

Texas Department of State Health Services

TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILE USER MANUAL- 2022 – to Present

Center for Health Statistics Texas Health Care Information Collection

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BACKGROUND

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

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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

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

TEXAS EMERGENCY DEPARTMENT RESEARCH DATA FILES

<u>THSC Section 108.0135(a)</u> permits DSHS to disclose data collected under this chapter that is not included in the Texas ED Public Use Data Files (PUDF) if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under <u>HSC Section 108.0135</u>.

THSC Section 108.013(k) permits DSHS to disclose data collected under this chapter that is not included in the Texas ED Public Use Data Files to any department or commission program if the disclosure is reviewed and approved by the DSHS Institutional Review Board (IRB) under THSC Section 108.0135. These data are provided as Research Data Files (RDF) containing protected patient-level information and shall be used only for the benefit of the public subject to specific limitations defined by THSC Section 108.0135.

The ED RDF includes all the variables in the ED (PUDF) and the additional patient sensitive or confidential data variables only available to DSHS and HHSC programs under THSC Section 108.013(k). Only data elements approved by the DSHS IRB and DSHS Executive Steering Committee will be released to the requestor with their approved data elements in a custom-built RDF.

The ED RDF contains:

- Inpatient (IP) Base Data File This file contains the required data elements as well as situationally required elements and some calculated fields. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; 3M™ All-Payer Refined Diagnosis Related Group and Centers for Medicare and Medicaid Services (CMS) 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. Other elements in the Base Data file include 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; 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 3M™ Enhanced Ambulatory Patient Grouping (EAPG) codes and Centers for Medicare and Medicaid Services (CMS) Ambulatory Payment Classification information.
- Facility Type Data File This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

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

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

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

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.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the ED RDF 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) 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 penalties as stated in THSC Sections 108.014 and 108.0141. In addition, under THSC Sections 108.013(e) and (f), patient and/or physician information in the ED RDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative,

or criminal proceeding.

To protect physician identities, the <u>THSC Sections 108.009(d)</u> and <u>108.013(h)</u> requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a $3M^{TM}$ All-Payer Refined Diagnosis Related Group (DRG) code for a hospital, ASC or FEMCF is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the RDF the identity of individual patients of physicians or other health practitioners. Considerable harm could result if this were done. ED RDF users are required to sign and comply with the DSHS Data Use Agreement in the Application before shipment of the RDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates HSC Chapter 108 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, physician, hospital, ASC or FEMCF for the purpose of verifying information supplied in the DSHS ED RDF.

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

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

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

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

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

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

RESTRICTIONS ON DATA USE

<u>THSC Section 108.010(c)</u> prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the RDF are cautioned about using less than a year of data to make any hospital, ASC or FEMCF quality assumptions.

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

- 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, ASC or FEMCF stay records of patients in this data set with personally identifiable records from any other source;
- The licensee will not release nor permit others to release any information that identifies persons, 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 nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the approved IRB request and the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the Data User Manual and to be cognizant of

the limitations of the data;

- The licensee will use the following citation in any publication of information from this file:
 - Texas Emergency Department Research 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 necessary for 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 and that the licensee has knowledge that under THSC Sections 108.014 and 108.0141 civil and criminal penalties may be assessed should the licensee or others that knowingly or negligently access or 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 ED RDF user (i.e., the licensee) has been informed that the potential for both civil and criminal penalties exists.

Users of report generating software to access the RDF 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 in the THCIC 837 format.
- 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.
- Race and ethnicity data are required by law and rule to be submitted for

- each patient. Generally, these data are not collected by facilities and may be subjectively captured.
- Inaccuracies in the data and incompleteness of the data are addressed in the hospital, ASC or FEMCFs' 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.
- Diagnoses 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 like the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not available for outpatient data.
- Comparability of 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 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, ASC and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, ASC and FEMCFs' collection and billing cycles, not all discharges may have been billed or reported. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid or other payment sources.
- Updates to the ED RDF manual, if any, are available through the THCIC website, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update will not be sent.
- DSHS collects data from all hospitals, ASCs and FEMCFs in the state not specifically exempted. Some hospitals, ASCs, and FEMCFs may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods. This

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

HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

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

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

CITATION

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

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

Emergency Department 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) Research Data File (RDF).

The following information is provided:

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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 Source	Provided by the health care facility on the claim form (Claim)
	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.
Туре	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the value `(Backtick, Back quote, Grave accent mark).

