Adult foster care - other
2106	Alternative thera hypnosis	py services -	3103	Adult day care, medical a social - daily	Adult day care, medical and social - daily		
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	iption:	_	ng th	e type/source of the d	escriptiv	e nur	mber used in
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	iption:				(HCPCS	S) cod	le applicable to ancillary
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22		al convices	63	Procedure Performed on Infa	onte		Interactive Audio and Video
23	Increased procedura Unusual Anesthesia	ai sei vices		less than 4kg	aiits		Telecommunications System
24	Unrelated Evaluation	n and	66	Surgical Team		99	Multiple Modifiers
	Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period		73	Hospital/Ambulatory Surgery		1P	Performance Measure Exclusion Modifier due to Medical Reasons
				Center (ASC) Procedure prior to the Administration of Anesthesia			Performance Measure Exclusion Modifier due to Patient Reasons
25	Significant, Separat Evaluation and Man		74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia		3P	Performance Measure Exclusion Modifier due to System Reasons
	Service by the Samo Other Qualified Hea	lth Care				8P	Performance Measure Reporting Modifier- Action not performed,
	Professional on the the Procedure or Ot		76	Repeat Procedure by Same Physician or Other Qualified	Health	P1	reason not otherwise specified  A normal healthy patient
26	Professional Compo	nent		Care Professional			• •
27	Multiple Outpatient Encounters on the S		77	Repeat Procedure by Anothor Physician or Other Qualified Care Professional		P2	A patient with mild systemic disease
	Mandated Services		78	Unplanned Return to the		P3	A patient with severe systemic disease
33	Preventive Service			Operating/Procedure Room Same Physician or Other Qu		P4	A patient with severe systemic disease that is a constant threat to
47	Anesthesia by Surge	eon		Health Care Professional Fol Initial Procedure for a Relate			life
50	Bilateral Procedure			Procedure During the	Ju	P5	A moribund patient who is not expected to survive without the
51 52	Multiple Procedures Reduced Services		79	Postoperative Period Unrelated Procedure or Serv	vice by		operation
53	Discontinued Proced	dure		the Same Physician or Othe Qualified Health Care Profes		P6	A declared brain-dead patient whose organs are being removed
54	Surgical Care Only			During the Postoperative Pe		E1	for donor purposes Upper left eyelid
55	Postoperative Mana	gement Only	80	Assistant Surgeon			
56	Preoperative Manag	-	81	Minimum Assistant Surgeon			Lower left eyelid
57	Decision for Surgery	-	82	Repeat procedure by same physician		E3	Upper right eyelid
58	Staged or Related P	rocedure or	90	Reference (Outside) Laborat	tory	E4	Lower right eyelid
	Service by the Samother Qualified Hea		91	Repeat Clinical Diagnostic	•	F1 F2	Left hand, second digit Left hand, third digit
	Professional During	the		Laboratory Test			-
	Postoperative Period		92	Alternative Laboratory Platfo Testing	orm	F3	Left hand, fourth digit
59	Distinct Procedural	Service	95	Synchronous Telemedicine S	Service	F4	Left hand, fifth digit
62	Two Surgeons		. 3	Rendered Via a Real-Time	. 5. 100	F5	Right hand, thumb

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F6	Right hand, second	digit	LM	Left mai	n coronary artery		T4	Left foot, fifth digit
F7	Right hand, third dig	git	LT	Left side	of the body procedu	ıre	T5	Right foot, great toe
F8	Right hand, fourth o	igit	Q		ice service provided		T6	Right foot, second digit
F9	Right hand, fifth dig	it	M	arranger services	ment by a provider o	f	T7	Right foot, third digit
FA	Left hand, thumb		QN		nce service furnished		Т8	Right foot, fourth digit
GG	Performance and pa	vment of a			by a provider of serv		Т9	Right foot, fifth digit
	screening mammog	aphy and	RC	Right co	ronary artery		TA	Left foot, great toe
	diagnostic mammog same patient, same		RI		ntermedius coronary			-
GH	Diagnostic mammog	•	DT	artery			XE	Separate Encounter
	converted from scre	ening	RT	Ü	le of the body proced	dure	XS	Separate Structure
	mammogram on sai	-	T1	Left foot	, second digit		XP	Separate Practitioner
LC	Left circumflex coro		T2	Left foot	, third digit		XU	Unusual Non-Overlapping Service
LD	Left anterior descen artery	ding coronary	Т3	Left foot	, fourth digit			
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## **OUTPATIENT BASE DATA FILE**

Field 1: SERVICE QUARTER Description: Quarter during which service occurred. Year and quarter of service. yyyyQn. **Beginning Position:** Data Source: **Assigned** Length: Alphanumeric Type: Field 2: RECORD\_ID Description: Record Identification Number. Unique number assigned to identify the record. The Record\_ID in the ED Outpatient PUDF is not linkable to the Record\_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs). **Beginning Position:** Data Source: Assigned Length: 12 Alphanumeric Type: Field 3: THCIC\_ID Description: Provider ID. Unique identifier assigned to the provider by DSHS. Suppression: Facilities reporting fewer than 50 events have been aggregated into the Provider ID '999999'. If a facility reported fewer than 5 events for a particular gender, including 'unknown'. Provider ID is '999998'. **Beginning Position:** 19 Data Source: **Assigned** Length: Type: Alphanumeric Field 4: 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. In order by number of days in the unit. Coronary Care Unit Pediatric Unit Coding Scheme: D Detoxification Unit Psychiatric Unit Intensive Care Unit R Rehabilitation Unit Н Hospice Unit U Sub-acute Care Unit Ν Nursery S Skilled Nursing Unit Obstetric Unit R Blank Acute Care Oncology Unit **Beginning Position:** 25 Data Source: Calculated Length: Alphanumeric Type: Field 5: SPEC\_UNIT\_2 Description: Specialty Unit in which 2<sup>nd</sup> most days during stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC\_UNIT\_1 **Beginning Position:** Data Source: Calculated 26 Length: Alphanumeric Type: Field 6: SPEC\_UNIT\_3 Description: Specialty Unit in which 3<sup>rd</sup> most days during stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC\_UNIT\_1. **Beginning Position:** Data Source: Calculated 27 Length: Type: Alphanumeric Field 7: SPEC\_UNIT\_4 Description: Specialty Unit in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC\_UNIT\_1. **Beginning Position:** Data Source: Calculated 28 Length: Alphanumeric Type: Field 8: SPEC\_UNIT\_5 Description: Specialty Unit in which 5th most days during stay occurred based on number of days by Type of Bill or Revenue Code. Coding Scheme: Same as SPEC\_UNIT\_1. **Beginning Position:** 29 Data Source: Calculated Length: Type: Alphanumeric Field 9: SEX CODE Description: Gender of the patient as recorded at date of start of care. Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If a Suppression: facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients. Coding Scheme: Μ Male Female

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		U	Unknown					
			Invalid					
Beginning I	Position:	30			Data Source:	Claim		
Length:		1			Type:	Alphanum	eric	
Field 10:		PAT	_COUNTY					
Description	1:		code of pat	ient's co	unty.			
Coding sch	eme:				,			
001	Anderson		107	Crosby	213	Henderson	319	Mason
003	Andrews		109	Culberson		Hidalgo	321	Matagorda
005	Angelina		111	Dallam	217	Hill	323	Maverick
007	Aransas		113	Dallas	219	Hockley	325	Medina
009	Archer		115	Dawson	221	Hood	327	Menard
011	Armstrong		117	Deaf Smit		Hopkins	329	Midland
013	Atascosa		119	Delta	225	Houston	331	Milam
015	Austin		121	Denton	227	Howard	333	Mills
017	Bailey		123	Dewitt	229	Hudspeth	335	Mitchell
019	Bandera		125	Dickens	231	Hunt	337	Montague
021	Bastrop		127	Dimmit	233	Hutchinson		Montgomery
023	Baylor		129	Donley	235	Irion	341	Moore
025	Bee		131	Duval	237	Jack	343	Morris
027	Bell		133	Eastland	239	Jackson	345	Motley
029	Bexar		135	Ector	241	Jasper	347	Nacogdoches
031	Blanco		137	Edwards	243	Jeff Davis	349	Navarro
033	Borden		139	Ellis	245	Jefferson	351	Newton
035	Bosque		141	El Paso	247	Jim Hogg	353	Nolan
037	Bowie		143	Erath	249	Jim Hogg Jim Wells	355	Nueces
037	Brazoria		145	Falls	251	Johnson	357	Ochiltree
041	Brazos		143	Fannin	253	Jones	357	Oldham
041	Brewster		147	Fayette	255	Karnes	361	Orange
045	Briscoe		151	Fisher	257	Karries Kaufman	363	Palo Pinto
043	Brooks							Panola
			153	Floyd	259	Kendall	365	
049 051	Brown		155	Foard Fort Bend	261	Kenedy	367 369	Parker
051	Burleson		157 159	Franklin	263 265	Kent	369 371	Parmer
	Burnet					Kerr		Pecos
055	Caldwell		161	Freestone	267	Kimble	373	Polk
057	Calhoun		163	Frio	269	King	375	Potter
059	Callahan		165	Gaines	271	Kinney	377	Presidio
061	Cameron		167	Galveston		Kleberg	379	Rains
063	Camp		169	Garza	275	Knox	381	Randall
065	Carson		171	Gillespie	283	La Salle	383	Reagan
067	Cass		173	Glasscock	277	Lamar	385	Real
069	Castro		175	Goliad	279	Lamb	387	Red River
071	Chambers		177	Gonzales	281	Lampasas	389	Reeves
073	Cherokee		179	Gray	285	Lavaca	391	Refugio
075	Childress		181	Grayson	287	Lee	393	Roberts
077	Clay		183	Gregg	289	Leon	395	Robertson
079	Cochran		185	Grimes	291	Liberty	397	Rockwall
081	Coke		187	Guadalupe		Limestone	399	Runnels
083	Coleman		189	Hale	295	Lipscomb	401	Rusk
085	Collin		191	Hall	297	Live Oak	403	Sabine
087	Collingswor	ιn	193	Hamilton	299	Llano	405	San Augustine
089	Colorado		195	Hansford	301	Loving	407	San Jacinto
091	Comal		197	Hardeman		Lubbock	409	San Patricio
093	Comanche		199	Hardin	305	Lynn	411	San Saba
095	Concho		201	Harris	307	McCulloch	413	Schleicher
097	Cooke		203	Harrison	309	McLennan	415	Scurry
099	Coryell		205	Hartley	311	McMullen	417	Shackelford
101	Cottle		207	Haskell	313	Madison	419	Shelby
103 105	Crockett		209 211	Hays Hemphill	315 317	Marion Martin	421 423	Sherman Smith
105	ULDCKATI		71.1	Hemoniii	11/	Martin	Ψ.).5	Smiin

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Crockett

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Martin

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Hemphill

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Smith

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

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

**Length:** 3 **Type:** Alphanumeric

Field 11: PAT\_STATE

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

character Postal Service abbreviation.

Coding Scheme: AR Arkansas

LA Louisiana NM New Mexico OK Oklahoma TX Texas

ZZ All other states and American Territories

FC Foreign country XX Foreign country

Beginning Position: 34 Data Source: Claim

Length: 2 Type: Alphanumeric

Field 12: PAT\_ZIP

**Description:** Patient's five-digit ZIP code.

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

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

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

Beginning Position: 36 Data Source: Claim

Length: 5 Type: Alphanumeric

Field 13: PAT\_COUNTRY

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

Organization for Standardization (ISO).

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

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

Beginning Position:41Data Source:ClaimLength:2Type:Alphanumeric

Field 14: PUBLIC\_HEALTH\_REGION

Description:

Public Health Region of patient's address.

Coding scheme:

- Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
- 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
- 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
- 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties

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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 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, 10 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties **Beginning Position:** 43 Data Source: Assigned Length: **Alphanumeric** Type: Field 15: LENGTH\_OF\_SERVICE Description: Length of service in days equals Statement From Date through Statement Thru Date. The minimum length of service is 1 day. The maximum is 30 days. Data Source: **Beginning Position:** Calculated Length: Type: Alphanumeric Field 16: PAT\_AGE Description: Code indicating age of patient in days or years on date of service. 1-28 days 35-39 Coding Scheme: 10 20 85-89 01 29-365 days 11 40-44 21 90+ 02 1-4 years 12 45-49 HIV-STD and drug/alcohol use patients: 03 5-9 22 0-17 13 50-54 04 10-14 14 55-59 23 18-44 05 15-17 15 60-64 24 45-64 06 18-19 16 65-69 25 65-74 70-74 07 20-24 17 26 75 +08 25-29 18 75-79 Invalid 80-84 09 30-34 19 **Beginning Position:** 47 Data Source: **Assigned** Length: **Alphanumeric** Type: Field 17: **RACE** Description: Code indicating the patient's race. Suppression: If a facility has fewer than ten patients of one race that race is changed to 'Other' (code equals 5). Coding Scheme: 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 18: **ETHNICITY** Description: Code indicating the Hispanic origin of the patient. If a facility has fewer than ten patients of one race the ethnicity of patients of that race is Suppression: suppressed (code is blank). Hispanic Origin Coding Scheme: 1 2 Not of Hispanic Origin Invalid **Beginning Position:** 50 Data Source: Claim Length: Type: **Alphanumeric** Field 19: FIRST\_PAYMENT\_SRC Description: Code indicating the expected primary source of payment. Self Pay (Removed from 5010 format. Health Maintenance Organization Coding Scheme: beginning 2Q2012 data) 10 Central Certification LI Liability Other Non-federal Programs Liability Medical 11 LM 12 Preferred Provider Organization (PPO) MA Medicare Part A Point of Service (POS) Medicare Part B MB 13 14 Exclusive Provider Organization (EPO) MC. Medicaid Indemnity Insurance 15 TV Title V Health Maintenance Organization (HMO) 16 OF Other Federal Program Medicare Risk AM Automobile Medical VA Veteran Administration Plan BLBlue Cross/Blue Shield WC. Workers Compensation Health Claim Charity, Indigent or Unknown **CHAMPUS** СН

DSHS/THCIC

		CI	Commercial I	nsurance	•	` Inv	/alid	
		DS	Disability Ins	urance				
Beginnin	g Position:	51			Data Source:	Claim		
Length:		2			Type:	Alphanumer	ic	
Field 20:			ONDARY_F					
Descripti					ected secondary	source of pay	yment.	
Coding S			e as field 16,	FIRST_F	PAYMENT_SRC			
	g Position:	53			Data Source:	Claim		
Length:		2			Туре:	Alphanumer	IC	
Field 21:			E_OF_BILL					
Descripti	on:							d. First digit = type of
			_	_	type of care. Thi		•	
Coding S	cneme:		igit–Type of F	acility	2 <sup>nd</sup> digit–Typ			3 <sup>rd</sup> digit–Sequence of claim
		1	Hospital		1 Inpatien Part A	t, including Medic	are	0 Non-payment/Zero claim
		2	Skilled nursing			t, Medicare Part E	3	<ol> <li>Admit through discharge claim</li> </ol>
		3	Home health		3 Outpatie	nt		2 Interim–first claim
			Religious non-n			nt Other, Medicar	re	3 Interim-continuing claim
			health care—Ho: Religious non-n		Part B or 5 Intermed	diate Care-Level	ı	4 Interim–last claim
			health care–Ext			diate dare Level	•	4 Interim last daim
		6	Intermediate ca	are	6 Intermed	diate Care-Level	П	5 Late charge(s) only claim
		7	Clinic			te inpatient – Lev	/el	6 Adjustment of prior claim
		8	Special facility		III 8 Swing be	2d		(Not used by Medicare) Replacement of prior claim
		O	Special facility		o swing bo	zu .		8 Void/cancel of prior claim
Beginnin	g Position:	55			Data Source:	Claim		
Length:		2				A I I		
		3			Туре:	Alphanumer	ic	
Field 22:		CON	IDITION_C		l		ic	
		CON					ic	
Coding S	cheme:	CON		a cond	I ition relating to t	he claim.	ic	
	<b>cheme:</b> Military serv	Code	e describing		l	he claim.	<u>ic</u> 41	Partial hospitalization
Coding S		CON Code	e describing	a cond	ition relating to t  Patient is non-US re  VA eligible patient or receive services in a	he claim. esident hooses to		Partial hospitalization Continuing care not related to inpatient admission
Coding S	Military serv Condition is related Patient cove	CON Code ice rela employ red by i	e describing ted ment	a cond 25 26	Patient is non-US re VA eligible patient or receive services in a certified facility	he claim. esident hooses to a Medicare	41	Continuing care not related to inpatient admission Continuing care not provided
<b>Coding S</b> 6 01 02	Military serv Condition is related	CON Code ice rela employ red by i	e describing ted ment	a cond	Patient is non-US re VA eligible patient or receive services in a certified facility Patient referred to a	he claim. esident hooses to a Medicare	41 42	Continuing care not related to inpatient admission  Continuing care not provided within prescribed postdischarge
<b>Coding S</b> 6 01 02	Military serv Condition is related Patient cove	CON Code ice rela employ red by i	e describing ted vment insurance	a cond 25 26	Patient is non-US re VA eligible patient or receive services in a certified facility Patient referred to a community hospital	he claim. esident hooses to a Medicare a sole for a	41 42 43	Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarge window
01 02 03 04 05	Military serv Condition is related Patient cove not reflected Information Lien has bee	CON Code ice rela employ red by i I here only bil	e describing ted vment insurance	a cond 25 26	Patient is non-US revenues and the receive services in a certified facility Patient referred to a community hospital diagnostic laborator Patient and/or spou	he claim. esident hooses to a Medicare a sole for a y test se's EGHP is	41 42 43	Continuing care not related to inpatient admission  Continuing care not provided within prescribed postdischarge window  Inpatient admission changed to outpatient
Coding So 01 02 03 04	Military serv Condition is related Patient cove not reflected Information Lien has bee ESRD patien	CON Code ice rela employ red by i I here only bil en filed t in firs	e describing ted ment insurance II. t 18 months	a cond 25 26 27 28	Patient is non-US re VA eligible patient or receive services in a certified facility Patient referred to a community hospital diagnostic laborator Patient and/or spousecondary to Medica	he claim. esident hooses to a Medicare a sole for a y test se's EGHP is are	41 42 43	Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarge window Inpatient admission changed to
01 02 03 04 05 06	Military serv Condition is related Patient cove not reflected Information Lien has bee ESRD patien of entitlement	CON Code ice rela employ red by it here only bil en filed t in firs nt cover	e describing  ted  ment  insurance  II.  t 18 months red by EGHP	a cond 25 26 27	Patient is non-US re VA eligible patient or receive services in a certified facility Patient referred to a community hospital diagnostic laborator Patient and/or spou secondary to Medica Disabled beneficiary	he claim. esident hooses to a Medicare a sole for a y test se's EGHP is are	41 42 43	Continuing care not related to inpatient admission  Continuing care not provided within prescribed postdischarge window  Inpatient admission changed to outpatient
01 02 03 04 05	Military serv Condition is related Patient cove not reflected Information Lien has bee ESRD patien of entitlement Treatment o	CON Code ice rela employ red by it here only bill en filed t in firs nt cover	e describing  ted  ment  insurance  II.  t 18 months red by EGHP erminal	a cond 25 26 27 28	Patient is non-US re VA eligible patient or receive services in a certified facility Patient referred to a community hospital diagnostic laborator Patient and/or spousecondary to Medica	he claim. esident hooses to a Medicare a sole for a y test se's EGHP is are / and/or iHP is	41 42 43 44 45	Continuing care not related to inpatient admission  Continuing care not provided within prescribed postdischarge window  Inpatient admission changed to outpatient  Ambiguous Gender Category
01 02 03 04 05 06	Military service Condition is related Patient cover not reflected Information Lien has been ESRD patien of entitlement Treatment of condition for	CON Code ice rela employ red by it here only bill en filed t in firs nt cover f non-te	ted  rment  insurance  II.  t 18 months red by EGHP erminal e patient	a cond 25 26 27 28	Patient is non-US re VA eligible patient or receive services in a certified facility Patient referred to a community hospital diagnostic laborator Patient and/or spou secondary to Medica Disabled beneficiary family member's LG	he claim.  esident hooses to a Medicare a sole for a y test se's EGHP is are / and/or iHP is	41 42 43 44 45	Continuing care not related to inpatient admission  Continuing care not provided within prescribed postdischarge window  Inpatient admission changed to outpatient  Ambiguous Gender Category  Non-availability statement on file  Transfer from another Home
01 02 03 04 05 06	Military serv Condition is related Patient cove not reflected Information Lien has bee ESRD patien of entitlement Treatment o	con Code ice rela employ red by it here only bill en filed t in firs nt cover f non-te hospic would n	ted rment insurance II. t 18 months red by EGHP erminal e patient oot provide	25 26 27 28 29	Patient is non-US re VA eligible patient or receive services in a certified facility Patient referred to a community hospital diagnostic laborator Patient and/or spou secondary to Medica Disabled beneficiary family member's LG secondary to Medica Non-research service to patients enrolled	che claim.  esident hooses to a Medicare  a sole for a y test see's EGHP is are a and/or iHP is are tes provided in a	41 42 43 44 45 46 47	Continuing care not related to inpatient admission  Continuing care not provided within prescribed postdischarge window  Inpatient admission changed to outpatient  Ambiguous Gender Category  Non-availability statement on file  Transfer from another Home Health Agency
01 02 03 04 05 06	Military serv Condition is related Patient cove not reflected Information Lien has been served entitlement of entitlement condition for Beneficiary was related.	con Code ice rela employ red by in the here only bill en filed t in firs ant cover f non-te hospic would no	ted rment insurance II. It 18 months red by EGHP erminal e patient oot provide ning other	25 26 27 28 29 30	Patient is non-US re VA eligible patient or receive services in a certified facility Patient referred to a community hospital diagnostic laborator Patient and/or spou secondary to Medica Disabled beneficiary family member's LG secondary to Medica Non-research service to patients enrolled qualified clinical tria	che claim.  esident  hooses to a Medicare  a sole for a y test se's EGHP is are a and/or iHP is are des provided in a	41 42 43 44 45 46	Continuing care not related to inpatient admission  Continuing care not provided within prescribed postdischarge window  Inpatient admission changed to outpatient  Ambiguous Gender Category  Non-availability statement on file  Transfer from another Home Health Agency  Psychiatric residential
01 02 03 04 05 06	Military serv Condition is related Patient cove not reflected Information Lien has bee ESRD patien of entitlement ocondition for Beneficiary vinformation insurance condition patients.	con Code ice rela employ red by it here only bill en filed t in firs nt cover f non-te hospic would n concern verage	ted  rment  insurance  II.  t 18 months red by EGHP erminal re patient ot provide ning other	25 26 27 28 29	Patient is non-US re VA eligible patient or receive services in a certified facility Patient referred to a community hospital diagnostic laborator Patient and/or spou secondary to Medica Disabled beneficiary family member's LG secondary to Medica Non-research service to patients enrolled qualified clinical trial Patient is student (f	che claim.  esident  hooses to a Medicare  a sole for a y test se's EGHP is are a and/or iHP is are des provided in a	41 42 43 44 45 46 47	Continuing care not related to inpatient admission  Continuing care not provided within prescribed postdischarge window  Inpatient admission changed to outpatient  Ambiguous Gender Category  Non-availability statement on file  Transfer from another Home Health Agency
01 02 03 04 05 06 07 08 09	Military service Condition is related Patient cover not reflected Information Lien has been ESRD patien of entitlement of condition for Beneficiary vinformation insurance condition patients of the patients	con Code ice rela employ red by in the here only bill en filed t in firs int cover f non-te hospic would n concern everage ent or s	ted rment insurance II. It 18 months red by EGHP erminal e patient oot provide ning other pouse is	a cond 25 26 27 28 29 30	Patient is non-US re VA eligible patient or receive services in a certified facility Patient referred to a community hospital diagnostic laborator Patient and/or spou secondary to Medica Disabled beneficiary family member's LG secondary to Medica Non-research service to patients enrolled qualified clinical trial Patient is student (finday)	che claim.  esident  hooses to a Medicare  a sole for a y test se's EGHP is are a and/or iHP is are des provided in a	41 42 43 44 45 46 47	Continuing care not related to inpatient admission Continuing care not provided within prescribed postdischarge window Inpatient admission changed to outpatient Ambiguous Gender Category Non-availability statement on file Transfer from another Home Health Agency Psychiatric residential treatment centers for children
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Patient is student (part-time)

Ward accommodation at patient

General care patient in a

Semi-private room not

Private room medically

Same day transfer

special unit

request

available

necessary

34

36

37

38

39

40

HHA services

regimen

Patient is homeless

Maiden name retained

Billing for denial notice

Patient on multiple drug

Home care giver available

Home IV patient also receiving

Child retains mother's name

Beneficiary requested billing

18

19

20

21

22

23

Outpatient Nondiagnostic

Out of Hospice Service Area

Initial placement of a medical

device provided as part of a

clinical trial or a free sample

Documented at the Home

SNF bed not available

Health Agency

No Skilled Home Health Visits in

Billing Period. Policy Exception

Services

52

53

55

56 57	Medical appropriateness  SNF readmission	A6	Vaccines/Medicare 100% payment	D5	Cancel to correct Insured's ID or Provider ID
		Α9	Second opinion surgery	D6	Cancel Only to Repay a
58	Terminated Medicare+Choice organization enrollee	AA	Abortion performed due to rape	D7	Duplicate or OIG Overpayment Change to Make Medicare the
59	Non-primary ESRD facility	AB	Abortion performed due to incest	יט	Secondary Payer
60	Day outlier	AC	Abortion performed due to	D8	Change to Make Medicare the Primary Payer
61	Cost outlier	7.0	serious fatal genetic defect,	D9	Any Other Change
66	Provider does not wish cost	AD	deformity, or abnormality  Abortion performed due to life	DR	Disaster related
67	outlier payment  Beneficiary elects not to use life	AD	endangering physical condition	EO	Changes in Patient Status
	time reserve (LTR) days	ΑE	Abortion performed due to physical health of mother that	G0	Distinct Medical Visit
68	Beneficiary elects to use life time reserve (LTR) days		is not life endangering	НО	Delayed Filing, Statement of
69	IME/DGME/N&AH Payment Only	AF	Abortion performed due to emotional/psychological health	110	Intent Submitted
70	Self-administered anemia		of mother	H2	Discharge by a Hospice Provider for Cause
71	management drug Full care in unit	AG	Abortion performed due to social or economic reasons	НЗ	Reoccurrence of GI Bleed
72	Self-care in unit	АН	Elective abortion	H4	Comorbid Category Reoccurrence of Pneumonia
73	Self-care training	ΑI	Sterilization		Comorbid Category
74	Home	AJ	Payer responsible for co-	H5	Reoccurrence of Pericarditis Comorbid Category
75	Home - 100% reimbursement	A 1/	payment	P1	Do not Resuscitate Order (DNR)
76	Back-up in facility dialysis	AK	Air ambulance required	P7	Direct Inpatient Admission from
77	Provider accepts or is	AL	Specialized treatment/bed unavailable	D.4	Emergency Room
.,	obligated/required due to a contractual arrangement or law to accept payment by a primary	AM	Non-emergency medically necessary stretcher transport required	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
70	payer as payment	AN	Pre-admission screening not	R2	Request for reopening Reason Code -Inaccurate Data Entry
78	New coverage not implemented by HMO	ВО	required  Medicare coordinated care	R3	Request for reopening Reason
79	CORF services provided offsite	ВО	demonstration claim		Code - Misapplication of a Fee Schedule
80	Home dialysis - nursing facility	B1	Beneficiary is ineligible for demonstration program	R4	Request for reopening Reason Code - Computer Errors
81	C-section/Inductions <39 weeks-Medical Necessity	B4	Admission unrelated to discharge on same day	R5	Request for reopening Reason
82	C-section/Inductions <39	BP	Gulf Oil Spill of 2010		Code - Incorrectly Identified Duplicate Claim
83	weeks-Elective C-section/Inductions 39 weeks	C1	Approved as billed	R6	Request for reopening Reason
84	or greater	C2	Automatic approval as billed		Code - Other Clerical Errors or Minor Errors and Omissions not
04	Dialysis for Acute Kidney Injury (AKI)	C3	based on focused review Partial approval	R7	Specified in R1-R5 above Request for reopening Reason
85	Delayed Recertification of	C4	Admission/services denied	107	Code - Corrections other than
86	Hospice Terminal Illness Additional Hemodialysis	C5	Post-payment review applicable	R8	clerical errors  Request for reopening Reason
	Treatment with Medical Justification	C6	Admission Preauthorization	KO	Code - New and Material
AO	TRICARE external partnership	C7	Extended Authorization	R9	Evidence Request for reopening Reason
	program	D0	Changes to Service Dates	K7	Code - Faulty Evidence
A1	EPSDT/CHAP	D1	Changes to Charges	WO	United Mine Workers of America
A2	Physically handicapped children's program	D3	Second or Subsequent Interim		(UMWA) Demonstration Indicator
А3	Special Federal Funding	D4	PPS Bill Change in clinical codes (ICD)	W2	Duplicate of Original Bill
A4	Family planning	<b>υ</b> 4	Change in clinical codes (ICD) for diagnosis and/or procedure	W3	Level I Appeal
<b>A</b> 5	Disability		codes.	W4	Level II Appeal
				W5	Level III Appeal

Beginning Position:58Data Source:ClaimLength:2Type:Alphanumeric

Field 23: CONDITION\_CODE\_2

Code describing a condition relating to the claim.

**Coding Scheme:** Same as Field CONDITION\_CODE\_1.

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**Beginning Position:** Data Source: 60 Claim **Alphanumeric** Length: Type: Field 24: CONDITION CODE 3 Code describing a condition relating to the claim. Coding Scheme: Same as Field CONDITION CODE 1. **Beginning Position:** Data Source: Claim Length: Alphanumeric Type: Field 25: CONDITION\_CODE\_4 Code describing a condition relating to the claim. Codina Scheme: Same as Field 22. **Beginning Position:** 64 Data Source: Claim Length: Alphanumeric Type: Field 26: CONDITION CODE 5 Code describing a condition relating to the claim. Coding Scheme: Same as Field CONDITION\_CODE\_1. Data Source: **Beginning Position:** 66 Claim Length: Type: **Alphanumeric** Field 27: CONDITION CODE 6 Code describing a condition relating to the claim. Same as Field CONDITION CODE 1. Codina Scheme: **Beginning Position:** Data Source: Claim Alphanumeric Length: Type: Field 28: CONDITION\_CODE\_7 Code describing a condition relating to the claim. Same as Field CONDITION\_CODE\_1. Coding Scheme: **Beginning Position:** Data Source: Claim Lenath: 2 Type: **Alphanumeric** Field 29: CONDITION\_CODE\_8 Code describing a condition relating to the claim. Coding Scheme: Same as Field CONDITION\_CODE\_1. **Beginning Position:** Data Source: Claim Length: Alphanumeric Type: Field 30: PAT\_REASON\_FOR\_VISIT ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** Data Source: Claim Length: Alphanumeric Type: Field 31: PRINC\_DIAG\_CODE ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** Data Source: Claim Length: Alphanumeric Type: Field 32: OTH\_DIAG\_CODE\_1 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** Data Source: Claim Length: 7 Type: **Alphanumeric** Field 33: OTH DIAG CODE 2 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 95 Data Source: Claim Length: Type: Alphanumeric Field 34: OTH\_DIAG\_CODE\_3 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** Data Source: Claim Length: Alphanumeric Type: Field 35: OTH\_DIAG\_CODE\_4 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 109 Data Source: Claim Length: Alphanumeric Type: DSHS/THCIC DSHS Document #25-15013 Page 60

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Length:	, Aprilanamono					
	7 Type: Alphanumeric					
Beginning Position:	Decimal is implied following the third character.  193 Data Source: Claim					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.					
Field 47:	OTH_DIAG_CODE_16					
Beginning Position: ∟ength:	186 Data Source: Claim 7 Type: Alphanumeric					
nantanata na tro	Decimal is implied following the third character.					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.					
ield 46:	OTH_DIAG_CODE_15					
Beginning Position: ∟ength:	179 Data Source: Claim 7 Type: Alphanumeric					
2 - minuminu D 141 -	Decimal is implied following the third character.					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.					
Field 45:	OTH_DIAG_CODE_14					
Beginning Position: Length:	7 <b>Type:</b> Alphanumeric					
Roginning Position:	Decimal is implied following the third character.  172 Data Source: Claim					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.					
Field 44:	OTH_DIAG_CODE_13					
Length:	7 Type: Alphanumeric					
Beginning Position:	Decimal is implied following the third character.  165 Data Source: Claim					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.					
Field 43:	OTH_DIAG_CODE_12					
_ength:	7 <b>Type:</b> Alphanumeric					
Beginning Position:	158 Data Source: Claim					
	Decimal is implied following the third character.					
iciu 42:	OTH_DIAG_CODE_11 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.					
₋ength: ield 42:	7 Type: Alphanumeric					
Beginning Position:	151 Data Source: Claim					
	Decimal is implied following the third character.					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.					
<u>-ength:</u> Field 41:	OTH_DIAG_CODE_10					
Beginning Position: ∟ength:	144 Data Source: Claim 7 Type: Alphanumeric					
D	Decimal is implied following the third character.					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.					
Field 40:	OTH_DIAG_CODE_9					
Length:	7 <b>Type:</b> Alphanumeric					
Beginning Position:	Decimal is implied following the third character.  137 Data Source: Claim					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.					
Field 39:	OTH_DIAG_CODE_8					
Length:	7 <b>Type:</b> Alphanumeric					
Beginning Position:	130 Data Source: Claim					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.					
Field 38:	OTH_DIAG_CODE_7					
Length:	7 Type: Alphanumeric					
Beginning Position:	123 Data Source: Claim					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.					
Field 37:	OTH_DIAG_CODE_6					
Length:	7 <b>Type:</b> Alphanumeric					
Beginning Position:	116 Data Source: Claim					
	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.					
ieia 36:	OTH_DIAG_CODE_5					
Field 36:	OTH DIAG CODE 5					