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

INPATIENT BASE DATA FILE

Field 1:	RECORD_ID
	Record Identification Number. Unique number to identify the record within the research data file.
	Does not match or link to PUDF (Public Use Data File) Record ID. Each claim associated with a
	patient's visit generates a unique Record ID. Does match with RECORD_ID in other Inpatient
	RDF files.
Length:	12 Type: Alphanumeric Data Source: Assigned
Field 2:	PAT UNIQUE INDEX
	(PUI) Unique identifier assigned to the patient by THCIC.A patient unique index is assigned for
	each uniquely identifiable patient in the data set. There can be multiple Record IDs associated with
	one PUI (see Field # 1).
Length:	10 Type: Alphanumeric Data Source: Assigned
Field 3:	THCIC ID
	Provider ID. Unique identifier assigned to the provider by THCIC.
Length:	6 Type: Alphanumeric Data Source: Assigned
Field 4:	SPEC UNIT 1
110104 11	Specialty Unit in which most days stay occurred based on number of days by Type of Bill or
	Revenue Code.
Coding Scheme:	
coung seneme.	D Detoxification Unit Y Psychiatric Unit
	I Intensive Care Unit R Rehabilitation Unit
	H Hospice Unit U Sub-acute Care Unit
	N Nursery S Skilled Nursing Unit
	B Obstetric Unit Blank Acute Care
	O Oncology Unit
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 5:	SPEC_UNIT_2
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	Specialty Unit in which 2 nd most days stay occurred based on number of days by Type of Bill or Revenue Code.
Coding Scheme:	
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 6:	SPEC UNIT 3
	Specialty Unit in which 3 rd most days stay occurred based on number of days by Type of Bill or Revenue Code.
Coding Scheme:	Same as SPEC_UNIT_1.
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 7:	SPEC_UNIT_4
	Specialty Unit in which 4 th most days stay occurred based on number of days by Type of Bill or Revenue Code.
Coding Scheme:	Same as SPEC UNIT 1.
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 8:	SPEC UNIT 5
11014 01	Specialty Unit in which 5 th most days stay occurred based on number of days by Type of Bill or Revenue Code.
Coding Scheme:	Same as SPEC_UNIT_1.
Length:	1 Type: Alphanumeric Data Source: Calculated
Field 9:	ENCOUNTER_INDICATOR
	Indicates the number of claims used to create the encounter. The encounter refers to an electronic
	record that contains information on all services rendered for a patient episode of care (admission
	through discharge) by a provider in a patient care setting. Some non-acute care patients may have more than one claim that is consolidated for the record, such as patients in rehabilitation hospitals,
	long term care hospitals, or psychiatric hospitals.
Length:	2 Type: Alphanumeric Data Source: Calculated
Field 10:	SEX_CODE
Ticia To.	Gender of the patient as recorded at date of admission or start of care.
Coding Scheme:	•
	F Female
	U Unknown
Length:	1 Type: Alphanumeric Data Source: Claim
Field 11:	BIRTH_DATE
T (1	Birth date of the patient as recorded at date of admission or start of care.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 12:	PAT_AGE_GROUP Code indicating age of patient in days or years on date of discharge.
Coding Scheme:	
County Scheme.	01 29-365 days 11 40-44 21 90+
	02 1-4 years 12 45-49 HIV and drug/alcohol use patients:
	03 5-9 13 50-54 22 0-17
	04 10-14 14 55-59 23 18-44 05 15-17 15 60-64 24 45-64
	06 18-19 16 65-69 25 65-74
	07 20-24 17 70-74 26 75+
	08 25-29 18 75-79 Invalid 09 30-34 19 80-84
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 13:	PAT AGE YEARS
	Age of patient in years on date of discharge.
Length:	3 Type: Alphanumeric Data Source: Claim
Field 14:	PAT AGE DAYS
	Age of patient in days on date of discharge.
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Length:	5 T	Гуре: А	Alphanun	neric	Data Sour	ee:	Claim	
Field 15:	RACE	<u> </u>						
		ndicating	the patie	nt's race	.			
Coding Scheme:		American Ind	-					
coung somemer		Asian or Paci						
	3 B	Black						
		Vhite						
		Other			T		CI.	
Length:			Alphanun	neric	Data Sour	e:	Claim	
Field 16:		VICITY						
		_	_	anic orig	gin of the pa	tient.		
Coding Scheme:		Hispanic Orig						
T (1		Not of Hispan	_		D (C		CI.:	
Length:			Alphanun		Data Sour		Claim	
Field 17:	_	_	_	_	K_GROUP			
		_			eet address.			
Length:		• •	Alphanun		Data Sour	ee:	Calculated	
Field 18:	_	ADDR_C	_	_				
	Census	s block of	-		dress.			
Length:	5 T	Гуре: А	Alphanun	neric	Data Sour	e:	Calculated	
Field 19:	PAT_	CITY						
	Patient	t address c	ity as pro	ovided b	y the patien	t.		
Length:	30 T	Гуре: А	lphanun	neric	Data Sour	ee:	Provider	
Field 20:	PAT S	STATE						
	_		tate as pi	rovided	by the patie	nt.		
Length:			.lphanun		Data Sour		Provider	
Field 21:	PAT 2		-					
11010 211	_		ZIP code	as provi	ded by the	natient		
Length:			Alphanun	-	Data Sour		Provider	
Field 22:		COUNTR	-	10110	Dutu Sour		110 / 1401	
riciu 22.	_			lential a	ddress List	maintained	by the Interna	ational Organization for
		rdization (icittai a	daress. List	mamamod	by the interne	utonal Organization for
Coding scheme:		ww.ISO.or		nnlete li	ct			
Length:			Alphanun	-	Data Sour	·e•	Provider	
Field 23:		COUNTY	_	iterre	Data Sour		TTOVIGET	
riciu 25.	_	code of pat		unts				
Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real
couning scheme.		Andrews	131	Duval	259	Kendall	387	Red River
		Angelina	133	Eastland	261	Kenedy	389	Reeves
	007	Aransas	135	Ector	263	Kent	391	Refugio
		Archer	137	Edwards	265	Kerr	393	Roberts
		Armstrong Atascosa	139 141	Ellis El Paso	267 269	Kimble King	395 397	Robertson Rockwall
		Austin	141	Erath	209	Kinney	399	Runnels
		Bailey	145	Falls	273	Kleberg	401	Rusk
	019	Bandera	147	Fannin	275	Knox	403	Sabine
		Bastrop	149	Fayette	283	La Salle	405	San Augustine
		Baylor	151	Fisher Floyd	277 279	Lamar Lamb	407 409	San Jacinto San Patricio
		Bee Bell	153 155	Foard	279	Lamo Lampasas		San Patricio San Saba
		Bexar	157	Fort Ben		Lavaca	413	Schleicher
	031	Blanco	159	Franklin	287	Lee	415	Scurry
		Borden	161	Freestone		Leon	417	Shackelford
		Bosque Bowie	163 165	Frio Gaines	291 293	Liberty Limeston	419 e 421	Shelby Sherman
	037	DOMIC	103	Janies	293	Lillestoll	421	Siletiliali
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039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
041	Brazos	169	Garza	297	Live Oak	425	Somervell
043	Brewster	171	Gillespie	299	Llano	427	Starr
045	Briscoe	173	Glasscock	301	Loving	429	Stephens
047	Brooks	175	Goliad	303	Lubbock	431	Sterling
049	Brown	177	Gonzales	305	Lynn	433	Stonewall
051	Burleson	179	Gray	307	McCulloch	435	Sutton
053	Burnet	181	Grayson	309	McLennan	437	Swisher
055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
057	Calhoun	185	Grimes	313	Madison	441	Taylor
059	Callahan	187	Guadalupe	315	Marion	443	Terrell
061	Cameron	189	Hale	317	Martin	445	Terry
063	Camp	191	Hall	317	Mason	447	Throckmorton
065	Camp	193	Hamilton	321	Matagorda	449	Titus
067	Cass	195	Hansford	323	Maverick	449	Tom Green
069	Castro	193	Hardeman	325	Medina	453	Travis
071	Chambers	197	Hardin	323	Menard	455	
071	Cherokee	201	Harris	327	Midland	453 457	Trinity
	Childress	201	Harrison		Milam	457	Tyler Upshur
075 077		205		331 333	Mills	439 461	
077	Clay		Hartley				Upton
	Cochran	207	Haskell	335	Mitchell	463	Uvalde
081	Coke	209	Hays	337	Montague	465	Val Verde
083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
085	Collin	213	Henderson	341	Moore	469	Victoria
087	Collingsworth	215	Hidalgo	343	Morris	471	Walker
089	Colorado	217	Hill	345	Motley	473	Waller
091	Comal	219	Hockley	347	Nacogdoches	475	Ward
093	Comanche	221	Hood	349	Navarro	477	Washington
095	Concho	223	Hopkins	351	Newton	479	Webb
097	Cooke	225	Houston	353	Nolan	481	Wharton
099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson		Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan	•	Invalid
3	Type: Aln	hanıı	meric Γ	ata Source:	Assig	gned, based	on

Length: 3 Type: Alphanumeric Data Source:

Assigned, based o patient ZIP code

Field 24: 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
- 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,
	7	Waller, Wharton counties Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes,
	7	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,
	9	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
	10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
	11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties
Length:	2	Type: Alphanumeric Data Source: Assigned
Field 25:	TYP	PE_OF_ADMISSION
	Code	e indicating the type of admission
Coding Scheme:	1	Emergency
	2	Urgent
	3	Elective
	4	Newborn
	5	Trauma Center
T 41	9	Information not available
Length:	1	Type: Alphanumeric Data Source: Claim
Field 26:		JRCE_OF_ADMISSION
	Code	e indicating source of the admission.
Coding Scheme:	1	Non-Healthcare Facility Point of Origin (Beginning July 1,
J	2	2010) Clinic or Physician's Office
	4	Transfer from a hospital
		Transfer from a skilled nursing facility, intermediate care
	5	facility or assisted living facility
	6	Transfer from another health care facility
	8	Court/Law Enforcement
	9	Information not available
	D	Transfer from One distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
	E	Transfer from Ambulatory Surgery Center
	F	Transfer from a Hospice Facility If Type of Admission=4 (Newborn)
	G	Transfer from a designated hospital disaster alternate care site
		(Effective 7/1/2020)
	5	Born inside this hospital
	6	Born outside this hospital
Length:	1	Type: Alphanumeric Data Source: Claim
Field 27:		ST_PAYMENT_SRC
	Code	e indicating the expected primary source of payment.
Coding Scheme:		Self-pay (Removed from 5010 format, use "ZZ" HM Health Maintenance Organization beginning 2Q2012 data)
	10	Central Certification LI Liability
	11	Other Non-federal Programs LM Liability Medical Prof. and Provides Operation (PPO) MA Medican Port A
	12 13	Preferred Provider Organization (PPO) MA Medicare Part A Point of Service (POS) MB Medicare Part B
	13	Exclusive Provider Organization (EPO) MB Medicare Part B MC Medicaid
	15	Indemnity Insurance TV Title V
		Health Maintenance Organization (HMO) Medicare
	16	Risk Of Other Federal Program
	AM	Automobile Medical VA Veteran Administration Plan
	BL CH	Blue Cross/Blue Shield WC Workers Compensation Health Claim CHAMPUS ZZ Charity, Indigent or Unknown
	СП	CHAIN OS ZL Charty, indigent of Ulknown
2025		

	CI Commercial Insurance DS Disability Insurance	**	Codes 09 and ZZ, combined for 2004 & 2005 Invalid
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 28:	FIRST PAYER ID		
	National Plan Identifier (when i	implemented by federa	l government).
Length:	10 Type: Alphanumeric	Data Source:	Claim
Field 29:	FIRST_PAYER_NAME		
	Name of primary source of pays	ment.	
Length:	35 Type: Alphanumeric	Data Source:	Claim
Field 30:	SECONDARY PAYMENT S		
11014 001	Code indicating the expected se		ment.
Coding Scheme:	Same as FIRST PAYMENT S	• • •	
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 31:	SECONDARY PAYER ID		
11010 011	National Plan Identifier (when i	mplemented by federa	l government).
Length:	10 Type: Alphanumeric	Data Source:	Claim
Field 32:	SECONDARY PAYER NAM		
1 1010 02.	Name of secondary source of pa		
Length:	35 Type: Alphanumeric	Data Source:	Claim
Field 33:	ADMIT START OF CARE		
		e provider for inpatient	care or other start of care. Entered as
	YYYYMMDD.	provider for inpution	cure of other start of cure. Entered as
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 34:	ADMIT WEEKDAY		
1014 0 11	Code indicating day of week pa	tient is admitted	
Coding Scheme:		5 Friday	
coung seneme.	2 Tuesday	6 Saturday	
	3 Wednesday	7 Sunday	
	4 Thursday		ed 1
Length:	1 Type: Alphanumeric	Data Source:	Claim
Field 35:	ADMIT_HOUR		
~ ~ .	Code indicating hour during wh		nitted for inpatient care
Coding Scheme:	00 12 midnight-12:59 a.m.	13 1:00 – 1:59 p.m.	
	01 1:00 – 1:59 a.m. 02 2:00 – 2:59 a.m.	14 2:00 – 2:59 p.m. 15 3:00 – 3:59 p.m.	
	03 3:00 – 3:59 a.m.	16 4:00 – 4:59 p.m.	
	04 4:00 - 4:59 a.m.	17 5:00 – 5:59 p.m.	
	05 5:00 – 5:59 a.m.	18 6:00 – 6:59 p.m.	
	06 6:00 – 6:59 a.m. 07 7:00 – 7:59 a.m.	19 7:00 – 7:59 p.m. 20 8:00 – 8:59 p.m.	
	08 8:00 – 8:59 a.m.	20 8.00 – 8.39 p.m. 21 9:00 – 9:59 p.m.	
	09 9:00 – 9:59 a.m.	22 10:00 – 10:59 p.m	
	10 10:00 – 10:59 a.m.	23 11:00 – 11:59 p.m	
	11 11:00 – 11:59 a.m. 12 12 noon – 12:59 p.m.	99 Hour unknown	
Length:	 12 12 noon – 12:59 p.m. 2 Type: Alphanumeric 	Data Source:	Claim
Field 36:	STMT PERIOD FROM	Data Suulte.	Cianii
riciu 30.		ariad raflected on the a	tatement. Entered as YYYYMMDD.
L anath:			
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 37:	STMT_PERIOD_THRU	ا با دائم دائم ما الموسل	mont Entanal of WWW.MADD
	8 Type: Alphanumeric	Data Source:	ement. Entered as YYYYMMDD. Claim
Length:			1 (2001)

Length of stay in days equals ending service date of the period reflected on the statement (STMT_PERIOD_THRU) minus admission/start of care date (ADMIT_START_OF_CARE). The minimum length of stay is 1 day. The maximum is 9999 days.

Length:	4	Type: Alphanumeric Data Source: Calculated
Field 39:		STATUS
ricia 57.		
C 1. C 1		e indicating patient status as of the ending date of service for the period of care reported
Coding Scheme:	01	Discharged to home or self-care (routine discharge)
	02 03	Discharged/transferred to a short term general hospital for inpatient care Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
	03	Discharged/transferred to a facility that provides custodial or supportive care
	05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
		Discharged/transferred to home under care of an organized home health service organization in anticipation of covered
	06	skilled care
	07	Left against medical advice
	09	Admitted as inpatient to this hospital
	20	Expired
	21	Discharged/transferred to Court/Law Enforcement
	30	Still patient
	40	Expired at home
	41 42	Expired in a medical facility Expired, place unknown
	43	Discharged/transferred to federal government operated health facility
	50	Hospice-home
	51	Hospice–medical facility (Certified) providing hospice level of care
	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 under Medicaid but not certified under Medicare
	65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
	66	Discharged/transferred to Critical Access Hospital (CAH)
	69 70	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
	70 81	Discharge/transfer to another type of health care institution not defined elsewhere in the code list Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
		Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital
	82	Inpatient Readmission (effective 10-1-2013)
	83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care
	0.5	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) Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital
	85	Inpatient Readmission (effective 10-1-2013)
	0.6	Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute
	86	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)
	0.0	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital
	89	Inpatient Readmission (effective 10-1-2013)
	90	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a
	, ,	Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	91	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
		Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a
	92	Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	93	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute
	93	Care Hospital Inpatient Readmission (effective 10-1-2013)
	94	Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission
		(effective 10-1-2013) Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a
	95	Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
Length:	2	Type: Alphanumeric Data Source: Claim
Lugui.		Type, Implantation Duti Duti Courter Ciaim