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Field 48: OTH_DIAG_CODE_17 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.  Present a simple of the property of the field of the property of the field of the property of the present of the property of the present of the property of the present of the		
Decimal is implied following the third character.	Field 48:	OTH_DIAG_CODE_17
Beginning Position   200   Data Source: Claim   Clai		
Length:   7   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.  207 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: Length: 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: 21		
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		<b>3</b> 1
Decimal is implied following the third character:   Claim   Claim   Community   Claim   Clai	i iciu 47.	
Beginning Position   201		
Field 50:	Reginning Position	·
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.		
Decimal is implied following the third character.		
Beginning Position: Length: 7 Type: Alphanumeric   Alphanumeric		
Field 51:  OTH_DIAG_CODE_20  ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.  Claim  Type: Alphanumeric  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: Length: 7 Type: Alphanumeric  Field 53: OTH_DIAG_CODE_22  ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.  Beginning Position: Length: 7 Type: Alphanumeric  Beginning Position: Length: 7 Type: Alphanumeric  OTH_DIAG_CODE_23  ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.  Beginning Position: Length: 7 Type: Alphanumeric  OTH_DIAG_CODE_23  ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.  Decimal is implied following the third character.  Decimal is implied following the third character.  Decimal is implied following the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.  Coding Scheme:  Beginning Position:  Another party responsible Employment OA Other accident  Another party responsible Employment OA Other accident  Decimal is implied following the third character.  Decimal is implied following the third character.  Coding Scheme:  Beginning Position:  Coding Scheme: Beginning Position:  Coding Scheme: Beginning Position:  Coding Scheme: Beginning Position:  Coding Scheme: Beginning Position:  Coding Scheme: Beginning Position:  Decimal is implied following the third character.  Coding Scheme: Beginning Position:  Coding Scheme: Beginning Position:  Coding Scheme: Beginning Position: Coding Scheme: Beginning	<b>Beginning Position:</b>	
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		JI: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Decimal is implied following the third character.   Length: 7	Field 51:	
Detenming Position   221		
Field 52:		i o
Field 52:   CD-10-CM diagnosis code, including the sth, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.    Beginning Position:   228	3 3	
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Decimal is implied following the third character.	rieiu 52:	
Data Source:   Claim   Type:   Alphanumeric   Type:   Alphanumeric   Type:   Alphanumeric   Type:   Alphanumeric   Alphanumeric   Type:   Alphanumeric   Alphanumeric   Type:   Alphanumeric		
Field 53:	Poginning Position:	·
Field 53:		
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.    Page		· · · · · · · · · · · · · · · · · · ·
Beginning Position: Length: 7		
Beginning Position: Length:		
Field 54:    CD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.    Beginning Position:   242   Data Source:   Claim	Beginning Position:	
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.    Beginning Position:   242	Length:	7 <b>Type:</b> Alphanumeric
Decimal is implied following the third character.   Beginning Position: Length: 7 Type: Alphanumeric	Field 54:	
Beginning Position: Length: 7 Type: Alphanumeric   Claim   Alphanumeric   Claim   Alphanumeric   Claim   Alphanumeric   Claim   Alphanumeric   Claim   Alphanumeric   Claim		
Length: 7   Type: Alphanumeric		·
Field 55:    Coding Scheme:   Apart		
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable.   Decimal is implied following the third character.		
Beginning Position: Length:  Field 56:  RELATED_CAUSE_CODE_1 Code identifying an accompanying cause of an illness, injury or an accident.  AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident  AP Auto accordent AP Another party responsible EM Employment OA Other accident  AP Another party responsible EM Employment OA Other accident  AB Abuse AP Another party responsible EM Employment OA Other accident  Coding Scheme: Beginning Position: Length: Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness.	i ieiu 33.	
Beginning Position:       Length:       7       Data Source: Type: Alphanumeric         Field 56:       RE LATED_CAUSE_CODE_1         Coding Scheme:       AA Auto accident       A Auto accident         AB Abuse AP Another party responsible EM Employment OA Other accident       Data Source: Claim         Beginning Position:       2 Data Source: Type: Alphanumeric         Length:       2 Type: Alphanumeric         Field 57:       RELATED_CAUSE_CODE _2         Coding Scheme:       Same as Field RELATED_CAUSE_CODE_1.         Beginning Position:       Length:       Data Source: Claim         Length:       2 Data Source: Type: Alphanumeric       Claim         Coding Scheme:       RELATED_CAUSE_CODE _ 3         Code identifying an accompanying cause of an illness, injury or an accident.         Coding Scheme:       RELATED_CAUSE_CODE _ 1.         Beginning Position:       Code identifying an accompanying cause of an illness, injury or an accident.         Code identifying an accompanying cause of an illness, injury or an accident.         Code identifying an accompanying cause of an illness, injury or an accident.          Code identifying an accompanying cause of an illness,		
Field 56:  RELATED_CAUSE_CODE_1 Code identifying an accompanying cause of an illness, injury or an accident.  AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident  Length:  Pield 57:  RELATED_CAUSE_CODE_2 Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme:  Beginning Position: Length:  Coding Scheme:  Beginning Position: Length:  Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme:  Beginning Position: Length:  RELATED_CAUSE_CODE_1.  Beginning Position: Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Beginning Position:  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.	Reginning Position	
Field 56:       RELATED_CAUSE_CODE_1         Coding Scheme:       AA Auto accident         AB Abuse AP Another party responsible EM Employment OA Other accident       Coding Scheme:         Beginning Position: Length:       25 Data Source: Claim Alphanumeric         Field 57:       RELATED_CAUSE_CODE_2         Coding Scheme:       Same as Field RELATED_CAUSE_CODE_1.         Beginning Position:       25 Data Source: Claim         Length:       Code identifying an accompanying cause of an illness, injury or an accident.         Coding Scheme:       Same as Field RELATED_CAUSE_CODE_1.         Field 58:       RELATED_CAUSE_CODE_3         Code identifying an accompanying cause of an illness, injury or an accident.         Coding Scheme:       Same as Field RELATED_CAUSE_CODE_1.         Beginning Position:       Same as Field RELATED_CAUSE_CODE_1.         Beginning Position:       Same as Field RELATED_CAUSE_CODE_1.		
Coding Scheme:  AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident  Length:  Field 57:  Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme:  Beginning Position: 258  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme:  Same as Field RELATED_CAUSE_CODE _3  Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme:  Same as Field RELATED_CAUSE_CODE _1.  Coding Scheme:  Coding Schem	Field 56:	
AB Abuse AP Another party responsible EM Employment OA Other accident  Beginning Position: Length:  Field 57:  RELATED_CAUSE_CODE _2 Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Beginning Position: Length:  Same as Field RELATED_CAUSE_CODE _1.  Beginning Position: Length:  RELATED_CAUSE_CODE _3 Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Same as Field RELATED_CAUSE_CODE _1.  Beginning Position: Coding Scheme: Same as Field RELATED_CAUSE_CODE _3 Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Same as Field RELATED_CAUSE_CODE_1.  Coding Scheme: Codin		Code identifying an accompanying cause of an illness, injury or an accident.
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Beginning Position: Length:  Coding Scheme: Beginning Position: Length:  Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Beginning Position: Length:  Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Beginning Position: Length:  Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Beginning Position: Coding Scheme: Beginning Position: Coding Scheme: Cod		
Beginning Position: Length:  Type: Alphanumeric  Field 57:  Code identifying an accompanying cause of an illness, injury or an accident.  Same as Field RELATED_CAUSE_CODE_1.  Beginning Position: Length:  Type: Alphanumeric  Claim  Coding Scheme:  Same as Field RELATED_CAUSE_CODE_1.  Same as Field RELATED_CAUSE_CODE_1.  Type: Alphanumeric  Field 58:  RELATED_CAUSE_CODE_3  Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Same as Field RELATED_CAUSE_CODE_1.  Same as Field RELATED_CAUSE_CODE_1.  Coding Scheme: Beginning Position:  Coding Scheme:  Same as Field RELATED_CAUSE_CODE_1.  Coding Scheme: Coding		
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Length:     2     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:     Data Source:     Claim       Length:     Type:     Alphanumeric       Field 58:     RELATED_CAUSE_CODE _3       Code identifying an accompanying cause of an illness, injury or an accident.       Coding Scheme:     Same as Field RELATED_CAUSE_CODE_1.       Beginning Position:     260     Data Source:     Claim	Reginning Position	
Field 57:  RELATED_CAUSE_CODE _2 Code identifying an accompanying cause of an illness, injury or an accident.  Same as Field RELATED_CAUSE_CODE_1.  Beginning Position: Length: 2 Type: Alphanumeric  Field 58: RELATED_CAUSE_CODE _3 Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Same as Field RELATED_CAUSE_CODE_1.  Same as Field RELATED_CAUSE_CODE_1.  Same as Field RELATED_CAUSE_CODE_1.  Coding Position:  Coding Position: Coding Scheme: Co		
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Coding Scheme:     Same as Field RELATED_CAUSE_CODE_1.       Beginning Position:     258     Data Source:     Claim       Length:     Type:     Alphanumeric       Field 58:     RELATED_CAUSE_CODE_3       Code identifying an accompanying cause of an illness, injury or an accident.       Coding Scheme:     Same as Field RELATED_CAUSE_CODE_1.       Beginning Position:     Data Source:     Claim		
Length:     2     Type:     Alphanumeric       Field 58:     RELATED_CAUSE_CODE _3       Code identifying an accompanying cause of an illness, injury or an accident.       Coding Scheme:     Same as Field RELATED_CAUSE_CODE_1.       Beginning Position:     260     Data Source:     Claim	Coding Scheme:	
Field 58: RELATED_CAUSE_CODE _3 Code identifying an accompanying cause of an illness, injury or an accident.  Coding Scheme: Same as Field RELATED_CAUSE_CODE_1.  Beginning Position: 260 Data Source: Claim		
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Coding Scheme:       Same as Field RELATED_CAUSE_CODE_1.         Beginning Position:       260         Data Source:       Claim	Field 58:	
Beginning Position: 260 Data Source: Claim	Ondina Calcana	
		JFipridimento

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Field 59:	E_CODE_1		
	ICD-10-CM external caus	se of injury code	e, including the 4th, 5th, 6th and 7th digits if
	applicable, of the primar	y external cause	e of injury. A decimal is implied following the
	third character.	-	
Beginning Position:	262	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 60:	E_CODE_2		•
		se of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.	iai external caus	se of injury. Decimal is implied following the
Designation Designation		Data Caumas	Claim
Beginning Position:	269	Data Source:	Claim
Length:	7 F CODE 2	Type:	Alphanumeric
Field 61:	E_CODE_3		
			e, including the 4th, 5th, 6th and 7th digits if
		nal external caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position:	276	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 62:	E_CODE_4		
	ICD-10-CM external caus	se of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.	iai oxtorriai oaut	se et ingangt Beenman ie intiphea tenething inte
Beginning Position:	283	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 63:	E_CODE_5	. , , , , , , , , , , , , , , , , , , ,	, iiprianamente
		so of injury code	e, including the 4th, 5th, 6th and 7th digits if
	• •	nai externai caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position:	290	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 64:	E_CODE_6		
			e, including the 4th, 5th, 6th and 7th digits if
		nal external caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position:	297	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 65:	E_CODE_7		
			e, including the 4th, 5th, 6th and 7th digits if
	applicable, of an addition	nal external caus	se of injury. Decimal is implied following the
	third character.		
<b>Beginning Position:</b>	304	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 66:	E_CODE_8		
		se of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.	iai external caus	50 of figure 2. Documents implied following the
Reginning Docition:	311	Data Source:	Claim
Beginning Position: Length:	7		Alphanumeric
Field 67:	E_CODE_9	Type:	лірнанинств
ricia o7.		oo of injumu of it	including the 4th Eth /th and 7th digitality
			e, including the 4th, 5th, 6th and 7th digits if
		nal external caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position:	318	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 68:	E_CODE_10		
	ICD-10-CM external caus	se of injury code	e, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.		
Beginning Position:	325	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
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Field 69:	PROC_CODE_1		
			with the highest charge performed during
	the period covered by the		
Beginning Position:	332	Data Source:	Claim
Length: Field 70:	5 PROC_CODE_2	Туре:	Alphanumeric
rieiu 70:		nrocedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	337	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 71:	PROC_CODE_3		
			n the next highest charge performed during
	the period covered by the		
Beginning Position:	342	Data Source:	Claim
Length: Field 72:	PROC_CODE_4	Туре:	Alphanumeric
rieiu 72:		nrocoduro with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	347	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 73:	PROC_CODE_5		
		procedure with	n the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	352	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 74:	PROC_CODE_6		
			the next highest charge performed during
Beginning Position:	the period covered by the 357	Data Source:	CPT code. Claim
Length:	5	Type:	Alphanumeric
Field 75:	PROC_CODE_7	турс.	Alphanamene
		procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	362	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 76:	PROC_CODE_8		
	Code for surgical or other	r nrocedure with	
	the period covered by the	bill. HCPCS or	CPT code.
	the period covered by the 367	bill. HCPCS or Data Source:	Claim
Length:	the period covered by the 367	bill. HCPCS or	CPT code.
Beginning Position: Length: Field 77:	the period covered by the 367 5 PROC_CODE_9	e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric
Length:	the period covered by the 367 5 PROC_CODE_9 Code for surgical or other	e bill. HCPCS or Data Source: Type:  procedure with	CPT code. Claim Alphanumeric  the next highest charge performed during
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Length: Field 77: Beginning Position: Length:	the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other	bill. HCPCS or Data Source: Type:  procedure with bill. HCPCS or Data Source: Type:  procedure with procedure w	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during alphanumeric
Length: Field 77:  Beginning Position: Length: Field 78:	the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the	bill. HCPCS or Data Source: Type:  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 Clai
Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position:	the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377	pill. HCPCS or Data Source: Type:  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 CPT code. Claim CPT code. Claim
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Length: Field 77: Beginning Position: Length:	the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11	e bill. HCPCS or Data Source: Type:  procedure with bill. HCPCS or Data Source: Type:  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  CPT code. Claim Alphanumeric
Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position: Length:	the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other other the period covered by the 377 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: 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 alphanumeric
Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position: Length: Field 79:	the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the seriod c	e bill. HCPCS or Data Source: Type:  procedure with bill. HCPCS or Data Source: Type:  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. CTO CODE  The next highest charge performed during CPT code.
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Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position: Length: Field 79:  Beginning Position: Length: Length:	the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 382 5  PROC_CODE_12 Code for surgical or other the period covered by the 382 5	e 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  The next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position: Length: Field 79:  Beginning Position: Length: Field 80:	the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 382 5  PROC_CODE_12	e 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  The next highest charge performed during charge performed charge performed during charge performed charge perf
Length: Field 77:  Beginning Position: Length: Field 78:  Beginning Position: Length: Field 79:  Beginning Position: Length: Length:	the period covered by the 367 5  PROC_CODE_9 Code for surgical or other the period covered by the 372 5  PROC_CODE_10 Code for surgical or other the period covered by the 377 5  PROC_CODE_11 Code for surgical or other the period covered by the 382 5  PROC_CODE_12 Code for surgical or other the period covered by the 382 5	e 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. In the next highest charge performed during CPT code.  In the next highest charge performed during CPT code.

Length:	5	Туре:	Alphanumeric
Field 81:	PROC_CODE_13	<u>-</u>	
			the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
Beginning Position:	392	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 82:	PROC_CODE_14		
			the next highest charge performed during
	the period covered by the		CPT code.
Beginning Position:	397	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 83:	PROC_CODE_15		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	402	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 84:	PROC_CODE_16		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	407	Data Source:	Claim
Length:	5 DD00 CODE 17	Type:	Alphanumeric
Field 85:	PROC_CODE_17		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	412	Data Source:	Claim
Length: Field 86:	5 DD00 CODE 10	Type:	Alphanumeric
rielu oo:	PROC_CODE_18		the mout bighest shower werfermed during
			the next highest charge performed during
Danimulan Danislan	the period covered by the		
Beginning Position: Length:	417 5	Data Source:	Claim Alphanumeric
Field 87:	PROC_CODE_19	Туре:	Alphanumenc
ricia o7.		nrocoduro with	the next highest charge performed during
	the period covered by the		
Beginning Position:	422	Data Source:	
beginning rosition.			Claim
Lenath:			Claim Alphanumeric
	5	Type:	Claim Alphanumeric
	5 PROC_CODE_20	Туре:	Alphanumeric
	PROC_CODE_20 Code for surgical or other	Type:  procedure with	Alphanumeric the next highest charge performed during
Field 88:	PROC_CODE_20 Code for surgical or other the period covered by the	Type:  procedure with bill. HCPCS or	Alphanumeric  the next highest charge performed during CPT code.
Field 88: Beginning Position:	PROC_CODE_20 Code for surgical or other	r procedure with be bill. HCPCS or Data Source:	Alphanumeric  the next highest charge performed during CPT code. Claim
Field 88: Beginning Position: Length:	PROC_CODE_20 Code for surgical or other the period covered by the 427 5	Type:  procedure with bill. HCPCS or	Alphanumeric  the next highest charge performed during CPT code.
Field 88: Beginning Position: Length:	PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21	r procedure with bill. HCPCS or Data Source:	Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric
Field 88: Beginning Position: Length:	PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21 Code for surgical or other	r procedure with bill. HCPCS or Data Source: Type:	Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during
Field 88: Beginning Position: Length: Field 89:	PROC_CODE_20 Code for surgical or other the period covered by the 427 5 PROC_CODE_21	r procedure with bill. HCPCS or Data Source: Type:	Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during
Field 88:  Beginning Position: Length: Field 89:  Beginning Position:	PROC_CODE_20 Code for surgical or other the period covered by the 427 PROC_CODE_21 Code for surgical or other the period covered by the	rype:  procedure with bill. HCPCS or Data Source: Type:  procedure with bill. HCPCS or	Alphanumeric  the next highest charge performed during CPT code. Claim Alphanumeric  the next highest charge performed during CPT code.
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Field 93:	PROC_CODE_25		h the mout highest drawn was
			h the next highest charge performed during
Danimaina Danisian	the period covered by th		
Beginning Position: Length:	452 5	Data Source: Type:	Claim Alphanumeric
Field 94:	OTHER AMOUNT	1300.	лартанатисто
	_	Other Charge	Amount. Calculated using MEDPAR algorithm.
			e codes other than 0100-0219, revenue
			53X, 055X-060X, 064X-070X, 076X-078X,
	090X-095X, 099X.		
<b>Beginning Position:</b>	457	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 95:	PHARM_AMOUNT		
			rge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
Danimaina Danisian	revenue center 026X, 06		Coloulated
Beginning Position: Length:	469 12	Data Source: Type:	Calculated Numeric
Field 96:	MEDSURG_AMOUNT	турс.	Numeric
		Medical/Surgio	cal Supply Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 02		
Beginning Position:	481	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 97:	DME_AMOUNT		
			al Equipment Charge Amount. Calculated
			es associated with revenue codes other than
	0100-0219, revenue cer		
Beginning Position:	493	Data Source:	Calculated
Length: Field 98:	USED_DME_AMOUNT	Type:	Numeric
ricia 70.		Used Durable	Medical Equipment Charge Amount.
			m of charges associated with revenue codes
	other than 0100-0219, r		
Beginning Position:	505	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 99:	PT_AMOUNT		
			py Charge Amount. Calculated using MEDPAR
	-	es associated w	ith revenue codes other than 0100-0219,
	revenue center 042X.		
Beginning Position: Length:	517 12	Data Source: Type:	Calculated Numeric
Field 100:	OT_AMOUNT	туре.	Numeric
11014 100.		Occupational 1	Therapy Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 04		
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	Type:	Numeric
riela 102.	<del>-</del>	Inhalation The	rany Charge Amount Calculated using
			rapy Charge Amount. Calculated using ociated with revenue codes other than 0100-
	0219, revenue center 04		ociated with revenue codes other than 0100-
Beginning Position:	553	Data Source:	Calculated
Length:	12	Type:	Numeric
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www.dshs.texas.gov	/THCIC	I age oo	Last Updated: September, 2018

BECOLD AMOUNT 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: Field 104: Field 104: 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 038X.  Beginning Position: Field 105: OR_MOUNT Ancillary Service Charge, Derating 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: Field 106: UITH_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.  Beginning Position: CARD_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.  Beginning Position: Field 107: CARD_AMOUNT Ancillary Service Charge, Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.  Beginning Position: Field 109: ANES_AMOUNT Ancillary Service Charge, Ameunt. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.  Beginning Position: C42 DAIS SOURCE Charge, Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 03X, 073X.  Beginning Position: C42 DAIS SOURCE Charge, Calculated With revenue codes other than 0100-0219, revenue center 03X, 03X-03X5, 03X, 03X.  Beginning Position: C49 Data Source: Calculated Laided Using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 03X, 03X-03X5, 03X, 03X, 03X, 03	Field 103:	DI OOD AMOUNT		
using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X.  Beginning Position: 565	i lelu 103.	BLOOD_AMOUNT Ancillary Service Charge	for blood provid	ded during the nationt's stay. Calculated
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codes other than 0100-0219, revenue center 039X.  Length: 12 Type: Numeric  Field 105: OR_AMOUNT  Ancillary Service Charge, Operating Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X.  Beginning Position: 589 Data Source: Calculated Using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.  Beginning Position: LITH_AMOUNT  Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.  Beginning Position: 601 Type: Numeric  CARD_AMOUNT  Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.  Beginning Position: 613 Data Source: Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.  Beginning Position: 613 Data Source: Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position: 625 Data Source: Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position: 625 Data Source: Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.  Beginning Position: 637 Data Source: Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.  Beginning Position: 647 Data Source: Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-032X-035X, 040X.  Beginning Position: 647 Data Source: Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100		Ancillary Service Charge	for blood storage	ge and processing related to the patient's
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algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X.  Beginning Position: 12	Field 105:	<b>—</b>	Onematica Dec	on Charge Amount Calculated using MEDDAD
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Destining Position: 12   Type:   Numeric		-		in revenue codes other than 0100-0219,
Field 106: L1TH_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: CARD_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.  Beginning Position: 12 Type: Numeric  Beginning Position: 12 Type: Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.  Beginning Position: 12 Type: Calculated Using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position: 25 Data Source: Calculated Using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position: LaB_AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.  Beginning Position: 12 Type: Numeric  Beginning Position: 12 Type: Numeric  RAD_AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.  Beginning Position: 14 MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: 15 Calculated Using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: 16 Data Source: Calculated Using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.  Beginning Position: 17 Data Source: Calculated With revenue codes other than 0100-0219, revenue c	Beginning Position:			Calculated
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Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.  601 Data Source: Calculated Numeric  CARD_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.  Beginning Position: 12 Type: Numeric  Beginning Position: 12 Type: Numeric  Calculated Numeric  ANES_AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position: 625 Data Source: Calculated Numeric  Beginning Position: 625 Data Source: Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.  Beginning Position: 637 Data Source: Calculated Using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.  Beginning Position: RAD_AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.  Beginning Position: 12 Type: Numeric  Beginning Position: 12 Type: Numeric  Calculated Numeric  Calculated Using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: 12 Type: Numeric  Data Source: Calculated With revenue codes other than 0100-0219, revenue center 049X-050X.  Beginning Position: 12 Type: Numeric  DSHS/THCIC  DSHS/THCIC  DSHS/THCIC				
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Beginning Position:   601   Data Source: Calculated		algorithm. Sum of charg	ges associated w	vith revenue codes other than 0100-0219,
Length:				
Field 107:  CARD_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.  Beginning Position: Length:  Field 108:  ANES_AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position: Length: Length:  Field 109:  LAB_AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.  Beginning Position: Length: Field 110:  RAD_AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.  Beginning Position: Length: Field 111:  MRI_AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.  Beginning Position: Length: Field 111:  MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: Length:  Field 112:  OP_AMOUNT 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: Length:  Data Source: Calculated Numeric				
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Beginning Position: Length: 12				
Beginning Position: Length:   13   Data Source: Calculated   Numeric				in revenue codes other than 0100-0219,
Field 108:  ANES_AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.  Beginning Position: Length: 12 Data Source: Calculated Type: Numeric  Field 109: LAB_AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.  Beginning Position: Length: 12 Type: Numeric  Field 110: RAD_AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.  Beginning Position: Length: 12 Type: Numeric  Field 111: MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: Length: 12 Type: Numeric  Field 112: OP_AMOUNT Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: Length: 12 Data Source: Calculated Numeric  Calculated Numeric  Field 112: OP_AMOUNT 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: Calculated Numeric  Calculated Numeric  Calculated Numeric  DATA Source: Calculated Numeric  DATA Source: Calculated Numeric  DATA SOURCE Numeric	Reginning Position			Calculated
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Beginning Position: Length:  Field 109:    LAB_AMOUNT			e, Anesthesia Ch	arge Amount. Calculated using MEDPAR
Beginning Position: Length: 12		algorithm. Sum of charg	ges associated w	vith revenue codes other than 0100-0219,
Length:   12   Type: Numeric				
Field 109:  LAB_AMOUNT  Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.  Beginning Position: Length:  Field 110:  RAD_AMOUNT  Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.  Beginning Position: Length:  Field 111:  MRI_AMOUNT  Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: Length:  661  Data Source: Calculated Numeric  Field 112:  OP_AMOUNT  Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: Length:  67]  Data Source: Calculated Numeric  Field 112:  OP_AMOUNT  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: Length:  DSHS Document #25-15013				
Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.  Beginning Position: 637			Type:	Numeric
Beginning Position: Length:  Field 110:  RAD_AMOUNT Ancillary Service Charge, Radiology Charge: Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.  Beginning Position: Length:  Field 111:  MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.  Beginning Position: Length:  Field 111:  MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: Length:  Field 112:  OP_AMOUNT 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: Length:  DSHS Document #25-15013	Fleiu 107.		Laboratory Ch	argo Amount, Calculated using MEDDAD
Reginning Position: Length:  Ength:  E				
Beginning Position: Length: 12 Type: Numeric			•	
Length: 12   Type: Numeric	Beginning Position:			
Field 110:  RAD_AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.  Beginning Position: Length: 12 Type: Calculated Numeric  MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: Length: Data Source: Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Numeric  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: Length: DSHS/THCIC  DSHS Document #25-15013				Numeric
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Beginning Position: Length:  Field 111:  MRI_AMOUNT  Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: Length:  Data Source: Calculated Type: Numeric  Calculated using Numeric  Calculated with revenue codes other than 0100-0219, revenue center 049X-050X.  Calculated Numeric  DSHS/THCIC  DSHS Document #25-15013				
Beginning Position: Length:  Field 111:  MRI_AMOUNT  Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: Length:  Data Source: Length:  OP_AMOUNT  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: Length:  DSHS/THCIC  DSHS Document #25-15013				
Length: 12   Type: Numeric				
Field 111:  MRI_AMOUNT  Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.  Beginning Position: Length:  Data Source: Calculated Type: Numeric  Field 112:  OP_AMOUNT  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: Length:  DSHS/THCIC  DSHS Document #25-15013				
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: Length:  Data Source: Calculated Type: Numeric  Field 112:  OP_AMOUNT  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: Length:  DSHS/THCIC  DSHS Document #25-15013			rype:	Numeric
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Beginning Position: Length:  OP_AMOUNT  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: Length:  DSHS/THCIC  DSHS/THCIC  Calculated Numeric  Calculated Calculated Numeric  Calculated Numeric  DSHS Document #25-15013				
Beginning Position: Length: 12 Type: Numeric  OP_AMOUNT 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 Type: Numeric  DSHS/THCIC  DSHS/THCIC  DSHS Document #25-15013				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Length: 12 Type: Numeric  Field 112: OP_AMOUNT  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 Type: Numeric  DSHS/THCIC  DSHS/THCIC  DSHS Document #25-15013	Beginning Position:		Data Source:	Calculated
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: Length: Data Source: Calculated Type: Numeric  DSHS/THCIC  DSHS/THCIC  DSHS Document #25-15013	Length:			Numeric
MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.  Beginning Position: 673 Data Source: Calculated Length: Type: Numeric  DSHS/THCIC DSHS Document #25-15013	Field 112:	<del>_</del>		
DSHS/THCIC  O219, revenue center 049X-050X.  Data Source: Calculated Numeric  DSHS/THCIC  DSHS/THCIC  DSHS/THCIC  DSHS Document #25-15013				
Beginning Position: 673 Length: 12  Data Source: Calculated Numeric  DSHS/THCIC  DSHS/THCIC  Page 67  Data Source: Calculated Numeric			_	ociated with revenue codes other than 0100-
Length:         12         Type:         Numeric           DSHS/THCIC         DSHS Document #25-15013	Danimaine Daniel			Coloulated
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		/THCIC	— Page 67 —	

Field 113:	ED ANACHINIT						
Field 113:	ER_AMOUNT Ancillary Service Charge, Emergency Room Charge Amount. Calculated using						
			ociated with revenue codes other than 0100-				
Beginning Position:	0219, revenue center 04 685	Data Source:	Calculated				
Length:	12	Type:	Numeric				
Field 114:	AMBULANCE_AMOUNT						
	<del>_</del>		arge Amount. Calculated using MEDPAR				
	algorithm. Sum of charg	es associated w	ith revenue codes other than 0100-0219,				
	revenue center 054X.						
Beginning Position:	697	Data Source:	Calculated				
Length:	12	Туре:	Numeric				
Field 115:		PRO_FEE_AMOUNT					
			ee Charge Amount. Calculated using MEDPAR				
	revenue center 096X-09		ith revenue codes other than 0100-0219,				
Beginning Position:	709	on.  Data Source:	Calculated				
Length:	12	Type:	Numeric				
Field 116:	ORGAN_AMOUNT						
	Ancillary Service Charge	, Organ Acquisit	ion Charge Amount. Calculated using				
	MEDPAR algorithm. Sum	of charges asso	ociated with revenue codes other than 0100-				
	0219, revenue center 08	31X, 089X.					
Beginning Position:	721	Data Source:	Calculated				
Length:	12	Туре:	Numeric				
Field 117:	ESRD_AMOUNT	E 101 D					
			al Dialysis Charge Amount. Calculated using				
			ociated with revenue codes other than 0100-				
Beginning Position:	0219, revenue center 08 733	Data Source:	, UOOA. Calculated				
Length:	12	Type:	Numeric				
Field 118:	CLINIC_AMOUNT						
	Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR						
	algorithm. Sum of charges associated with revenue codes other than 0100-0219,						
	revenue center 051X.						
Beginning Position:	745	Data Source:	Calculated				
Length: Field 119:	TOTAL CHARGES	Туре:	Numeric				
rieiu 119.	TOTAL_CHARGES Sum of accommodation charges, non-covered accommodation charges, ancillary						
	charges, non-covered ar		vered accommodation charges, anchiary				
Beginning Position:	757	Data Source:	Claim				
Length:	12	Type:	Numeric				
Field 120:	TOTAL_NON_COV_CH	ARGES					
	Sum of non-covered acc	ommodation cha	arges, non-covered ancillary charges.				
Beginning Position:	769	Data Source:	Claim				
Length:	12	Type:	Numeric				
Field 121:	TOTAL_CHARGES_ANG						
Doginaina Dogition	Sum of covered and non	-covered ancilla  Data Source:	ry charges. Claim				
Beginning Position: Length:	781 12	Type:	Numeric				
Field 122:	TOTAL_NON_COV_CH						
• •	Sum of non-covered and						
Beginning Position:	793	Data Source:	Claim				
Length:	12	Туре:	Numeric				

Field 123: PHYSICIAN1\_INDEX\_NUMBER Description: Unique identifier assigned to the licensed physician reported as the Operating Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients. Suppressed when the number of physicians reported for a facility or the number of physicians Suppression: reported for CCS\_PROC\_CODE\_1 for the facility is less than five. 999999998 Coding Scheme: Cell size less than 5 999999999 Temporary license or license number could not be matched **Beginning Position:** 805 Data Source: **Assigned** Length: 10 **Alphanumeric** Type: Field 124: PHYSICIAN2\_INDEX\_NUMBER Description: Unique identifier assigned to the licensed physician reported as the other provider, if reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients. Suppressed when the number of physicians reported for a facility or the number of physicians Suppression: 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: Type: Alphanumeric Field 125: INPUT\_FORMAT Format in which the outpatient data file was submitted by the facility Coding Scheme: 0 837 Professional 1 837 Institutional 825 **Beginning Position:** 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 5 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 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 Ε Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) Born inside this hospital 5 Born outside this hospital 6 **Beginning Position:** 826 **Data Source:** Claim Length: Alphanumeric Type: Field 127: PAT\_STATUS Description: Code indicating patient status as of the ending date of service for the period of care reported **Coding Scheme:** Discharged/transferred to skilled nursing facility 01 Discharged to home or self-care (routine 03 discharge) (SNF) with Medicare certification in anticipation

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of skilled care

Discharged/transferred to a short term general

hospital for inpatient care

02

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

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

Care Hospital Inpatient Readmission (effective

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

Field 128: PROVIDER\_NAME

10-1-2013)

Description: Name provided by the facility.

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

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

discharge)

Invalid

'unknown', Provider Name is blank.

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

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	OUTPATIENT CLASSIFICA	TION DATA FILE
Field 1:	RECORD_ID	
Description:		number assigned to identify the record. The
	Record_ID in the ED Outpatient PUDF i	s not linkable to the Record_ID in the ED
	Inpatient PUDF or ED Research Data Fi	
<b>Beginning Position:</b>	1 Data Source:	
Length:	12 <b>Type</b> :	Alphanumeric
Field 2:	CCS_PRIN_DIAG_CODE	
		classification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis category.	
Beginning Position:	Data Source:	3
Length: Field 3:	4 Type: CCS_OTH_DIAG_CODE_1	Alphanumeric
rielu 3.		classification of OTH_DIAG_CODE_1 into
	clinical classifications software (CCS) clinically meaningful diagnosis category	
Beginning Position:	17 <b>Data Source</b> :	
Length:	4 Type:	Alphanumeric
Field 4:	CCS_OTH_DIAG_CODE_2	- Marianionio
		classification of OTH_DIAG_CODE_2 into
	clinically meaningful diagnosis category	
Beginning Position:	21 Data Source:	
Length:	4 Type:	Alphanumeric
Field 5:	CCS_OTH_DIAG_CODE_3	
		classification of OTH_DIAG_CODE_3 into
	clinically meaningful diagnosis category	
Beginning Position:	25 <b>Data Source</b> :	3
Length:	4 Type:	Alphanumeric
Field 6:	CCS_OTH_DIAG_CODE_4	place if ignation of OTH DIAC CODE 4 into
		classification of OTH_DIAG_CODE_4 into
Poginning Position	clinically meaningful diagnosis category  29  Data Source:	
Beginning Position: Length:	4 Type:	Alphanumeric
Field 7:	CCS_OTH_DIAG_CODE_5	Alphanamone
		classification of OTH_DIAG_CODE_5 into
	clinically meaningful diagnosis category	
Beginning Position:	33 Data Source:	
Length:	4 Type:	Alphanumeric
Field 8:	CCS_OTH_DIAG_CODE_6	
		classification of OTH_DIAG_CODE_6 into
	clinically meaningful diagnosis category	
Beginning Position:	37 Data Source:	J.
Length:	4 Type:	Alphanumeric
Field 9:	CCS_OTH_DIAG_CODE_7	classification of OTH DIAC CODE 7 into
	clinical classifications software (CCS) clinically meaningful diagnosis category	classification of OTH_DIAG_CODE_7 into
Beginning Position:	41 <b>Data Source</b> :	
Length:	4 Type:	Alphanumeric
Field 10:	CCS_OTH_DIAG_CODE_8	1
		classification of OTH_DIAG_CODE_8 into
	clinically meaningful diagnosis category	
<b>Beginning Position:</b>	45 <b>Data Source:</b>	
Length:	4 Type:	Alphanumeric
Field 11:	CCS_OTH_DIAG_CODE_9	
		classification of OTH_DIAG_CODE_9 into
	clinically meaningful diagnosis category	
<b>Beginning Position:</b>	49 <b>Data Source</b> :	5
Length:	4 Type:	Alphanumeric
Field 12:	CCS_OTH_DIAG_CODE_10	-lifiti
		classification of OTH_DIAG_CODE_10 into
	clinically meaningful diagnosis category	<b>/</b> .
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Beginning Position: Length:	53 4	Data Source: Type:	Assigned Alphanumeric
Field 13:	CCS_OTH_DIAG_CODI		Aughanianie
			assification of OTH_DIAG_CODE_11 into
	clinically meaningful diag		
<b>Beginning Position:</b>	57	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 14:	CCS_OTH_DIAG_CODI		
			assification of OTH_DIAG_CODE_12 into
	clinically meaningful diag	gnosis category.	
Beginning Position:	61	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 15:	CCS_OTH_DIAG_CODI		15 H COTH BIAG CORE 40 H
			assification of OTH_DIAG_CODE_13 into
Danimaina Danitian	clinically meaningful diag		
Beginning Position: Length:	65 4	Data Source: Type:	Assigned Alphanumeric
Field 16:	CCS_OTH_DIAG_CODI		Alphanumenc
ricia ro.			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_CODI		
			assification of OTH_DIAG_CODE_15 into
	clinically meaningful diag		
<b>Beginning Position:</b>	73	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 18:	CCS_OTH_DIAG_CODI		
			assification of OTH_DIAG_CODE_16 into
	clinically meaningful diag		
Beginning Position:	77	Data Source:	Assigned
Length: Field 19:	4 CCS_OTH_DIAG_CODI	Type:	Alphanumeric
rielu 17.			assification of OTH_DIAG_CODE_17 into
	clinical classifications 30		
Beginning Position:	81	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 20:	CCS_OTH_DIAG_CODI		<u> </u>
			assification of OTH_DIAG_CODE_18 into
	clinically meaningful diag		
<b>Beginning Position:</b>	85	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 21:	CCS_OTH_DIAG_CODI		
			assification of OTH_DIAG_CODE_19 into
<b>.</b>	clinically meaningful diag		
Beginning Position:	89	Data Source:	Assigned
Length: Field 22:	4 CCS_OTH_DIAG_CODI	Type:	Alphanumeric
. ICIU 22.			assification of OTH_DIAG_CODE_20 into
	clinically meaningful diag		
Beginning Position:	93	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 23:	CCS_OTH_DIAG_CODI		•
			assification of OTH_DIAG_CODE_21 into
	clinically meaningful diag		
<b>Beginning Position:</b>	97	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 24:	CCS_OTH_DIAG_CODI		
			assification of OTH_DIAG_CODE_22 into
	clinically meaningful diag		
Beginning Position:	101	Data Source:	Assigned
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ε			<b>1</b> ,