Field 40:	DISC	CHARC	E HOUR					
Ticia io.			ng hour during wh	ich th	e natient was d	ischarged from	ı inn	atient care
Cading Sahama	00		ht-12:59 a.m.	13	1:00 – 1:59 p.m.	ischarged Holi	ппр	atient care
Coding Scheme:		1:00 – 1:59			_			
	01 02	1:00 - 1:5 2:00 - 2:5		14 15	2:00 – 2:59 p.m. 3:00 – 3:59 p.m.			
	03	3:00-3:5		16	4:00 – 4:59 p.m.			
	04	4:00-4:5		17	5:00 – 5:59 p.m.			
	05	5:00 - 5:59		18	6:00 – 6:59 p.m.			
	06	6:00 - 6:5		19	7:00 – 7:59 p.m.			
	07	7:00-7:5	9 a.m.	20	8:00 – 8:59 p.m.			
	08	8:00 - 8:5	9 a.m.	21	9:00 – 9:59 p.m.			
	09	9:00-9:5	9 a.m.	22	10:00 – 10:59 p.1			
	10	10:00-10		23	11:00 – 11:59 p.1	m.		
	11	11:00 - 11		99	Hour unknown			
	12		12:59 p.m.		~	~		
Length:	2	Type:	Alphanumeric	Dat	a Source:	Claim		
Field 41:	TYP	PE_OF_B	SILL					
	Prov	ides spec	ific information al	bout tl	ne claim data su	ıbmitted. First	digi	t = type of facility. Second
			f care. Third digit				Ū	
Coding Scheme:	_	• •	-	-	igit–Type of Care		3^{rd}	digit–Sequence of claim
coung seneme.	1	Hospital	delily		npatient, including	Medicare Part A		Non-payment/Zero claim
	2	Skilled nu	rsing		npatient, Medicare		1	Admit through discharge claim
	3	Home hea	0		Outpatient		2	Interim–first claim
	4	Religious	non-medical health		Outpatient Other, M	ledicare Part B	3	Interim-continuing claim
		care-Hosp			only			C
	5		non-medical health	5 I	ntermediate Care-	Level I	4	Interim-last claim
	_	care-Exter					_	
	6	Intermedia	ite care		ntermediate Care-		5	Late charge(s) only claim
	7	Clinic		7 S	Sub-acute inpatient	– Level III	6	Adjustment of prior claim (Not used
	8	Special fac	sility	8 5	Swing bed		7	by Medicare) Replacement of prior claim
	o	Special la	linty	0 1	swing ocu		8	Void/cancel of prior claim
T			.1.1				O	void/cancer or prior claim
L'enorn'	3	Type	Alphaniimeric	Dat	a Source	Claim		
Length:	3 A DN	Type:	Alphanumeric DIACNOSIS	Dat	a Source:	Claim		
Field 42:	ADN	MITTING	G_DIAGNOSIS				C1:	:-1.M-4:6:4:) 4::
	ADN ICD-	MITTIN(-10-CM (G_DIAGNOSIS International Clas	sificat	ion of Diseases	- Revision 10-		nical Modification) diagnosis
	ADN ICD- code	MITTING -10-CM (that indic	G_DIAGNOSIS International Clascates the patient's	sificat diagn	ion of Diseases osis on admissi	- Revision 10- on, including		nical Modification) diagnosis hth, 5th, 6th and 7th digits if
Field 42:	ADN ICD- code	MITTING -10-CM (that indic	G_DIAGNOSIS International Class cates the patient's accimal is implied to	sificat diagn follow	ion of Diseases osis on admissi ing the third ch	- Revision 10- on, including aracter.		
	ADN ICD- code	MITTING -10-CM (that indic	G_DIAGNOSIS International Clascates the patient's	sificat diagn follow	ion of Diseases osis on admissi	- Revision 10- on, including		
Field 42:	ADN ICD- code appl: 7	MITTINC -10-CM (that indicicable. De Type:	G_DIAGNOSIS International Class cates the patient's accimal is implied to	sificat diagn follow	ion of Diseases osis on admissi ing the third ch	- Revision 10- on, including aracter.		
Field 42: Length:	ADN ICD- code appli 7	MITTING -10-CM (that indicitable. De Type: NC_DIA	G_DIAGNOSIS International Classcates the patient's ecimal is implied to Alphanumeric G_CODE	sificat diagn follow Dat	ion of Diseases osis on admissi ing the third ch a Source:	- Revision 10- on, including aracter. Claim	the 4	
Field 42: Length:	ADM ICD- code appl: 7 PRII	MITTING -10-CM (that indicitable. De Type: NC_DIA -10-CM (G_DIAGNOSIS International Classcates the patient's reimal is implied to Alphanumeric G_CODE International Class	sificat diagn follow Dat sificat	ion of Diseases osis on admissi ing the third ch a Source: ion of Diseases	- Revision 10- on, including aracter. Claim	the 4	tth, 5th, 6th and 7th digits if
Field 42: Length:	ADM ICD- code appli 7 PRII ICD- diag	MITTINC -10-CM (-10-CM (-10-cb (-10-	G_DIAGNOSIS International Classcates the patient's ecimal is implied a Alphanumeric G_CODE International Classe that describes the	sificat diagn follow Dat sificat e princ	ion of Diseases osis on admissi ing the third ch a Source: ion of Diseases cipal diagnosis,	- Revision 10- on, including aracter. Claim - Revision 10- i.e., the condi	the 4 0 – Cition	eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be
Field 42: Length:	ADM ICD- code appli 7 PRII ICD- diagrachies	MITTINC -10-CM (-10-	G_DIAGNOSIS International Classcates the patient's ecimal is implied to Alphanumeric G_CODE International Classe that describes the sible for causing	sificat diagn follow Dat sificat e princ the ho	ion of Diseases osis on admissi ing the third cha Source: ion of Diseases cipal diagnosis, spitalization, in	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condictuding the 4t	the 4 0 – Cition	tth, 5th, 6th and 7th digits if
Field 42: Length: Field 43:	ADM ICD- code appl: 7 PRI ICD- diag: chief appl:	MITTINC -10-CM (-10-CM (-10-CM (Type: NC_DIA -10-CM (nosis code fly respon icable. De	G_DIAGNOSIS International Classcates the patient's ecimal is implied to Alphanumeric G_CODE International Classe that describes the sible for causing ecimal is implied to the company of	sificat diagn follow Dat sificat e princ the hor	ion of Diseases osis on admissi ing the third change a Source: ion of Diseases cipal diagnosis, spitalization, in ing the third ch	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condicluding the 4t aracter.	the 4 0 – Cition	eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be
Field 42: Length: Field 43: Length:	ADN ICD- code appl: 7 PRI ICD- diagr chief appl: 7	MITTINC -10-CM (that indicicable. De Type: NC_DIA -10-CM (nosis code fly respon icable. De Type:	G_DIAGNOSIS International Classcates the patient's ecimal is implied a Alphanumeric G_CODE International Classe that describes the sible for causing ecimal is implied a Alphanumeric	sificat diagn follow Dat sificat e princ the hor	ion of Diseases osis on admissi ing the third cha Source: ion of Diseases cipal diagnosis, spitalization, in	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condictuding the 4t	the 4 0 – Cition	eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be
Field 42: Length: Field 43:	ADM ICD- code appli 7 PRII ICD- diago chief appli 7	MITTINC -10-CM (-10-CM (-10-CM (Type: NC_DIA -10-CM (nosis code fly respon icable. De Type: A_PRINC	G_DIAGNOSIS International Class cates the patient's ecimal is implied a Alphanumeric G_CODE International Class that describes the sible for causing ecimal is implied a Alphanumeric C_DIAG_CODE	sificat diagn follow Dat sificat e princ the ho follow Dat	ion of Diseases osis on admissing the third cha Source: ion of Diseases cipal diagnosis, spitalization, in ing the third cha Source:	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condi cluding the 4t aracter. Claim	0 – Cition h, 5t	eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be h, 6th and 7th digits if
Field 42: Length: Field 43: Length:	ADM ICD-code appli 7 PRII ICD-diagrachies appli 7 POA	MITTINC -10-CM (-10-	G_DIAGNOSIS International Class cates the patient's ecimal is implied a Alphanumeric G_CODE International Class that describes the sible for causing ecimal is implied a Alphanumeric C_DIAG_CODE to n Admission control to the control of the control	sificat diagn follow Dat sificat e princ the ho follow Dat	ion of Diseases osis on admissing the third change a Source: ion of Diseases cipal diagnosis, spitalization, in ing the third change a Source:	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condi cluding the 4t aracter. Claim	0 – Cition h, 5t	eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be
Length: Field 43: Length: Field 43:	ADM ICD-code appli 7 PRII ICD-diagrachies appli 7 POA	MITTINC -10-CM (-10-	G_DIAGNOSIS International Class cates the patient's ecimal is implied a Alphanumeric G_CODE International Class that describes the sible for causing ecimal is implied a Alphanumeric C_DIAG_CODE	sificat diagn follow Dat sificat e princ the ho follow Dat	ion of Diseases osis on admissing the third change a Source: ion of Diseases cipal diagnosis, spitalization, in ing the third change a Source:	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condi cluding the 4t aracter. Claim	0 – Cition h, 5t	eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be h, 6th and 7th digits if
Field 42: Length: Field 43: Length:	ADM ICD-code appli 7 PRII ICD-diagrachies appli 7 POA	MITTINC -10-CM (-10-	G_DIAGNOSIS International Class cates the patient's ecimal is implied a Alphanumeric G_CODE International Class that describes the sible for causing ecimal is implied a Alphanumeric C_DIAG_CODE to n Admission control to the control of the control	sificat diagn follow Dat sificat e princ the ho follow Dat	ion of Diseases osis on admissing the third change a Source: ion of Diseases cipal diagnosis, spitalization, in ing the third change a Source:	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condi cluding the 4t aracter. Claim	0 – Cition h, 5t	eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be h, 6th and 7th digits if
Length: Field 43: Length: Field 43:	ADM ICD-code appli 7 PRII ICD-diago chief appli 7 POA time Y	MITTINC -10-CM (-10-	G_DIAGNOSIS International Class cates the patient's ecimal is implied a Alphanumeric G_CODE International Class that describes the sible for causing ecimal is implied a Alphanumeric C_DIAG_CODE to n Admission control to the control of the control	sificat diagn follow Dat sificat e princ the ho follow Dat	ion of Diseases osis on admissing the third change a Source: ion of Diseases cipal diagnosis, spitalization, in ing the third change a Source:	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condi cluding the 4t aracter. Claim	0 – Cition h, 5t	eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be h, 6th and 7th digits if
Length: Field 43: Length: Field 43:	ADM ICD-code appl: 7 PRII ICD-diag chief appl: 7 POA time Y N U	MITTINC -10-CM (-10-	G_DIAGNOSIS International Classcates the patient's ecimal is implied and Alphanumeric G_CODE International Classe that describes the isible for causing ecimal is implied and Alphanumeric C_DIAG_CODE and the internation of the internation of the internation of the international Classe that describes the implied and its implied and it	sificat diagn follow Dat sificat e princ the ho follow Dat	ion of Diseases osis on admissing the third change a Source: ion of Diseases cipal diagnosis, spitalization, in ing the third change a Source:	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condi cluding the 4t aracter. Claim	0 – Cition h, 5t	eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be h, 6th and 7th digits if
Field 42: Length: Field 43: Length: Field 44: Coding Scheme:	ADM ICD-code appli 7 PRII ICD-diagn chief appli 7 POA time Y N U	MITTINC -10-CM (-10-	G_DIAGNOSIS International Classcates the patient's ecimal is implied and Alphanumeric G_CODE International Classe that describes the implied and is implied and is implied and Alphanumeric C_DIAG_CODE International Classe that describes the implied and is implied and in the implied and in the implied and in the implied and international control of the implied and international classes are the international classes ar	sificat diagn follow Dat sificat e princ the ho follow Dat	ion of Diseases osis on admissi ing the third chas Source: ion of Diseases cipal diagnosis, spitalization, in ing the third chas Source: entifying whethospital	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condicted the 4t aracter. Claim - Claim - Claim - Claim - Claim - Claim - Claim	0 – Cition h, 5t	Eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be h, 6th and 7th digits if
Field 42: Length: Field 43: Length: Field 44: Coding Scheme: Length:	ADM ICD- code appl: 7 PRI ICD- diagr chief appl: 7 POA time Y N U W 1	MITTINC -10-CM (-10-	G_DIAGNOSIS International Classcates the patient's ecimal is implied to Alphanumeric G_CODE International Classe that describes the sible for causing ecimal is implied to Alphanumeric C_DIAG_CODE It on Admission count was admitted to Undetermined Alphanumeric	sificat diagn follow Dat sificat e princ the ho follow Dat	ion of Diseases osis on admissing the third change a Source: ion of Diseases cipal diagnosis, spitalization, in ing the third change a Source:	- Revision 10- on, including aracter. Claim - Revision 10 i.e., the condi cluding the 4t aracter. Claim	0 – Cition h, 5t	Eth, 5th, 6th and 7th digits if Clinical Modification) established after study to be h, 6th and 7th digits if
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Length:	7 Type: Alpha	numeric Data Sourc	e: Claim
Field 46:	POA OTH DIAG		
			whether Oth_Diag_Code_1 code was present at the
		dmitted to the hospital.	
Coding Scheme:	Same as field POA_P	RINC_DIAG_CODE	
Length:	1 Type: Alpha	numeric Data Sourc	e: Claim
Field 47:	OTH_DIAG_CODE	_2	
			iseases – Revision 10 – Clinical Modification)
	2	1	al condition that coexists with the principal diagnosis
			eatment including the 4th, 5th, 6th and 7th digits if
		s implied following the t	
Length:	**	numeric Data Source	e: Claim
Field 48:	POA_OTH_DIAG_O		
			whether Oth_Diag_Code_2 code was present at the
C. P C. b		dmitted to the hospital	
Coding Scheme:	Same as field POA_PRING		e: Claim
Length:	• • • • • • • • • • • • • • • • • • • •	numeric Data Sourc	e: Clailli
Field 49:	OTH_DIAG_CODE	_	issassas Davisian 10 Clinical Madification)
			iseases – Revision 10 – Clinical Modification) nal condition that coexists with the principal diagnosis
			eatment, including the 4th, 5th, 6th and 7th digits if
		s implied following the t	
Length:		numeric Data Sourc	
Field 50:	POA OTH DIAG		
		_	whether Oth Diag Code 3 code was present at the
		dmitted to the hospital	
Coding Scheme:	Same as field POA_PRING	C_DIAG_CODE	
Length:	1 Type: Alpha	numeric Data Source	e: Claim
Field 51:	OTH_DIAG_CODE	_4	
			iseases – Revision 10 – Clinical Modification)
			nal condition that coexists with the principal diagnosis
			eatment, including the 4th, 5th, 6th and 7th digits if
T 41		s implied following the t	
Length:	**	numeric Data Source	e: Claim
Field 52:	POA_OTH_DIAG_O	_	
			whether Oth_Diag_Code_4 code was present at the
Coding Scheme:	Same as field POA_PRINC	dmitted to the hospital	
Length:	_	numeric Data Sourc	e: Claim
			c. Clailli
Field 52.	**	E	
Field 53:	OTH_DIAG_CODE	_	isaasas Pavisian 10 Clinical Madification)
Field 53:	OTH_DIAG_CODE ICD-10-CM (Internat	– ional Classification of D	iseases – Revision 10 – Clinical Modification)
Field 53:	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c	– ional Classification of D orresponds to an additio	nal condition that coexists with the principal diagnosis
Field 53:	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c or develops subseque:	— ional Classification of D orresponds to an additio ntly during a patient's tr	nal condition that coexists with the principal diagnosis eatment, including the 4th, 5th, 6th and 7th digits if
	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c or develops subseque: applicable. Decimal is	ional Classification of Dorresponds to an additiontly during a patient's tres implied following the t	nal condition that coexists with the principal diagnosis eatment, including the 4th, 5th, 6th and 7th digits if hird character.
Length:	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c or develops subseque: applicable. Decimal is 7 Type: Alpha	ional Classification of E orresponds to an additiontly during a patient's tr s implied following the tonumeric Data Source	nal condition that coexists with the principal diagnosis eatment, including the 4th, 5th, 6th and 7th digits if hird character.
Length:	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c or develops subseque applicable. Decimal is 7 Type: Alpha POA_OTH_DIAG_0	ional Classification of E corresponds to an additionally during a patient's transimplied following the following the following the CODE_5	nal condition that coexists with the principal diagnosis eatment, including the 4th, 5th, 6th and 7th digits if hird character.
Length:	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c or develops subseque applicable. Decimal is 7	ional Classification of E corresponds to an additionally during a patient's transimplied following the following the following the CODE_5	nal condition that coexists with the principal diagnosis eatment, including the 4th, 5th, 6th and 7th digits if hird character. Claim
Field 53: Length: Field 54: Coding Scheme:	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c or develops subseque applicable. Decimal is 7	ional Classification of Dorresponds to an additionally during a patient's treating implied following the following	nal condition that coexists with the principal diagnosis eatment, including the 4th, 5th, 6th and 7th digits if hird character. Claim
Length: Field 54:	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c or develops subseque applicable. Decimal is 7 Type: Alpha POA_OTH_DIAG_OPOA - Present on Ad time the patient was a Same as field POA_PRINCE	ional Classification of Dorresponds to an additionally during a patient's treating implied following the following	nal condition that coexists with the principal diagnosis eatment, including the 4th, 5th, 6th and 7th digits if hird character. Claim whether Oth_Diag_Code_5 code was present at the
Length: Field 54: Coding Scheme:	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c or develops subseque applicable. Decimal is 7 Type: Alpha POA_OTH_DIAG_OPOA - Present on Ad time the patient was a Same as field POA_PRINCE	ional Classification of Dorresponds to an additionally during a patient's transplied following the f	nal condition that coexists with the principal diagnosis eatment, including the 4th, 5th, 6th and 7th digits if hird character. Claim whether Oth_Diag_Code_5 code was present at the
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Length: Field 54: Coding Scheme: Length: Field 55:	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c or develops subseques applicable. Decimal is 7	ional Classification of Dorresponds to an additionally during a patient's trest implied following the following to the following distribution of the following the followi	nal condition that coexists with the principal diagnosis eatment, including the 4th, 5th, 6th and 7th digits if hird character. c: Claim g whether Oth_Diag_Code_5 code was present at the c: Claim
Length: Field 54: Coding Scheme: Length:	OTH_DIAG_CODE ICD-10-CM (Internat diagnosis code, that c or develops subseque: applicable. Decimal is 7	ional Classification of Dorresponds to an additionally during a patient's transplied following the f	nal condition that coexists with the principal diagnosis eatment, including the 4th, 5th, 6th and 7th digits if hird character. c: Claim g whether Oth_Diag_Code_5 code was present at the c: Claim

ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: **Type:** Alphanumeric **Data Source:** Field 56: POA OTH DIAG CODE 6 POA – Present on Admission 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 Length: Type: Alphanumeric **Data Source:** Claim Field 57: OTH DIAG CODE 7 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Alphanumeric Field 58: POA OTH DIAG CODE 7 POA - Present on Admission 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 Length: **Type:** Alphanumeric **Data Source:** Claim Field 59: OTH DIAG CODE 8 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: **Type:** Alphanumeric **Data Source:** Claim Field 60: POA OTH DIAG CODE 8 POA - Present on Admission 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 Length: Type: Alphanumeric **Data Source:** Claim Field 61: OTH DIAG CODE 9 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Type:** Alphanumeric **Data Source:** Length: Claim Field 62: POA OTH DIAG CODE 9 POA - Present on Admission 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 **Type:** Alphanumeric Claim Length: **Data Source:** OTH DIAG CODE 10 Field 63: ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Alphanumeric Field 64: POA OTH DIAG CODE 10 POA - Present on Admission code identifying whether Oth Diag Code 10 code was present at the time the patient was admitted to the hospital 2025

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Coding Scheme:	Same as field POA_PRINC	DIAG CODE						
Length:		numeric Data Source:	Claim					
Field 65:	OTH DIAG CODE	11						
			es – Revision 10 – Clinical Modification)					
	diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis							
			ent, including the 4th, 5th, 6th and 7th digits if					
_		implied following the third						
Length:		numeric Data Source:	Claim					
Field 66:	POA_OTH_DIAG_C		d 04 B' 04 11 1					
			ether Oth_Diag_Code_11 code was present at the					
Cading Sahama	time the patient was ac Same as field POA_PRINC							
Coding Scheme: Length:		numeric Data Source:	Claim					
Field 67:	OTH DIAG CODE		Ciaiiii					
riela 07:		_	es – Revision 10 – Clinical Modification)					
			ondition that coexists with the principal diagnosis					
			ent, including the 4th, 5th, 6th and 7th digits if					
		implied following the third						
Length:		numeric Data Source:	Claim					
Field 68:	POA OTH DIAG C							
			ether Oth_Diag_Code_12 code was present at the					
	time the patient was ac		_ 5 1					
Coding Scheme:	Same as field POA_PRINC	_DIAG_CODE						
Length:	1 Type: Alphan	numeric Data Source:	Claim					
Field 69:	OTH_DIAG_CODE_	_13						
			es – Revision 10 – Clinical Modification)					
			ondition that coexists with the principal diagnosis					
	or develops subsequen	tly during a patient's treatme	ent, including the 4th, 5th, 6th and 7th digits if					
T41	applicable. Decimal is	implied following the third	character.					
	applicable. Decimal is 7 Type: Alphan	numeric Data Source:						
Length: Field 70:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C	numeric Data Source: CODE_13	character. Claim					
	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA - Present on Adr	numeric Data Source: CODE_13 mission code identifying whe	character.					
Field 70:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA – Present on Adritime the patient was ac	CODE_13 mission code identifying who dmitted to the hospital	character. Claim					
Field 70: Coding Scheme:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA – Present on Adr time the patient was ac Same as field POA_PRINC	numeric Data Source: CODE_13 mission code identifying when the dimitted to the hospital DIAG_CODE	character. Claim ether Oth_Diag_Code_13 code was present at the					
Field 70: Coding Scheme: Length:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA – Present on Adr time the patient was ac Same as field POA_PRINC_1 Type: Alphan	numeric Data Source: CODE_13 mission code identifying whe dmitted to the hospital _DIAG_CODE numeric Data Source:	character. Claim					
Field 70: Coding Scheme:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA - Present on Adritime the patient was ac Same as field POA_PRINC_1 Type: Alphan OTH_DIAG_CODE_	numeric Data Source: CODE_13 mission code identifying wheel dmitted to the hospital _DIAG_CODE numeric Data Source:	character. Claim ether Oth_Diag_Code_13 code was present at the Claim					
Field 70: Coding Scheme: Length:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA – Present on Adritime the patient was ac Same as field POA_PRINC_1 Type: Alphan OTH_DIAG_CODE_ICD-10-CM (International Poace of the poace of the patient was accordance of the patient was ac	numeric Data Source: CODE_13 mission code identifying wheel dmitted to the hospital _DIAG_CODE numeric Data Source: _14 onal Classification of Disease	character. Claim ether Oth_Diag_Code_13 code was present at the Claim es – Revision 10 – Clinical Modification)					
Field 70: Coding Scheme: Length:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA – Present on Adritime the patient was ac Same as field POA_PRINC_1 Type: Alphan OTH_DIAG_CODE_ICD-10-CM (International diagnosis code, that continue the patient was accordance to the patien	numeric Data Source: CODE_13 mission code identifying wheel dmitted to the hospital _DIAG_CODE numeric Data Source: _14 onal Classification of Disease prresponds to an additional code	character. Claim cther Oth_Diag_Code_13 code was present at the Claim ces - Revision 10 - Clinical Modification) condition that coexists with the principal diagnosis					
Field 70: Coding Scheme: Length:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA – Present on Adritime the patient was ac Same as field POA_PRINC_1 Type: Alphan OTH_DIAG_CODE_ICD-10-CM (International diagnosis code, that coor develops subsequent	numeric Data Source: CODE_13 mission code identifying wheel dmitted to the hospital _DIAG_CODE numeric Data Source: _14 onal Classification of Disease prresponds to an additional code	character. Claim ether Oth_Diag_Code_13 code was present at the Claim es - Revision 10 - Clinical Modification) condition that coexists with the principal diagnosis ent, including the 4th, 5th, 6th and 7th digits if					
Field 70: Coding Scheme: Length:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA – Present on Adr time the patient was ac Same as field POA_PRINC_1 Type: Alphan OTH_DIAG_CODE_ICD-10-CM (International diagnosis code, that coor develops subsequen applicable. Decimal is	mumeric Data Source: CODE_13 mission code identifying wheel dmitted to the hospital _DIAG_CODE numeric Data Source: _14 onal Classification of Disease or presponds to an additional countly during a patient's treatment.	character. Claim ether Oth_Diag_Code_13 code was present at the Claim es - Revision 10 - Clinical Modification) condition that coexists with the principal diagnosis ent, including the 4th, 5th, 6th and 7th digits if					
Field 70: Coding Scheme: Length: Field 71:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA – Present on Adr time the patient was ac Same as field POA_PRINC_1 Type: Alphan OTH_DIAG_CODE_ICD-10-CM (International diagnosis code, that coor develops subsequen applicable. Decimal is	numeric Data Source: CODE_13 mission code identifying wheel dmitted to the hospital DIAG_CODE numeric Data Source: 14 onal Classification of Disease or responds to an additional country during a patient's treatment implied following the third numeric Data Source:	character. Claim ether Oth_Diag_Code_13 code was present at the Claim es - Revision 10 - Clinical Modification) condition that coexists with the principal diagnosis ent, including the 4th, 5th, 6th and 7th digits if character.					
Field 70: Coding Scheme: Length: Field 71: Length:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA - Present on Adritime the patient was ac Same as field POA_PRINC_1 Type: Alphan OTH_DIAG_CODE_ICD-10-CM (International diagnosis code, that coor develops subsequent applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_COT	numeric Data Source: CODE_13 mission code identifying wheel dmitted to the hospital DIAG_CODE numeric Data Source: 14 onal Classification of Disease orresponds to an additional country during a patient's treatment implied following the third of numeric Data Source: CODE_14	character. Claim ether Oth_Diag_Code_13 code was present at the Claim es - Revision 10 - Clinical Modification) condition that coexists with the principal diagnosis ent, including the 4th, 5th, 6th and 7th digits if character.					
Field 70: Coding Scheme: Length: Field 71: Length:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA - Present on Adritime the patient was ac Same as field POA_PRINC_1 Type: Alphan OTH_DIAG_CODE_ICD-10-CM (International diagnosis code, that coor develops subsequent applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_COT	mumeric Data Source: CODE_13 mission code identifying wheel dmitted to the hospital _DIAG_CODE numeric Data Source: _14 onal Classification of Disease or responds to an additional country during a patient's treatment implied following the third on the country of the cou	character. Claim ether Oth_Diag_Code_13 code was present at the Claim es - Revision 10 - Clinical Modification) condition that coexists with the principal diagnosis ent, including the 4th, 5th, 6th and 7th digits if character. Claim					
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Field 70: Coding Scheme: Length: Field 71: Length: Field 72: Coding Scheme: Length: Field 73:	applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA - Present on Adritime the patient was ac Same as field POA_PRINC_1 Type: Alphan OTH_DIAG_CODE_ICD-10-CM (Internatidiagnosis code, that coor develops subsequen applicable. Decimal is 7 Type: Alphan POA_OTH_DIAG_C POA - Present on Adritime the patient was ac Same as field POA_PRINC_1 Type: Alphan OTH_DIAG_CODE_ICD-10-CM (Internatidiagnosis code, that coor develops subsequen applicable. Decimal is	mission code identifying when dimitted to the hospital dimitted to an additional country during a patient's treatment dimitted following the third dimitted to the hospital	character. Claim cther Oth_Diag_Code_13 code was present at the Claim es - Revision 10 - Clinical Modification) condition that coexists with the principal diagnosis ent, including the 4th, 5th, 6th and 7th digits if character. Claim cther Oth_Diag_Code_14 code was present at the Claim es - Revision 10 - Clinical Modification) condition that coexists with the principal diagnosis ent, including the 4th, 5th, 6th and 7th digits if character.					