Length:	4 <b>Type</b> : Alphanumeric	
Field 25:	CCS_OTH_DIAG_CODE_23	
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_23 into	0
D!!	clinically meaningful diagnosis category.	
Beginning Position: Length:	105 <b>Data Source:</b> Assigned 4 <b>Type:</b> Alphanumeric	
Field 26:	CCS_OTH_DIAG_CODE_24	
. 1014 20.	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_24 into	0
	clinically meaningful diagnosis category.	•
Beginning Position:		
Length:	4 <b>Type</b> : Alphanumeric	
Field 27:	CCS_PROC_CODE_1	
	Clinical Classifications Software (CCS) for Services and Procedures classification	of
	PROC_CODE_1 into clinically meaningful procedure category.	
Beginning Position:	•	
Length: Field 28:	3 Type: Alphanumeric	
rieia 28:	CCS_PROC_CODE_2	of
	Clinical Classifications Software (CCS) for Services and Procedures classification	1 01
Beginning Position:	PROC_CODE_2 into clinically meaningful procedure category.  116 Data Source: Assigned	
Length:	3 Type: Alphanumeric	
Field 29:	CCS_PROC_CODE_3	
	Clinical Classifications Software (CCS) for Services and Procedures classification	of
	PROC_CODE_3 into clinically meaningful procedure category.	
Beginning Position:		
Length:	3 Type: Alphanumeric	
Field 30:	CCS_PROC_CODE_4	
	Clinical Classifications Software (CCS) for Services and Procedures classification	of
	PROC_CODE_4 into clinically meaningful procedure category.	
Beginning Position:	•	
Length: Field 31:	3 Type: Alphanumeric  CCS_PROC_CODE_5	
riela 31:		of
	Clinical Classifications Software (CCS) for Services and Procedures classification	OI
Beginning Position:	PROC_CODE_5 into clinically meaningful procedure category.  125 Data Source: Assigned	
Length:	3 <b>Type:</b> Alphanumeric	
Field 32:	CCS_PROC_CODE_6	
	CC3 PROC CODE 0	
		of
	Clinical Classifications Software (CCS) for Services and Procedures classification	of
Beginning Position:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.	of
Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	of
Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128  Data Source: Assigned 3  Type: Alphanumeric  CCS_PROC_CODE_7	
Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	
Length: Field 33:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	
Length: Field 33: Beginning Position:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128  Data Source: Assigned 3  Type: Alphanumeric  CCS_PROC_CODE_7  Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_7 into clinically meaningful procedure category.  131  Data Source: Assigned	
Length: Field 33: Beginning Position: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128  Data Source: Assigned 3  Type: Alphanumeric  CCS_PROC_CODE_7  Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_7 into clinically meaningful procedure category.  131  Data Source: Assigned 3  Type: Alphanumeric	
Length: Field 33: Beginning Position: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128  Data Source: Assigned 3  Type: Alphanumeric  CCS_PROC_CODE_7  Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_7 into clinically meaningful procedure category.  131  Data Source: Assigned 3  Type: Alphanumeric  CCS_PROC_CODE_8	ı of
Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	ı of
Length: Field 33: Beginning Position: Length: Field 34:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	ı of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	ı of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	ı of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	of of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	of of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	of of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:  Beginning Position: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	of of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:  Beginning Position: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	of of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:  Beginning Position: Length:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	of of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:  Beginning Position: Length: Field 36:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	of of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:  Beginning Position: Length: Field 36:  Beginning Position:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	of of
Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:  Beginning Position: Length: Field 36:	Clinical Classifications Software (CCS) for Services and Procedures classification PROC_CODE_6 into clinically meaningful procedure category.  128	of

Field 37:	CCS_PROC_CODE_11		
			r Services and Procedures classification of
Beginning Position:	PROC_CODE_11 into cli 143	nically meaningfu Data Source:	Il procedure category. Assigned
Length:	3	Type:	Alphanumeric
ield 38:	CCS_PROC_CODE_12		
			r Services and Procedures classification of
	PROC_CODE_12 into cli		
Beginning Position:	146	Data Source:	Assigned
_ength: Field 39:	3 CCC DDCC CODE 42	Туре:	Alphanumeric
rielu 39.	CCS_PROC_CODE_13		r Services and Procedures classification of
	PROC_CODE_13 into cli		
Beginning Position:	149	Data Source:	Assigned
_ength:	3	Type:	Alphanumeric
Field 40:	CCS_PROC_CODE_14		
			r Services and Procedures classification of
	PROC_CODE_14 into cli		
Beginning Position:	152	Data Source:	Assigned
_ength: Field 41:	3 CCS_PROC_CODE_15	Type:	Alphanumeric
			r Services and Procedures classification of
	PROC_CODE_15 into cli		
Beginning Position:	155	Data Source:	Assigned
_ength:	3	Type:	Alphanumeric
ield 42:	CCS_PROC_CODE_16		
			r Services and Procedures classification of
D	PROC_CODE_16 into cli		
Beginning Position: Length:	158 3	Data Source: Type:	Assigned Alphanumeric
Field 43:	CCS_PROC_CODE_17		Alphanamene
			r Services and Procedures classification of
	PROC_CODE_17 into cli		
Beginning Position:	161	Data Source:	Assigned
ength:	3	Type:	Alphanumeric
Field 44:	CCS_PROC_CODE_18		r Services and Procedures classification of
	PROC_CODE_18 into cli		
Beginning Position:	164	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 45:	CCS_PROC_CODE_19		•
			r Services and Procedures classification of
	PROC_CODE_19 into cli	nically meaningfu	ıl procedure category.
Beginning Position:	167	Data Source:	Assigned
Length: Field 46:	3 CCS DDOC CODE 20	Туре:	Alphanumeric
- ICIU 40.	CCS_PROC_CODE_20		r Services and Procedures classification of
	PROC_CODE_20 into cli		
Beginning Position:	170	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 47:	CCS_PROC_CODE_21		
			r Services and Procedures classification of
	PROC_CODE_21 into cli		
Beginning Position:	173	Data Source:	Assigned
<u>-ength:</u> ield 48:	CCS DDOC CODE 22	Type:	Alphanumeric
i iciu 40.	CCS_PROC_CODE_22		r Services and Procedures classification of
	PROC_CODE_22 into cli		
Beginning Position:	176	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
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Field 49:	CCS_PROC_CODE_23		
		ftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_23 into clini	cally meaningfu	ıl procedure category.
Beginning Position:	179	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 50:	CCS_PROC_CODE_24	ftwara (CCS) fa	r Sarvices and Procedures electification of
	PROC_CODE_24 into clini		r Services and Procedures classification of
Beginning Position:	182	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 51:	CCS_PROC_CODE_25		•
	Clinical Classifications Sof	ftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_25 into clini	, ,	,
Beginning Position:	185	Data Source:	Assigned
Length: Field 52:	3 EAPG_GRP_VER	Туре:	Alphanumeric
i icia 32.		tient Group Ver	sion Number, as assigned by 3M™ EAPG
	Grouper	tient Group ver	Sion Number, as assigned by Sivi EAI G
Beginning Position:	188		
Length:	12	Type:	Alphanumeric
Field 53:	APC_GRP_VER		
			Version Number as assigned by 3M™ APC
Benjamin B. W	Grouper. Not available 40		A colour and
Beginning Position: Length:	200 12	Data Source: Type:	Assigned Alphanumeric
Field 54:	CRG_STATUS_1	Type:	Alphanumenc
ricia 54.		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.	status couc us	assigned by SW SWS Grouper. Not
Beginning Position:	212	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 55:	CRG_STATUS_2		
		status code as	assigned by 3M™ CRG Grouper. Not
Danimuian Danitian	available 4Q09.	Data Carres	Assistant
Beginning Position: Length:	213 1	Data Source: Type:	Assigned Alphanumeric
Field 56:	CRG_STATUS_3	. , , , , , , , , , , , , , , , , , , ,	The trained to
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	214	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 57:	CRG_STATUS_4		
		status code as	assigned by 3M™ CRG Grouper. Not
Beginning Position:	available 4Q09. 215	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 58:	CRG_STATUS_5	<u> </u>	
	Clinical Risk Group (CRG)	status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	216	Data Source:	Assigned
Length: Field 59:	CDC STATUS 4	Type:	Alphanumeric
FICIU 37.	CRG_STATUS_6	status codo oc	assigned by 3M™ CRG Grouper. Not
	available 4Q09.	status tout as	assigned by sivi CRG Grouper. Not
Beginning Position:	217	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 60:	CRG_STATUS_7		•
		status code as	assigned by 3M <sup>™</sup> CRG Grouper. Not
	available 4Q09.		
Beginning Position:	218	Data Source:	Assigned
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Length:	1	Type:	Alphanumeric
Field 61:	CRG_STATUS_8		
	Clinical Risk Group (CRG) available 4Q09.	status code as	assigned by 3M™ CRG Grouper. Not
<b>Beginning Position:</b>	219	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 62:	CRG_STATUS_9		
		status code as	assigned by 3M™ CRG Grouper. Not
D!! D!#!	available 4Q09.	D-1- C	A set sus and
Beginning Position: Length:	220 1	Data Source: Type:	Assigned Alphanumeric
Field 63:	CRG_STATUS_10	туре.	Alphanumenc
		status code as	assigned by 3M™ CRG Grouper. Not
	available 4Q09.		assigned by ome one or supervisor
Beginning Position:	221	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 64:	CRG_CODE_1		
		code as assign	ed by 3M™ CRG Grouper. Not available
	4Q09.		
Beginning Position:	222	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 65:	CRG_CODE_2		
		code as assign	ed by 3M™ CRG Grouper. Not available
	4Q09.	<b>5</b>	
Beginning Position:	227	Data Source:	Assigned
<u>Length:</u> Field 66:	5 CDC CODE 3	Type:	Alphanumeric
rielu oo.	CRG_CODE_3	codo os ossign	ed by 3M™ CRG Grouper. Not available
	4Q09.	code as assign	ed by Sivi CRG Grouper. Not available
Beginning Position:	4Q09. 232	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 67:	CRG_CODE_4	. , , , , , , , , , , , , , , , , , , ,	The restriction to
		code as assign	ed by 3M™ CRG Grouper. Not available
	4Q09.		
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
	4Q09.		
Beginning Position:	242	Data Source:	Assigned
Length: Field 69:	5	Type:	Alphanumeric
rieiu 69:	CRG_CODE_6	anda an ancian	ad by 2MTM CDC Craupar, Not available
	•	code as assign	ed by 3M™ CRG Grouper. Not available
Beginning Position:	4Q09. 247	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 70:	CRG_CODE_7	Type.	Alphanameric
	Clinical Risk Group (CRG)	code as assign	ed by 3M™ CRG Grouper. Not available
	•	code as assign	ed by 3M™ CRG Grouper. Not available
Beginning Position:	4Q09.	-	•
	•	code as assigned  Data Source: Type:	Assigned
Length:	4Q09. 252 5	Data Source:	·
Length:	4Q09. 252 5 CRG_CODE_8	Data Source: Type:	Assigned Alphanumeric
Length:	4Q09. 252 5 CRG_CODE_8	Data Source: Type:	Assigned
Length: Field 71:	4Q09. 252 5 <b>CRG_CODE_8</b> Clinical Risk Group (CRG)	Data Source: Type:	Assigned Alphanumeric
Length: Field 71: Beginning Position: Length:	4Q09. 252 5 <b>CRG_CODE_8</b> Clinical Risk Group (CRG) 4Q09. 257 5	Data Source: Type: code as assigne	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available
Length: Field 71: Beginning Position: Length:	4Q09. 252 5 CRG_CODE_8 Clinical Risk Group (CRG) 4Q09. 257 5 CRG_CODE_9	Data Source: Type:  code as assigned Data Source: Type:	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned Alphanumeric
Length: Field 71: Beginning Position: Length:	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 assigned Data Source: Type:	Assigned Alphanumeric  ed by 3M™ CRG Grouper. Not available  Assigned
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	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

Field 73:	CRG_CODE_10		
		code as assign	ed by 3M™ CRG Grouper. Not available
	4009.	3	,
<b>Beginning Position:</b>	267	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 74:	CRG_SEVERITY_1		
		severity code a	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	272	Data Source:	Assigned
Length: Field 75:	CRG_SEVERITY_2	Type:	Alphanumeric
rieiu 75.		soverity code	as assigned by 3M™ CRG Grouper. Not
	available 4009.	severity code a	is assigned by Sivi CNO Grouper. Not
Beginning Position:	273	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 76:	CRG_SEVERITY_3		·
	Clinical Risk Group (CRG)	severity code a	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	J	
<b>Beginning Position:</b>	274	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 77:	CRG_SEVERITY_4		L LL CANTAL OR O. O. N. I.
	•	severity code a	as assigned by 3M™ CRG Grouper. Not
Danimum Danitian	available 4Q09.	Data Carres	Accierace
Beginning Position: Length:	275 1	Data Source: Type:	Assigned Alphanumeric
Field 78:	CRG_SEVERITY_5	туре.	Alphanumenc
		severity code a	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	soverny code c	is assigned by one one crouper. Not
Beginning Position:	276	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 79:	CRG_SEVERITY_6		
		severity code a	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.		
Beginning Position:	277	Data Source:	Assigned
Length: Field 80:	CRG_SEVERITY_7	Type:	Alphanumeric
i ieiu oo.		severity code s	as assigned by 3M™ CRG Grouper. Not
	available 4009.	severity code a	is assigned by Sivi CNO Grouper. Not
Beginning Position:	278	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 81:	CRG_SEVERITY_8		
		severity code a	as assigned by 3M™ CRG Grouper. Not
	available 4Q09.	-	•
Beginning Position:	279	Data Source:	Assigned
Length:	1	Type:	Alphanumeric
Field 82:			
	CRG_SEVERITY_9		and the second s
	Clinical Risk Group (CRG)	severity code a	as assigned by 3M™ CRG Grouper. Not
Poginning Position	Clinical Risk Group (CRG) available 4Q09.	J	
Beginning Position:	Clinical Risk Group (CRG) available 4Q09.	Data Source:	Assigned
Length:	Clinical Risk Group (CRG) available 4Q09. 280 1	J	
	Clinical Risk Group (CRG) available 4Q09. 280 1 CRG_SEVERITY_10	Data Source: Type:	Assigned Alphanumeric
Length:	Clinical Risk Group (CRG) available 4Q09. 280 1 CRG_SEVERITY_10	Data Source: Type:	Assigned
Length:	Clinical Risk Group (CRG) available 4Q09. 280 1 CRG_SEVERITY_10 Clinical Risk Group (CRG)	Data Source: Type:	Assigned Alphanumeric

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

Field 1: RECORD\_ID

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

Record\_ID in the ED Outpatient PUDF is not linkable to the Record\_ID in the ED

Inpatient PUDF or ED Research Data Files (RDFs).

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

Field 2: REVENUE\_CODE

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

calculation related to the services being billed.