Field 74: POA OTH DIAG CODE 15 POA - Present on Admission code identifying whether Oth Diag Code 15 code was present at the time the patient was admitted to the hospital Same as field POA PRINC DIAG CODE **Coding Scheme:** Length: Claim Type: Alphanumeric **Data Source:** Field 75: **OTH DIAG CODE 16** ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Length: Type: Alphanumeric **Data Source:** Claim Field 76: POA OTH DIAG CODE 16 POA - Present on Admission code identifying whether Oth Diag Code 16 code was present at the time the patient was admitted to the hospital Coding Scheme: Same as field POA_PRINC_DIAG_CODE **Type:** Alphanumeric Length: **Data Source:** Claim Field 77: OTH DIAG CODE 17 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. Alphanumeric **Data Source:** Length: Type: Field 78: POA OTH DIAG CODE 17 POA - Present on Admission code identifying whether Oth Diag_Code_17 code was present at the time the patient was admitted to the hospital Same as field POA_PRINC_DIAG_CODE **Coding Scheme:** Length: Type: Alphanumeric **Data Source:** Claim Field 79: **OTH DIAG CODE 18** ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Type:** Alphanumeric **Data Source:** Length: Claim Field 80: POA OTH DIAG CODE 18 POA - Present on Admission code identifying whether Oth Diag Code 18 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as field POA PRINC DIAG CODE Length: Alphanumeric **Data Source:** Claim Type: Field 81: OTH DIAG CODE 19 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source:** Length: Type: Alphanumeric Claim Field 82: POA OTH DIAG CODE 19 POA - Present on Admission 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 **Type:** Alphanumeric Length: **Data Source:** Claim Field 83: OTH DIAG CODE 20 ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis 2025 Page 21