#### Coding Scheme:

ooumg	Contonio.				
0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0158	Room charges for ward rooms - rehabilitation
0112	Room charges for private rooms - obstetrics	0136	Room charges for semi-private - 3/4 beds - rooms -	0159	Room charges for ward rooms - other
0113	Room charges for private rooms - pediatric	0137	detoxification Room charges for semi-private	0160	Room charges for other rooms - general
0114	Room charges for private rooms - psychiatric	0138	- 3/4 beds - rooms - oncology Room charges for semi-private	0164	Room charges for other rooms  – Sterile Environment
0115	Room charges for private rooms - hospice		- 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms  – self care
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183 0185	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0165	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric	0193	care)  Room charges for subacute care - Level III (complex care)
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0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive care - general	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
0202	care - surgical  Room charges for intensive	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
	care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy – non-generic drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU)	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient
	Room charges for intensive care - burn care	0255	Pharmacy - drugs incident to radiology	0304	(home) Laboratory – non-routine
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	dialysis Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	microbiology Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological -
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	general Laboratory pathological -
0214	<ul> <li>heart transplant</li> <li>Room charges for coronary care</li> </ul>	0262	IV Therapy - pharmacy services	0312	cytology Laboratory pathological -
	- intermediate coronary care unit (CCU)	0263	IV Therapy - drug/supply delivery		histology
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0314	Laboratory pathological - biopsy
0220	Special charges - general	0269	IV Therapy - other	0319	Laboratory pathological - other
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0320	Radiology - diagnostic - general
0222	charge Special charges - technical	0271	Medical surgical supplies and devices - nonsterile		Radiology - diagnostic - angiocardiography
0223	support charge Special charges - UR service	0272	Medical surgical supplies and	0322	Radiology - diagnostic - arthrography
	charge	0273	devices - sterile  Medical surgical supplies and	0323	Radiology - diagnostic - arteriography
0224	Special charges - late discharge, medically necessary	0274	devices - take-home  Medical surgical supplies and	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other		devices - prosthetic/orthotic	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general  Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home	0331	chemotherapy administration - chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral  Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy
0239	Incremental nursing care - other	0289	Oncology - other	0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV
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0339	Radiology - therapeutic and/or chemotherapy administration -	0391	Blood and blood component administration, storage and	0449	Speech-language pathology - other
	other		processing - administration	0450	Emergency room - general
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and processing – processing and	0451	Emergency room - EMTALA emergency medical screening
0341	Nuclear medicine - diagnostic procedures		storage		services
0342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	Emergency room - beyond EMTALA screening
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services -	0456	Emergency room - urgent care
0344	Nuclear medicine - therapeutic radiopharmaceuticals		general	0459	Emergency room - other
0349	Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0460	Pulmonary function - general
0350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
0351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
0352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
0360	Operating room services -	0410	Respiratory services - general	0479	Audiology - other
	general			0480	Cardiology - general
0361	Operating room services - minor surgery	0412	Respiratory services - inhalation	0481	Cardiology - cardiac cath lab
0362	Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy	0482	Cardiology - stress test
0367	kidney Operating room services -	0419	Respiratory services - other	0483	Cardiology - echocardiology
	kidney transplant	0420	Physical therapy - general	0489	Cardiology - other
0369	Operating room services - other	0421	Physical therapy - visit charge	0490	Ambulatory surgical care -
0370	Anesthesia - general	0422	Physical therapy - hourly charge	0499	general Ambulatory surgical care -
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate	0500	other Outpatient services - general
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0509	Outpatient services - other
0374	Anesthesia - acupuncture	0429	Physical therapy - other	0510	Clinic - general
0379	Anesthesia - other	0430	Occupational therapy - general	0511	Clinic - chronic pain
0380	Blood - general	0431	Occupational therapy - visit	0512	Clinic - dental
0381	Blood - packed red cells	0432	charge Occupational therapy - hourly	0513	Clinic - psychiatric
0382	Blood - whole blood	0433	charge Occupational therapy - group	0514	Clinic - OB/GYN
0383	Blood - plasma	0433	rate	0515	Clinic - pediatric
0384	Blood - platelets	0434	Occupational therapy - evaluation or reevaluation	0516	Clinic - urgent care
0385	Blood - leukocytes	0439	Occupational therapy - other	0517	Clinic - family practice
0386	Blood - other components	0440	Speech-language pathology - general	0519	Clinic - other
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0520	Freestanding Clinic - general
0389	Blood - other	0442	Speech-language pathology - hourly charge	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate	0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
	processing - general	0444	Speech-language pathology - evaluation or reevaluation	0523	Freestanding Clinic - family practice
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0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a	0570	Home health aide - general	0624	Medical/surgical supplies - FDA investigational devices
	Member in a Covered Part A Stay at SNF	0571	Home health aide - visit charge	0631	Drugs requiring specific identification - single source
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered	0572	Home health aide - hourly charge	0632	Drugs requiring specific identification - multiple source
	Part A Stay) or NF or ICF MR or Other Residential Facility	0579 0580	Home health aide - other  Other visits (home health) -	0633	Drugs requiring specific identification - restrictive
0526	Freestanding Clinic - urgent care	0581	general Other visits (home health) -	0634	prescription  Drugs requiring specific
		0582	visit charge Other visits (home health) -		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting	0583	hourly charge Other visits (home health) -	0635	Drugs requiring specific identification - EPO, 10,000 or more units
	Nurse Services(s) to a  Member's Home when in a	0589	assessment Other visits (home health) -	0636	Drugs requiring specific
0528	Home Health Shortage Area  Freestanding Clinic – Visit by		other	0/07	identification - requiring detailed coding
	RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)	0590	Units of service (home health) - general	0637	Drugs requiring specific identification - self-administrable
0529	Freestanding Clinic - other	0600	Oxygen (home health) - general	0640	Home IV therapy services - general
		0601	Oxygen (home health) - stat/equip/supply or contents	0641	Home IV therapy services – non-routine nursing, central
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute	0642	line Home IV therapy services - IV
0531	Osteopathic service - therapy	0603	Oxygen (home health) - stat/equip/supply over 4 liters	0643	site care, central line  Home IV therapy services - IV
0539	Osteopathic service - other	0604	per minute Oxygen (home health) -		start/change, peripheral line
0540 0541	Ambulance service - general  Ambulance service - supplies	0004	portable add-in	0644	Home IV therapy services – non-routine nursing, peripheral line
0542	Ambulance service - medical	0609	Oxygen (home health) - other	0645	Home IV therapy services - training patient/caregiver,
0543	transport Ambulance service - heart	0610	Magnetic Resonance Technology (MRT) - MRI -	0646	central line  Home IV therapy services -
0544	mobile Ambulance service - oxygen	0611	general  Magnetic Resonance		training, disabled patient, central line
0545	Ambulance service - air		Technology (MRT) - MRI - brain (including brain stem)	0647	Home IV therapy services - training, patient/caregiver,
0546	ambulance Ambulance service - neonatal	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)	0648	peripheral  Home IV therapy services -
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other	0649	training, disabled patient, peripheral Home IV therapy services -
0548	Ambulance service - telephone transmission EKG	0/45			other
0549	Ambulance service - other	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck	0650 0651	Hospice services - general  Hospice services - routine home
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA -	0652	care  Hospice services - continuous
0551	Skilled nursing - visit charge	0618	lower extremities  Magnetic Resonance	0655	home care  Hospice services - inpatient
0552	Skilled nursing - hourly charge		Technology (MRT) - MRA – other	0656	respite care  Hospice services - general
0559 0560	Skilled nursing - other  Medical social services - general	0619	Magnetic Resonance Technology (MRT) - Other MRT	0657	inpatient care (non-respite)  Hospice services - physician
0561	Medical social services - visit	0621	Medical/surgical supplies - incident to radiology	0657	services
0562	charge Medical social services - hourly	0622	Medical/surgical supplies - incident to other diagnostic		Hospice services - room and board - nursing facility
0569	charge Medical social services - other	0623	services  Medical/surgical supplies -	0659	Hospice services - other
			surgical dressings	0660	Respite care - general

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
0669	Respite care - other	0760	Treatment or observation room	0620	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based		Observation Room - Treatment Room	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0762	Specialty Room - Treatment/ Observation Room - Observation Room	0831	or home - general  Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I			0832	Peritoneal dialysis - outpatient or home – home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home – home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient or home - support services
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	Peritoneal dialysis - outpatient or home - other
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	CAPD - outpatient or home - general
0691	Pre-hospice/Palliative Care Services – visit charge	0801	Inpatient renal dialysis services - hemodialysis	0841	CAPD - outpatient or home -
0692	Pre-hospice/Palliative Care Services – hourly charge	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)	0842	composite or other rate  CAPD - outpatient or home –
0693	Pre-hospice/Palliative Care Services - evaluation	0803	Inpatient renal dialysis services - continuous ambulatory	0843	home supplies CAPD - outpatient or home –
0694	Pre-hospice/Palliative Care		peritoneal dialysis (CAPD)		home equipment
	Services – consultation and education	0804	Inpatient renal dialysis services - continuous cycling peritoneal	0844	CAPD - outpatient or home – maintenance 100%
0695	Pre-hospice/Palliative Care Services – inpatient care	0809	dialysis (CAPD)  Inpatient renal dialysis services	0845	CAPD - outpatient or home - support services
0696	Pre-hospice/Palliative Care Services – physician services	0007	- other	0849	CAPD - outpatient or home - other
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body components- general	0850	CCPD - outpatient or home - general
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home - home equipment
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components - unsuccessful organ search-	0854	CCPD - outpatient or home - maintenance 100%
0722	Labor/Delivery Room services - delivery	0815	donor bank charges  Acquisition of body components	0855	CCPD - outpatient or home - support services
0723	Labor/Delivery Room services - circumcision	0010	- stem cells- allogeneic	0859	CCPD - outpatient or home - other
0724	Labor/Delivery Room services - birthing center	0819	Acquisition of body components - other donor	0860	Magnetoencephalography (MEG) - General
0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general	0861	Magnetoencephalography (MEG) - MEG
0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate	0880	Miscellaneous dialysis - general
0731	EKG/ECG services - Holter monitor	0822	Hemodialysis - outpatient or home – home supplies	0881	Miscellaneous dialysis - ultrafiltration

0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play therapy	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	Behavior health	0944	Other therapeutic services -	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0945	drug rehabilitation Other therapeutic services -	0988	Professional fees - consultation
0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health treatments/services -	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health	0951	other	0994	Patient convenience items -
	treatment/services - rehabilitation		Other therapeutic services – athletic training	0995	TV/radio Patient convenience items -
0912	Behavior health treatment/services - partial	0952	Other therapeutic services - kinesiotherapy	0996	nonpatient room rentals  Patient convenience items - late
0913	hospitalization - less intensive Behavior health	0953	Other therapeutic services – chemical dependency (drug and		discharge charge
	treatment/services - partial hospitalization - intensive	0960	alcohol)  Professional fees - general	0997	Patient convenience items - admission kits
0914	Behavior health treatment/services - individual		-	0998	Patient convenience items - beauty shop/barber
0915	therapy Behavior health	0961	Professional fees - psychiatric	0999	Patient convenience items - other
0915	treatment/services - group therapy	0962	Professional fees - ophthalmology	1000	Behavior health
0916	Behavior health	0963	Professional fees - anesthesiologist (MD)	1001	accommodations - general  Behavior health
	treatment/services - family therapy	0964	Professional fees - anesthetist (CRNA)	1001	accommodations - residential treatment - psychiatric
0917	Behavior health treatment/services -	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 -	1003	Behavior health accommodations - supervised
	treatment/services - other	0973	diagnostic  Professional fees - radiology -		living
0920	Other diagnostic services - general	0974	therapeutic  Professional fees - radiology -	1004	Behavior health accommodations - halfway
0921	Other diagnostic services - peripheral vascular lab		nuclear medicine	1005	house Behavior health
0922	Other diagnostic services - electromyogram	0975	Professional fees - operating room	2100	accommodations - group home Alternative therapy services -
0923	Other diagnostic services - pap smear	0976	Professional fees - respiratory therapy	2101	general Alternative therapy services -
0924	Other diagnostic services -	0977	Professional fees - physical therapy		acupuncture
0925	allergy test Other diagnostic services -	0978	Professional fees - occupational therapy	2102	Alternative therapy services - acupressure
	pregnancy test		шогару		

2103	Alternative thera massage	py services -	2109	Alternative therapy service other	es -	3104	Adult day care, social - daily
2104	Alternative thera reflexology	py services -	3101	Adult day care, medical ar social - hourly	nd ;	3105	Adult foster care - daily
2105	Alternative thera biofeedback	py services -	3102	Adult day care, social - ho	urly	3109	Adult foster care - other
2106	Alternative thera hypnosis	py services -	3103	Adult day care, medical ar social - daily	nd		
	ing Position:	13		Data Source:	Claim		
Length		4		Туре:	Alphanui	meric	
Field 3		HCPCS_QUA					la a mara and disa
Descrip	otion:	HCPCS_PROC		type/source of the de_CODE.	escriptive	num	per usea in
_	ing Position:	17		Data Source:	Claim		
Length Field 4	<u>:</u>	HCPCS_PRO	CEDITE	Type:	Alphanui	meric	
Descrip	otion:				(HCPCS)	code	applicable to ancillary
		services or ac			(1101 00)	couc	applicable to allellary
Coding	Scheme:				odeSets/Al	NHCPO	CS/list.asp for complete list of
_		Level II HCPCS					,
_	ing Position:	19		Data Source:	Claim		
Length Field 5		5 MODIFIER_1	1	Type:	Alphanui	meric	
Descrip				cumstances related to	the nerf	orma	nce of the service
-	Scheme:	racritines spec	siai circ	diffications related to	the peri	Orrita	rice of the service
22	Increased proced	dural services	58	Staged or Related Procedu	ire or	81	Minimum Assistant Surgeon
23	Unusual Anesthe			Service by the Same Phys or Other Qualified Health (	ician	82	Repeat procedure by same
24	Unrelated Evalua	ition and	and Professional During the		00	physician	
	Management Service by the Same Physician or Other		59	Postoperative Period  Distinct Procedural Service		90	Reference (Outside) Laboratory
	Qualified Health				3	91	Repeat Clinical Diagnostic Laboratory Test
	Professional duri	riad		Two Surgeons		92	Alternative Laboratory Platform
25	Postoperative Pe Significant, Sepa		63	Procedure Performed on II less than 4kg	nfants		Testing
	Identifiable Evalu Management Ser	uation and	66	Surgical Team		95	Synchronous Telemedicine Service Rendered Via a Real-
	Same Physician	or Other	73	Discontinued Outpatient			Time Interactive Audio and
	Qualified Health Professional on t			Hospital/Ambulatory Surgo Center (ASC) Procedure po			Video Telecommunications System
	of the Procedure			the Administration of	1101 10	99	Multiple Modifiers
	Service		7.4	Anesthesia		1P	Performance Measure Exclusion
26	Professional Com		74	Discontinued Outpatient Hospital/Ambulatory Surg	ery		Modifier due to Medical Reasons
27	Multiple Outpatie			Center (ASC) Procedure at Administration of Anesthe	fter	2P	Performance Measure Exclusion Modifier due to Patient Reasons
32	Date Mandated Servic	es	76	Repeat Procedure by Same Physician or Other Qualifie		3P	Performance Measure Exclusion Modifier due to System Reasons
33	Preventive Servi	ce	77	Health Care Professional	hor	8P	Performance Measure Reporting Modifier- Action not performed,
47	Anesthesia by Su	ırgeon	//	Repeat Procedure by Anot Physician or Other Qualifie			reason not otherwise specified
50	Bilateral Procedu	ire	70	Health Care Professional		P1	A normal healthy patient
51	Multiple Procedu		78	Unplanned Return to the Operating/Procedure Roor		P2	A patient with mild systemic disease
52 53	Reduced Service  Discontinued Pro			the Same Physician or Oth Qualified Health Care		Р3	A patient with severe systemic disease
53 54	Surgical Care On			Professional Following Init Procedure for a Related	ial	P4	A patient with severe systemic
55	Postoperative Ma			Procedure During the Postoperative Period			disease that is a constant threat to life
	Only	-	79	Unrelated Procedure or Se		P5	A moribund patient who is not
56 57	Preoperative Mar Decision for Surg			by the Same Physician or Qualified Health Care	Other		expected to survive without the operation
37	Decizion Ioi Salé	y⊂ı y		Professional During the Postoperative Period		P6	A declared brain-dead patient whose organs are being
			80	Assistant Surgeon			removed for donor purposes

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E1 Upper left eyeli	d		diagnostic mammography or	n T1	Left foot, second digit
E2 Lower left eyeli	d	011	same patient, same day.	T2	Left foot, third digit
E3 Upper right eye	lid	GH	Diagnostic mammogram converted from screening	Т3	Left foot, fourth digit
E4 Lower right eye	elid		mammogram on same day	T4	Left foot, fifth digit
F1 Left hand, seco		LC	Left circumflex coronary arte	ery T5	Right foot, great toe
F2 Left hand, third	-	LD	Left anterior descending	T6	Right foot, second digit
F3 Left hand, four	9	LM	coronary artery Left main coronary artery	T7	
•	o .	LT			Right foot, third digit
	-		Left side of the body proced		Right foot, fourth digit
F5 Right hand, thu		Q M	Ambulance service provided under arrangement by a		Right foot, fifth digit
F6 Right hand, sec	-		provider of services	TA	Left foot, great toe
F7 Right hand, thi	d digit	QN	Ambulance service furnished directly by a provider of	d XE	Separate Encounter
F8 Right hand, fou	rth digit		services	XS	Separate Structure
F9 Right hand, fift	n digit	RC	Right coronary artery	XP	Separate Practitioner
FA Left hand, thun	dn	RI	Ramus intermedius coronary	y XU	Unusual Non-Overlapping
	nd payment of a	DT	artery		Service
screening mam	mography and	RT	Right side of the body procedure		
Beginning Position:	24		Data Source:	Claim	
Length:	2		Type:	Alphanumeric	
Field 6:	MODIFIER_2				
Description: Coding Scheme:	Same as Field M		cumstances related to t	the performa	nce of the service.
Beginning Position:	26	וווטכ	_	Claim	
Length:	2		Type:	Alphanumeric	
Field 7:	MODIFIER_3	-1 -!			
Description: Coding Scheme:	Same as Field M		cumstances related to t	ine periorma	nce of the service.
Beginning Position:	28	וווטכ	_	Claim	
Length:	2		Type:	Alphanumeric	
Field 8:	MODIFIER_4				6.11
Description: Coding Scheme:	Same as Field M		cumstances related to t	ine periorma	nce of the service.
Beginning Position:	30	וו ווטכ			
	30		Data Source:	Claim	
Length:	2		Type:	Claim Alphanumeric	
Field 9:	2 UNIT_MEASU		Type: /	Alphanumeric	
Field 9: Description:	2 UNIT_MEASU Code specifying		Type:	Alphanumeric	essed.
Field 9:	2 UNIT_MEASU	the	Type: // ENT_CODE units in which a value is	Alphanumeric	essed.
Field 9: Description: Coding Scheme:	2 UNIT_MEASU Code specifying DA Days F2 Internat UN Unit	the	Type: ENT_CODE units in which a value is	Alphanumeric s being expr	essed.
Field 9: Description: Coding Scheme: Beginning Position:	2 UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32	the	Type: ENT_CODE units in which a value is unit  Data Source:	Alphanumeric s being expr Claim	essed.
Field 9: Description: Coding Scheme:	2 UNIT_MEASU Code specifying DA Days F2 Internat UN Unit	the	Type: // ENT_CODE units in which a value is unit  Data Source: ( Type: //	Alphanumeric s being expr	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description:	2  UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2	the ional	Type: // ENT_CODE units in which a value is unit  Data Source: ( Type: //	Alphanumeric s being expr Claim	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position:	2  UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2  UNITS_OF_SE Numeric value 34	the ional	Type: // ENT_CODE units in which a value is unit  Data Source: // Type: // CE antity Data Source: (	Alphanumeric s being expr Claim Alphanumeric Claim	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length:	2  UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2  UNITS_OF_SE Numeric value 34 7	the ional	Type: // ENT_CODE units in which a value is unit  Data Source: // Type: // CE antity Data Source: (	Alphanumeric s being expr Claim Alphanumeric	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11:	2 UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2 UNITS_OF_SE Numeric value 34 7 UNIT_RATE	the ional	Type: // ENT_CODE units in which a value is unit  Data Source: // Type: // CE antity Data Source: (	Alphanumeric s being expr Claim Alphanumeric Claim	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Beginning Position:	2  UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2  UNITS_OF_SE Numeric value 34 7  UNIT_RATE Rate per unit 41	the ional	Type: ENT_CODE units in which a value is unit  Data Source: Type:  CE antity Data Source: Type:  Data Source: Type:	Alphanumeric s being expr Claim Alphanumeric Claim	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Length: Beginning Position: Length:	2  UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2  UNITS_OF_SE Numeric value 34 7  UNIT_RATE Rate per unit 41 12	g the ional i	Type: // ENT_CODE units in which a value is unit  Data Source: // Type: // Data Source: // Type:	Alphanumeric s being expr Claim Alphanumeric Claim Numeric	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12:	2  UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2  UNITS_OF_SE Numeric value 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE	g the ional i	Type: // ENT_CODE units in which a value is unit  Data Source: // Type: //  Data Source: // Type:	Alphanumeric s being expr Claim Alphanumeric Claim Numeric	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description:	2  UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2  UNITS_OF_SE Numeric value 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE Total amount o	g the ional i	Type: // ENT_CODE units in which a value is unit  Data Source: // Type: //  Data Source: // Type:    Data Source: // Type:    Data Source: // Type:    Data Source: // Type:	Alphanumeric  s being expr  Claim Alphanumeric  Claim Numeric  Claim Numeric	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length:	2  UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2  UNITS_OF_SE Numeric value 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE	g the ional i	Type: // ENT_CODE units in which a value is unit  Data Source: // Type: //  Data Source: // Type:	Alphanumeric s being expr Claim Alphanumeric Claim Numeric	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13:	2 UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2 UNITS_OF_SE Numeric value 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LINE Total amount of 53 14 CHRGS_NON_	g the ional income inco	Type: ENT_CODE units in which a value is unit  Data Source: Type:  Data Source: Type:  Data Source: Type:  Unit  Data Source: Type:  Data Source: Type:  Type:  Mocharge Data Source: Type:  Type:	Alphanumeric s being expr Claim Alphanumeric Claim Numeric Claim Numeric Assigned	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13: Description:	2 UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2 UNITS_OF_SE Numeric value 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LINE_ Total amount o 53 14 CHRGS_NON_ Total non-cove	g the ional income inco	Type: ENT_CODE units in which a value is unit  Data Source: Type:  Data Source: Type:  Data Source: Type:  Unit  Data Source: Type:  Type:  Month of the charge	Alphanumeric s being expr Claim Alphanumeric Claim Numeric Claim Numeric Assigned Numeric	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length: Field 13: Description: Beginning Position:	2 UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2 UNITS_OF_SE Numeric value 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LINE Total amount of 53 14 CHRGS_NON_ Total non-cove 67	g the ional income inco	Type: ENT_CODE units in which a value is unit  Data Source: Type:  Data Source: Type:  Data Source: Type:  VI charge Data Source: Type:  Unit  Data Source: Type:  Month of the charge Data Source: Month of the charge	Alphanumeric  s being expr  Claim Alphanumeric  Claim Numeric  Claim Numeric  Assigned Numeric  Assigned	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13: Description:	2 UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2 UNITS_OF_SE Numeric value 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LINE_ Total amount o 53 14 CHRGS_NON_ Total non-cove	g the ional income inco	Type: ENT_CODE units in which a value is unit  Data Source: Type:  Data Source: Type:  Data Source: Type:  VI charge Data Source: Type:  Unit  Data Source: Type:  Month of the charge Data Source: Month of the charge	Alphanumeric s being expr Claim Alphanumeric Claim Numeric Claim Numeric Assigned Numeric	essed.
Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Length: Field 13: Description: Beginning Position:	2 UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2 UNITS_OF_SE Numeric value 34 7 UNIT_RATE Rate per unit 41 12 CHRGS_LINE Total amount of 53 14 CHRGS_NON Total non-cove 67 14	g the ional income inco	Type: ENT_CODE units in which a value is unit  Data Source: Type:  Data Source: Type:  Data Source: Type:  VI charge Data Source: Type:  Unit  Data Source: Type:  Month of the charge Data Source: Month of the charge	Alphanumeric s being expr Claim Alphanumeric Claim Numeric Claim Numeric Assigned Numeric Assigned Numeric	DSHS Document #25-15013 ast Updated: September, 2018

Field 14:	FINAL_EAPG_CATEGORY_CODE				
	Enhanced Ambulatory	Patient Group (E	APG) category code, as assigned by 3M™		
	EAPG Grouper. Not ava	ailable 4Q09.			
<b>Beginning Position:</b>	81	Data Source:	Assigned		
Length:	2	Type:	Alphanumeric		
Field 15:	FINAL_EAPG_TYPE_	CODE			
	Enhanced Ambulatory	Patient Group (E	APG) type code, as assigned by 3M™ EAPG		
	Grouper. Not available	4Q09.			
<b>Beginning Position:</b>	83	Data Source:	Assigned		
Length:	2	Type:	Alphanumeric		
Field 16:	FINAL_EAPG				
			up (EAPG), as assigned by 3M™ EAPG		
	Grouper. Not available	4Q09.			
<b>Beginning Position:</b>	85	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 17:	APC_PROCEDURE_C				
	Ambulatory Payment C	lassification (AP	C) procedure code as assigned by 3M™ APC		
	Grouper. Not available	4Q09.			
<b>Beginning Position:</b>	90	Data Source:	Assigned		
Length:	5	Type:	Alphanumeric		
Field 18:	APC_PX_STATUS_IN				
			C) procedure status indicator as assigned by		
	3M <sup>™</sup> APC Grouper. No				
Beginning Position:	95	Data Source:	Assigned		
Length:	2	Type:	Alphanumeric		
Field 19:	APC_WEIGHT				
	Ambulatory Payment C	lassification (AP	C) weighting as assigned by 3M™ APC		
	Grouper. Not available	4Q09.			
<b>Beginning Position:</b>	97	Data Source:	Assigned		
Length:	9	Type:	Alphanumeric		

#### **FACILITY TYPE INDICATOR FILE**

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

Field 4	THOIC IS		
Field 1:	THCIC_ID	<b>!</b>	to the annual lead by DOUG TI TUGGO IS !
Description:			to the provider by DSHS. The THCIC_ID is
			data and generally throughout a full year. A
			e during the middle of a year. This will be
D!!			vare of those mid-year name changes.
Beginning Position:	1 6	Data Source: Type:	Assigned Alphanumeric
Length: Field 2:	PROVIDER_NAME	туре.	Alphanumenc
Description:	Hospital name provide	ad by the bosnita	.1
Beginning Position:	7	Data Source:	Provider
Length:	, 55	Type:	Alphanumeric
Field 3:	FAC_TEACHING_IN		F
Description:	Teaching Facility India		
Suppression:			O discharges (Provider ID equals '999999').
Coding Scheme:	A Member, Council of Te		
	X Other teaching facility		
Beginning Position:	62	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 4:	FAC_PSYCH_IND		
Description:	Psychiatric Facility Inc		
Suppression:			O discharges (Provider ID equals '999999').
Beginning Position:	63	Data Source:	Provider
Length: Field 5:	EAC DELIAR IND	Type:	Alphanumeric
	FAC_REHAB_IND	Indicator	
Description: Suppression:	Rehabilitation Facility		O discharges (Provider ID equals '999999').
Beginning Position:	64	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 6:	FAC_ACUTE_CARE_		Apricationic
Description:	Acute Care Facility Inc		
Suppression:			O discharges (Provider ID equals '999999').
Beginning Position:	65	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 7:	FAC_SNF_IND		
Description:	Skilled Nursing Facility	y Indicator.	
Suppression:	Suppressed for hospitals	with fewer than 50	O discharges (Provider ID equals '999999').
Beginning Position:	66	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 8:	FAC_LONG_TERM_A		
Description:	Long Term Acute Care		
Suppression: Beginning Position:			O discharges (Provider ID equals '999999').
Length:	67 1	Data Source:	Provider Alphanumeric
Field 9:	FAC_OTHER_LTC_II	Type:	лірнаниненс
Description:	Other Long Term Care		nr.
Suppression:			ภ. O discharges (Provider ID equals '999999').
Beginning Position:	68	Data Source:	Provider Provider Provider Provider Provider
Length:	1	Type:	Alphanumeric
Field 10:	FAC_PEDS_IND		
Description:	Pediatric Facility Indic	ator.	
Suppression:			O discharges (Provider ID equals '999999').
Coding Scheme:			's Hospitals and Related Institutions (NACHRI)
<u>-</u>	X Facilities that also trea		
<b>Beginning Position:</b>	69	Data Source:	Provider
Length:	1	Type:	Alphanumeric
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www.dsiis.tcaas.gov/11	1010		Last optaired. September, 2016

Field 11:	FAC_CARDIOVASCULAR_IND	
Description:	Cardiovascular facility indicator.	
Beginning Position:	70 Data Sou	rce: Provider
Length:	1 Type:	Alphanumeric
Field 12:	FAC_CHIROPRACTIC_IND	Alphanamene
Description:	Chiropractic care facility indicato	r
Beginning Position:	•	
Length:	71 Data Sou 1 Type:	Alphanumeric
Field 13:	FAC_ENDOSCOPY_IND	Alphanumenc
Description:	Endoscopy facility indicator.	
•	72 <b>Data Sou</b>	rce: Provider
Beginning Position: Length:	1 Type:	Alphanumeric
Field 14:	FAC_FOOT_IND	Alphanumenc
Description:		
•	Foot care facility indicator.  73 Data Sou	rce: Provider
Beginning Position: Length:	1 Type:	Alphanumeric
Field 15:	FAC_GASTROENTEROLOGY_II	
Description:		
-	Gastroenterology facility indicato	
Beginning Position: Length:	74 Data Sou 1 Type:	rce: Provider Alphanumeric
Field 16:		Alphanumenc
Description:	General care facility indicator.	man. Dunishan
Beginning Position:	75 Data Sou	
Length: Field 17:	1 Type:	Alphanumeric
	FAC_NEUROLOGICAL_IND	
Description:	Neurological care facility indicato	
Beginning Position:	76 Data Sou	
Length:	1 Type:	Alphanumeric
Field 18:	FAC_OB_GYN_IND	
Description:	Obstetric and gynecology facility	
Beginning Position:	77 Data Sou	
Length:	1 Type:	Alphanumeric
Field 19:	FAC_OPTHAMOLOGY_IND	
Description:	Ophthalmology facility indicator.	
Beginning Position:	78 Data Sou	
Length:	1 Type:	Alphanumeric
Field 20:	FAC_ORAL_IND	
Description:	Oral health care facility indicator	
Beginning Position:	79 Data Sou	
Length:	1 Type:	Alphanumeric
Field 21:	FAC_ORTHOPEDIC_IND	
Description:	Orthopedic care facility indicator.	
Beginning Position:	80 Data Sou	
Length:	1 Type:	Alphanumeric
Field 22:	FAC_OTOLARYNGOLOGY_IND	
Description:	Otolaryngology facility indicator.	
Beginning Position:	81 <b>Data Sou</b>	
Length:	1 Type:	Alphanumeric
Field 23:	FAC_ PAIN_MNGMT _IND	
Description:	Pain management facility indicate	or.
Beginning Position:	82 Data Sou	rce: Provider
Length:	1 Type:	Alphanumeric
Field 24:	FAC_PLASTIC_IND	
Description:	Plastic surgery facility indicator.	
<b>Beginning Position:</b>	83 Data Sou	
Length:	1 Type:	Alphanumeric
Field 25:	FAC_THORACIC_IND	
Description:	Thoracic care facility indicator.	
<b>Beginning Position:</b>	84 Data Sou	rce: Provider
Length:	1 Type:	Alphanumeric

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Field 26:	FAC_UROLOGY_IND	
Description:	Urology care facility indicator.	
Beginning Position:	85 <b>Data Source</b> : Provider	
Length:	1 <b>Type:</b> Alphanumeric	
Field 27:	FAC_OTHER_IND	
Description:	Other facility indicator.	
Beginning Position:	86 <b>Data Source:</b> Provider	
Length:	1 <b>Type</b> : Alphanumeric	
Field 28:	POA_PROVIDER_INDICATOR	
Description:	Indicator identifying whether facility is required to submit Di (POA) codes. 25 TAC, Section 421.9(e) identifies the following POA to the department: Critical Access Hospitals, I Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, and Long Term Care Hospitals.	ng facility types as exempt from npatient Rehabilitation
Coding Scheme:	M Mixed (Facility has sections that would be exempted from patients)	om reporting POA for those
	R Required	
	X Exempt	
	` Invalid	
<b>Beginning Position:</b>	87 <b>Data Source</b> : Assigned	
Length:	1 <b>Type</b> : Alphanumeric	
Field 29:	CERT_STATUS_IP	
Description:	Assignment of a code to indicate the certification of da	ata (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 dea	dline
	4 Hospital elected not to certify	
	5 Hospital closed, data not certified	
	6 Hospital out of compliance, did not certify data	d - di t (40001()
	7 Data not certified. Facility affected by natural or man-r	hade disaster (4Q2016)
Designing Desition	8 No Emergency Department data submitted 88 <b>Data Source:</b> Assigned	
Beginning Position: Length:	88 <b>Data Source</b> : Assigned 1 <b>Type</b> : Alphanumeric	
Field 30:	CERT_STATUS_OP	
Description:	Assignment of a code to indicate the certification of de	ata (outpatient) and
2 3 3 3 1 4 1 5 1 1	submission of comments by the hospital.	ata (outpatient) and
Coding Scheme:	1 Certified, without comment	
g	2 Certified, with comment	
	3 Certified, with comment, comment not received by dea	dline
	4 Hospital elected not to certify	
	5 Hospital closed, data not certified	
	6 Hospital out of compliance, did not certify data	
	7 Data not certified. Facility affected by natural or man-r	nade disaster (4Q2016)
	8 No Emergency Department data submitted	
<b>Beginning Position:</b>	89 <b>Data Source</b> : Assigned	
Length:	1 Type: Alphanumeric	

## Texas Department of State Health Services

# Texas Hospital Emergency Department Data Set DATA FILE LAYOUTS

#### Inpatient Base Data #1 File

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

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

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

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

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

#### Inpatient Base Data #2 File

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

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

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
54	OCCUR_CODE_12	439	2	Alphanumeric
55	OCCUR_DAY_12	441	4	Alphanumeric
56	OCCUR_SPAN_CODE_1	445	2	Alphanumeric
57	OCCUR_SPAN_FROM_1	447	6	Alphanumeric
58	OCCUR_SPAN_THRU_1	453	6	Alphanumeric
59	OCCUR_SPAN_CODE_2	459	2	Alphanumeric
60	OCCUR_SPAN_FROM_2	461	6	Alphanumeric
61	OCCUR_SPAN_THRU_2	467	6	Alphanumeric
62	OCCUR_SPAN_CODE_3	473	2	Alphanumeric
63	OCCUR_SPAN_FROM_3	475	6	Alphanumeric
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric
77	VALUE_AMOUNT_1	519	9	Numeric
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric

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

#### **Inpatient Charges Data File**

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

#### **Outpatient Base Data File**

Number	Field Name (OP Base Data File)	Position	Length	Field Type
1	SERVICE_QUARTER	1	6	Alphanumeric
2	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	7	12	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	SPEC_UNIT_1	25	1	Alphanumeric
5	SPEC_UNIT_2	26	1	Alphanumeric
6	SPEC_UNIT_3	27	1	Alphanumeric
7	SPEC_UNIT_4	28	1	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
8	SPEC_UNIT_5	29	1	Alphanumeric
9	SEX_CODE	30	1	Alphanumeric
10	PAT_COUNTY	31	3	Alphanumeric
11	PAT_STATE	34	2	Alphanumeric
12	PAT_ZIP	36	5	Alphanumeric
13	PAT_COUNTRY	41	2	Alphanumeric
14	PUBLIC_HEALTH_REGION	43	2	Alphanumeric
15	LENGTH_OF_SERVICE	45	2	Alphanumeric
16	PAT_AGE	47	2	Alphanumeric
17	RACE	49	1	Alphanumeric
18	ETHNICITY	50	1	Alphanumeric
19	FIRST_PAYMENT_SRC	51	2	Alphanumeric
20	SECONDARY_PAYMENT_SRC	53	2	Alphanumeric
21	TYPE_OF_BILL	55	3	Alphanumeric
22	CONDITION_CODE_1	58	2	Alphanumeric
23	CONDITION_CODE_2	60	2	Alphanumeric
24	CONDITION_CODE_3	62	2	Alphanumeric
25	CONDITION_CODE_4	64	2	Alphanumeric
26	CONDITION_CODE_5	66	2	Alphanumeric
27	CONDITION_CODE_6	68	2	Alphanumeric
28	CONDITION_CODE_7	70	2	Alphanumeric
29	CONDITION_CODE_8	72	2	Alphanumeric
30	PAT_REASON_FOR_VISIT	74	7	Alphanumeric
31	PRINC_DIAG_CODE	81	7	Alphanumeric
32	OTH_DIAG_CODE_1	88	7	Alphanumeric
33	OTH_DIAG_CODE_2	95	7	Alphanumeric
34	OTH_DIAG_CODE_3	102	7	Alphanumeric
35	OTH_DIAG_CODE_4	109	7	Alphanumeric
36	OTH_DIAG_CODE_5	116	7	Alphanumeric
37	OTH_DIAG_CODE_6	123	7	Alphanumeric
38	OTH_DIAG_CODE_7	130	7	Alphanumeric
39	OTH_DIAG_CODE_8	137	7	Alphanumeric
40	OTH_DIAG_CODE_9	144	7	Alphanumeric
41	OTH_DIAG_CODE_10	151	7	Alphanumeric
42	OTH_DIAG_CODE_11	158	7	Alphanumeric
43	OTH_DIAG_CODE_12	165	7	Alphanumeric
44	OTH_DIAG_CODE_13	172	7	Alphanumeric
45	OTH_DIAG_CODE_14	179	7	Alphanumeric
46	OTH_DIAG_CODE_15	186	7	Alphanumeric
47	OTH_DIAG_CODE_16	193	7	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
48	OTH_DIAG_CODE_17	200	7	Alphanumeric
49	OTH_DIAG_CODE_18	207	7	Alphanumeric
50	OTH_DIAG_CODE_19	214	7	Alphanumeric
51	OTH_DIAG_CODE_20	221	7	Alphanumeric
52	OTH_DIAG_CODE_21	228	7	Alphanumeric
53	OTH_DIAG_CODE_22	235	7	Alphanumeric
54	OTH_DIAG_CODE_23	242	7	Alphanumeric
55	OTH_DIAG_CODE_24	249	7	Alphanumeric
56	RELATED_CAUSE_CODE_1	256	2	Alphanumeric
57	RELATED_CAUSE_CODE_2	258	2	Alphanumeric
58	RELATED_CAUSE_CODE_3	260	2	Alphanumeric
59	E_CODE_1	262	7	Alphanumeric
60	E_CODE_2	269	7	Alphanumeric
61	E_CODE_3	276	7	Alphanumeric
62	E_CODE_4	283	7	Alphanumeric
63	E_CODE_5	290	7	Alphanumeric
64	E_CODE_6	297	7	Alphanumeric
65	E_CODE_7	304	7	Alphanumeric
66	E_CODE_8	311	7	Alphanumeric
67	E_CODE_9	318	7	Alphanumeric
68	E_CODE_10	325	7	Alphanumeric
69	PROC_CODE_1	332	5	Alphanumeric
70	PROC_CODE_2	337	5	Alphanumeric
71	PROC_CODE_3	342	5	Alphanumeric
72	PROC_CODE_4	347	5	Alphanumeric
73	PROC_CODE_5	352	5	Alphanumeric
74	PROC_CODE_6	357	5	Alphanumeric
75	PROC_CODE_7	362	5	Alphanumeric
76	PROC_CODE_8	367	5	Alphanumeric
77	PROC_CODE_9	372	5	Alphanumeric
78	PROC_CODE_10	377	5	Alphanumeric
79	PROC_CODE_11	382	5	Alphanumeric
80	PROC_CODE_12	387	5	Alphanumeric
81	PROC_CODE_13	392	5	Alphanumeric
82	PROC_CODE_14	397	5	Alphanumeric
83	PROC_CODE_15	402	5	Alphanumeric
84	PROC_CODE_16	407	5	Alphanumeric
85	PROC_CODE_17	412	5	Alphanumeric
86	PROC_CODE_18	417	5	Alphanumeric
87	PROC_CODE_19	422	5	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
88	PROC_CODE_20	427	5	Alphanumeric
89	PROC_CODE_21	432	5	Alphanumeric
90	PROC_CODE_22	437	5	Alphanumeric
91	PROC_CODE_23	442	5	Alphanumeric
92	PROC_CODE_24	447	5	Alphanumeric
93	PROC_CODE_25	452	5	Alphanumeric
94	OTHER_AMOUNT	457	12	Numeric
95	PHARM_AMOUNT	469	12	Numeric
96	MEDSURG_AMOUNT	481	12	Numeric
97	DME_AMOUNT	493	12	Numeric
98	USED_DME_AMOUNT	505	12	Numeric
99	PT_AMOUNT	517	12	Numeric
100	OT_AMOUNT	529	12	Numeric
101	SPEECH_AMOUNT	541	12	Numeric
102	IT_AMOUNT	553	12	Numeric
103	BLOOD_AMOUNT	565	12	Numeric
104	BLOOD_ADM_AMOUNT	577	12	Numeric
105	OR_AMOUNT	589	12	Numeric
106	LITH_AMOUNT	601	12	Numeric
107	CARD_AMOUNT	613	12	Numeric
108	ANES_AMOUNT	625	12	Numeric
109	LAB_AMOUNT	637	12	Numeric
110	RAD_AMOUNT	649	12	Numeric
111	MRI_AMOUNT	661	12	Numeric
112	OP_AMOUNT	673	12	Numeric
113	ER_AMOUNT	685	12	Numeric
114	AMBULANCE_AMOUNT	697	12	Numeric
115	PRO_FEE_AMOUNT	709	12	Numeric
116	ORGAN_AMOUNT	721	12	Numeric
117	ESRD_AMOUNT	733	12	Numeric
118	CLINIC_AMOUNT	745	12	Numeric
119	TOTAL_CHARGES	757	12	Numeric
120	TOTAL_NON_COV_CHARGES	769	12	Numeric
121	TOTAL_CHARGES_ANCIL	781	12	Numeric
122	TOTAL_NON_COV_CHARGES_ANCIL	793	12	Numeric
123	PHYSICIAN1_INDEX_NUMBER	805	10	Alphanumeric
124	PHYSICIAN2_INDEX_NUMBER	815	10	Alphanumeric
125	INPUT_FORMAT	825	1	Alphanumeric
126	SOURCE_OF_ADMISSION	826	1	Alphanumeric
127	PAT_STATUS	827	2	Alphanumeric

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

## **Outpatient Classification File**

Field Name (OP Classification File)	Position	Length	Field Type
RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
CCS_PRINC_DIAG_CODE	13	4	Alphanumeric
CCS_OTH_DIAG_CODE_1	17	4	Alphanumeric
CCS_OTH_DIAG_CODE_2	21	4	Alphanumeric
CCS_OTH_DIAG_CODE_3	25	4	Alphanumeric
CCS_OTH_DIAG_CODE_4	29	4	Alphanumeric
CCS_OTH_DIAG_CODE_5	33	4	Alphanumeric
CCS_OTH_DIAG_CODE_6	37	4	Alphanumeric
CCS_OTH_DIAG_CODE_7	41	4	Alphanumeric
CCS_OTH_DIAG_CODE_8	45	4	Alphanumeric
CCS_OTH_DIAG_CODE_9	49	4	Alphanumeric
CCS_OTH_DIAG_CODE_10	53	4	Alphanumeric
CCS_OTH_DIAG_CODE_11	57	4	Alphanumeric
CCS_OTH_DIAG_CODE_12	61	4	Alphanumeric
CCS_OTH_DIAG_CODE_13	65	4	Alphanumeric
CCS_OTH_DIAG_CODE_14	69	4	Alphanumeric
CCS_OTH_DIAG_CODE_15	73	4	Alphanumeric
CCS_OTH_DIAG_CODE_16	77	4	Alphanumeric
CCS_OTH_DIAG_CODE_17	81	4	Alphanumeric
CCS_OTH_DIAG_CODE_18	85	4	Alphanumeric
CCS_OTH_DIAG_CODE_19	89	4	Alphanumeric
CCS_OTH_DIAG_CODE_20	93	4	Alphanumeric
CCS_OTH_DIAG_CODE_21	97	4	Alphanumeric
CCS_OTH_DIAG_CODE_22	101	4	Alphanumeric
CCS_OTH_DIAG_CODE_23	105	4	Alphanumeric
CCS_OTH_DIAG_CODE_24	109	4	Alphanumeric
CCS_PROC_CODE_1	113	3	Alphanumeric
CCS_PROC_CODE_2	116	3	Alphanumeric
CCS_PROC_CODE_3	119	3	Alphanumeric
CCS_PROC_CODE_4	122	3	Alphanumeric
CCS_PROC_CODE_5	125	3	Alphanumeric
CCS_PROC_CODE_6	128	3	Alphanumeric
CCS_PROC_CODE_7	131	3	Alphanumeric
CCS_PROC_CODE_8	134	3	Alphanumeric
	137	3	Alphanumeric
CCS_PROC_CODE_10	140	3	Alphanumeric
CCS_PROC_CODE_11	143	3	Alphanumeric
	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).  CCS_PRINC_DIAG_CODE  CCS_OTH_DIAG_CODE_1  CCS_OTH_DIAG_CODE_2  CCS_OTH_DIAG_CODE_3  CCS_OTH_DIAG_CODE_4  CCS_OTH_DIAG_CODE_5  CCS_OTH_DIAG_CODE_6  CCS_OTH_DIAG_CODE_7  CCS_OTH_DIAG_CODE_8  CCS_OTH_DIAG_CODE_9  CCS_OTH_DIAG_CODE_10  CCS_OTH_DIAG_CODE_11  CCS_OTH_DIAG_CODE_12  CCS_OTH_DIAG_CODE_13  CCS_OTH_DIAG_CODE_14  CCS_OTH_DIAG_CODE_15  CCS_OTH_DIAG_CODE_15  CCS_OTH_DIAG_CODE_16  CCS_OTH_DIAG_CODE_17  CCS_OTH_DIAG_CODE_18  CCS_OTH_DIAG_CODE_16  CCS_OTH_DIAG_CODE_17  CCS_OTH_DIAG_CODE_19  CCS_OTH_DIAG_CODE_20  CCS_OTH_DIAG_CODE_21  CCS_OTH_DIAG_CODE_22  CCS_OTH_DIAG_CODE_22  CCS_OTH_DIAG_CODE_23  CCS_OTH_DIAG_CODE_24  CCS_PROC_CODE_1  CCS_PROC_CODE_3  CCS_PROC_CODE_4  CCS_PROC_CODE_6  CCS_PROC_CODE_6  CCS_PROC_CODE_6  CCS_PROC_CODE_9  CCS_PROC_CODE_9  CCS_PROC_CODE_10	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).  CCS_PRINC_DIAG_CODE 13  CCS_OTH_DIAG_CODE_2 21  CCS_OTH_DIAG_CODE_3 25  CCS_OTH_DIAG_CODE_4 29  CCS_OTH_DIAG_CODE_5 33  CCS_OTH_DIAG_CODE_5 33  CCS_OTH_DIAG_CODE_5 33  CCS_OTH_DIAG_CODE_6 37  CCS_OTH_DIAG_CODE_7 41  CCS_OTH_DIAG_CODE_8 45  CCS_OTH_DIAG_CODE_9 49  CCS_OTH_DIAG_CODE_10 53  CCS_OTH_DIAG_CODE_11 57  CCS_OTH_DIAG_CODE_11 57  CCS_OTH_DIAG_CODE_12 61  CCS_OTH_DIAG_CODE_13 65  CCS_OTH_DIAG_CODE_14 69  CCS_OTH_DIAG_CODE_15 73  CCS_OTH_DIAG_CODE_15 73  CCS_OTH_DIAG_CODE_16 77  CCS_OTH_DIAG_CODE_17 81  CCS_OTH_DIAG_CODE_18 85  CCS_OTH_DIAG_CODE_19 89  CCS_OTH_DIAG_CODE_19 89  CCS_OTH_DIAG_CODE_20 93  CCS_OTH_DIAG_CODE_21 97  CCS_OTH_DIAG_CODE_21 101  CCS_OTH_DIAG_CODE_22 101  CCS_OTH_DIAG_CODE_22 101  CCS_OTH_DIAG_CODE_22 101  CCS_OTH_DIAG_CODE_23 105  CCS_OTH_DIAG_CODE_24 109  CCS_PROC_CODE_1 113  CCS_PROC_CODE_3 119  CCS_PROC_CODE_5 125  CCS_PROC_CODE_6 128  CCS_PROC_CODE_6 128  CCS_PROC_CODE_9 137  CCS_PROC_CODE_9 137	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).  CCS_PRINC_DIAG_CODE 13 4  CCS_OTH_DIAG_CODE_1 17 4  CCS_OTH_DIAG_CODE_2 21 4  CCS_OTH_DIAG_CODE_3 25 4  CCS_OTH_DIAG_CODE_5 33 4  CCS_OTH_DIAG_CODE_5 33 4  CCS_OTH_DIAG_CODE_6 37 4  CCS_OTH_DIAG_CODE_6 37 4  CCS_OTH_DIAG_CODE_7 41 4  CCS_OTH_DIAG_CODE_8 45 45 4  CCS_OTH_DIAG_CODE_8 45 45 4  CCS_OTH_DIAG_CODE_9 49 49 40  CCS_OTH_DIAG_CODE_10 53 4  CCS_OTH_DIAG_CODE_11 57 4  CCS_OTH_DIAG_CODE_11 57 4  CCS_OTH_DIAG_CODE_11 57 4  CCS_OTH_DIAG_CODE_12 61 4  CCS_OTH_DIAG_CODE_13 65 4  CCS_OTH_DIAG_CODE_14 69 4  CCS_OTH_DIAG_CODE_15 73 4  CCS_OTH_DIAG_CODE_16 77 4  CCS_OTH_DIAG_CODE_16 77 4  CCS_OTH_DIAG_CODE_17 81 4  CCS_OTH_DIAG_CODE_18 85 4  CCS_OTH_DIAG_CODE_19 89 4  CCS_OTH_DIAG_CODE_19 89 4  CCS_OTH_DIAG_CODE_19 89 4  CCS_OTH_DIAG_CODE_20 93 4  CCS_OTH_DIAG_CODE_21 97 4  CCS_OTH_DIAG_CODE_21 97 4  CCS_OTH_DIAG_CODE_22 101 4  CCS_PROC_CODE_2 116 3  CCS_PROC_CODE_3 119 3  CCS_PROC_CODE_3 119 3  CCS_PROC_CODE_4 122 3  CCS_PROC_CODE_5 125 3  CCS_PROC_CODE_5 125 3  CCS_PROC_CODE_6 128 33  CCS_PROC_CODE_9 137 3  CCS_PROC_CODE_9 137 3

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Number	Field Name (OP Classification File)	Position	Length	Field Type
38	CCS_PROC_CODE_12	146	3	Alphanumeric
39	CCS_PROC_CODE_13	149	3	Alphanumeric
40	CCS_PROC_CODE_14	152	3	Alphanumeric
41	CCS_PROC_CODE_15	155	3	Alphanumeric
42	CCS_PROC_CODE_16	158	3	Alphanumeric
43	CCS_PROC_CODE_17	161	3	Alphanumeric
44	CCS_PROC_CODE_18	164	3	Alphanumeric
45	CCS_PROC_CODE_19	167	3	Alphanumeric
46	CCS_PROC_CODE_20	170	3	Alphanumeric
47	CCS_PROC_CODE_21	173	3	Alphanumeric
48	CCS_PROC_CODE_22	176	3	Alphanumeric
49	CCS_PROC_CODE_23	179	3	Alphanumeric
50	CCS_PROC_CODE_24	182	3	Alphanumeric
51	CCS_PROC_CODE_25	185	3	Alphanumeric
52	EAPG_GRP_VER	188	12	Alphanumeric
53	APC_GRP_VER	200	12	Alphanumeric
54	CRG_STATUS_1	212	1	Alphanumeric
55	CRG_STATUS_2	213	1	Alphanumeric
56	CRG_STATUS_3	214	1	Alphanumeric
57	CRG_STATUS_4	215	1	Alphanumeric
58	CRG_STATUS_5	216	1	Alphanumeric
59	CRG_STATUS_6	217	1	Alphanumeric
60	CRG_STATUS_7	218	1	Alphanumeric
61	CRG_STATUS_8	219	1	Alphanumeric
62	CRG_STATUS_9	220	1	Alphanumeric
63	CRG_STATUS_10	221	1	Alphanumeric
64	CRG_CODE_1	222	5	Alphanumeric
65	CRG_CODE_2	227	5	Alphanumeric
66	CRG_CODE_3	232	5	Alphanumeric
67	CRG_CODE_4	237	5	Alphanumeric
68	CRG_CODE_5	242	5	Alphanumeric
69	CRG_CODE_6	247	5	Alphanumeric
70	CRG_CODE_7	252	5	Alphanumeric
71	CRG_CODE_8	257	5	Alphanumeric
72	CRG_CODE_9	262	5	Alphanumeric
73	CRG_CODE_10	267	5	Alphanumeric
74	CRG_SEVERITY_1	272	1	Alphanumeric
75	CRG_SEVERITY_2	273	1	Alphanumeric
76	CRG_SEVERITY_3	274	1	Alphanumeric
77	CRG_SEVERITY_4	275	1	Alphanumeric

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

## **Outpatient Charges Data File**

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
14	FINAL_EAPG_CATEGORY_CODE	81	2	Alphanumeric
15	FINAL_EAPG_TYPE_CODE	83	2	Alphanumeric
16	FINAL_EAPG	85	5	Alphanumeric
17	APC_PROCEDURE_CODE	90	5	Alphanumeric
18	APC_PX_STATUS_IND_CODE	95	2	Alphanumeric
19	APC_WEIGHT	97	9	Alphanumeric
	Record_Length		105	

## **Facility Type Indicator File**

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