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		·	cluding the 4th, 5th, 6th and 7th digits if	
	applicable. Decimal is implied following the third character.			
Length:	· · · · · · · · · · · · · · · · · · ·	a Source:	Claim	
Field 84:	POA_OTH_DIAG_CODE_20			
			Oth_Diag_Code_20 code was present at the	
C. P. C.L.	time the patient was admitted to the hospital			
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	C	C1-:	
Length:	71	a Source:	Claim	
Field 85:	OTH_DIAG_CODE_21	tion of Disasses I	Parision 10 Clinical Modification)	
	ICD-10-CM (International Classification of Diseases – Revision 10 – Clinical Modification) diagnosis code, that corresponds to an additional condition that coexists with the principal diagnosis			
	or develops subsequently during a patient's treatment, including the 4th, 5th, 6th and 7th digits if			
	applicable. Decimal is implied follow			
Length:	7 Type: Alphanumeric Dat	a Source:	Claim	
Field 86:	POA_OTH_DIAG_CODE_21			
			Oth_Diag_Code_21 code was present at the	
	time the patient was admitted to the h	ospital		
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE			
Length:		a Source:	Claim	
Field 87:	OTH_DIAG_CODE_22			
	ICD-10-CM (International Classificat			
			on that coexists with the principal diagnosis cluding the 4th, 5th, 6th and 7th digits if	
	applicable. Decimal is implied follow			
Length:	= = =	_	Claim	
Field 88:	POA OTH DIAG CODE 22			
		entifying whether (Oth Diag Code 22 code was present at the	
	time the patient was admitted to the he			
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE			
Length:	1 Type: Alphanumeric Dat	a Source:	Claim	
Field 89:	OTH_DIAG_CODE_23			
	ICD-10-CM (International Classificat			
			on that coexists with the principal diagnosis	
	applicable. Decimal is implied follow		cluding the 4th, 5th, 6th and 7th digits if	
Length:	= = =	_	Claim	
Field 90:	POA OTH DIAG CODE 23	a source.		
Ticia yo.		entifying whether (Oth_Diag_Code_23 code was present at the	
	time the patient was admitted to the h		8	
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	•		
Length:	1 Type: Alphanumeric Dat	a Source:	Claim	
Field 91:	OTH_DIAG_CODE_24			
	ICD-10-CM (International Classificat			
			on that coexists with the principal diagnosis	
			cluding the 4th, 5th, 6th and 7th digits if	
Length:	applicable. Decimal is implied follow7 Type: Alphanumeric Dat	_	Claim	
Field 92:	POA OTH DIAG CODE 24	a Source.		
ricia 72.		entifving whether (Oth_Diag_Code_24 code was present at the	
	time the patient was admitted to the h		Jul_Diag_Code_2+ code was present at the	
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE	•		
Length:		a Source:	Claim	
2025				
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	<i>6</i> ·			

Field 93:	E_CODE_1
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of
T (1	an additional external cause of morbidity. Decimal is implied following the third character
Length:	7 Type: Alphanumeric Data Source: Claim
Field 94:	POA_E_CODE_1
	POA – Present on Admission code identifying whether E_Code_1 (External Cause of
	Morbidity/Injury) code was present at the time the patient was admitted to the hospital.
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE
Length:	1 Type: Alphanumeric Data Source: Claim
Field 95:	E_CODE_2
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of
	an additional external cause of morbidity. Decimal is implied following the third character
Length:	7 Type: Alphanumeric Data Source: Claim
Field 96:	POA_E_CODE_2
	POA – Present on Admission code identifying whether E_Code_2 code was present at the time the
	patient was admitted to the hospital
Coding Scheme:	
Length:	1 Type: Alphanumeric Data Source: Claim
Field 97:	E_CODE_3
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of
	an additional external cause of morbidity. Decimal is implied following the third character
Length:	7 Type: Alphanumeric Data Source: Claim
Field 98:	POA_E_CODE_3
	POA – Present on Admission code identifying whether E_Code_3 code was present at the time the
	patient was admitted to the hospital
Coding Scheme:	
Length:	1 Type: Alphanumeric Data Source: Claim
Field 99:	E_CODE_4
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of
	an additional external cause of morbidity. Decimal is implied following the third character
Length:	7 Type: Alphanumeric Data Source: Claim
Field 100:	POA_E_CODE_4
	POA – Present on Admission code identifying whether E_Code_4 code was present at the time the
	patient was admitted to the hospital
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE
Length:	1 Type: Alphanumeric Data Source: Claim
Field 101:	E_CODE_5
	E -Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classification
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury
	events by mechanism and intent of injury, including the 4th, 5th, 6th and 7th digits if applicable, of
	an additional external cause of morbidity. Decimal is implied following the third character
Length:	7 Type: Alphanumeric Data Source: Claim
Field 102:	POA_E_CODE_5

		, .	er E_Code_5 code was present at the time the	
Coding Scheme:	patient was admitted to the Same as field POA_PRINC_DIAG	-		
Length:	1 Type: Alphanume	_	Claim	
Field 103:	E CODE 6	nc Data Source.	Ciaini	
riciu 105.		of Morbidity/Injury Code i	s an ICD-10-CM (International Classification	
			agnosis code that is used to classify injury	
			he 4th, 5th, 6th and 7th digits if applicable, of	
	an additional external cause of morbidity. Decimal is implied following the third character			
Length:	7 Type: Alphanume	ric Data Source:	Claim	
Field 104:	POA_E_CODE_6			
			er E_Code_6 code was present at the time the	
	patient was admitted to the	-		
Coding Scheme:	Same as field POA_PRINC_DIA		~	
Length:	1 Type: Alphanume	ric Data Source:	Claim	
Field 105:	E_CODE_7			
			s an ICD-10-CM (International Classification	
			agnosis code that is used to classify injury he 4th, 5th, 6th and 7th digits if applicable, of	
			implied following the third character	
Length:	7 Type: Alphanume		Claim	
Field 106:	POA E CODE 7			
11014 1000		on code identifying wheth	er E_Code_7 code was present at the time the	
	patient was admitted to the		1	
Coding Scheme:	Same as field POA_PRINC_DIA			
Length:	1 Type: Alphanume	ric Data Source:	Claim	
Field 107:	E_CODE_8			
			s an ICD-10-CM (International Classification	
			agnosis code that is used to classify injury	
			he 4th, 5th, 6th and 7th digits if applicable, of implied following the third character	
Length:	7 Type: Alphanume		Claim	
Field 108:	POA E CODE 8	Data Source.	Cium	
11010 100.		on code identifying wheth	er E_Code_8 code was present at the time the	
	patient was admitted to the		ar 2_eeuo_e eeuous present ut me inne in	
Coding Scheme:	Same as field POA_PRINC_DIA			
Length:	1 Type: Alphanume	ric Data Source:	Claim	
Field 109:	E_CODE_9			
			s an ICD-10-CM (International Classification	
			agnosis code that is used to classify injury	
			he 4th, 5th, 6th and 7th digits if applicable, of	
I		•	implied following the third character	
Length: Field 110:	7 Type: Alphanume	ric Data Source:	Claim	
rieia 110:	POA_E_CODE_9 POA - Present on Admissi	on code identifying whath	er E_Code_9 code was present at the time the	
	patient was admitted to the		L L_code_9 code was present at the time the	
Coding Scheme:	Same as field POA_PRINC_DIA	-		
Length:	1 Type: Alphanume	_	Claim	
Field 111:	E_CODE_10			
-		of Morbidity/Injury Code i	s an ICD-10-CM (International Classification	
			agnosis code that is used to classify injury	

		including the 4th, 5th, 6th and 7th digits if applicable, of		
Length:	7 Type: Alphanumeric Data So	Decimal is implied following the third character urce: Claim		
Field 112:	POA E CODE 10	urce. Claim		
ricia 112.	POA – Present on Admission code identifying whether E_Code_10 code was present at the time the			
	patient was admitted to the hospital	ying whether E_code_10 code was present at the time the		
Coding Scheme:	Same as field POA_PRINC_DIAG_CODE			
Length:	1 Type: Alphanumeric Data Se	urce: Claim		
Field 113:	PRINC_SURG_PROC_CODE			
		System - Revision 10 - Procedure Coding System) code		
	identifying the principal surgical procedu			
Length:	7 Type: Alphanumeric Data So	urce: Claim		
Field 114:	PRINC_SURG_PROC_DATE	f		
Length:	Date the principal surgical procedure was 8 Type: Alphanumeric Data So	•		
Field 115:	PRINC SURG PROC DAY	urce. Claim		
Ticia 113.		erformed. Date minus Admission/Start of Care Date		
Length:	4 Type: Alphanumeric Data So			
Field 116:	OTH SURG PROC CODE 1			
		than the principal procedure performed during the period		
Length:	7 Type: Alphanumeric Data Se	urce: Claim		
Field 117:	OTH_SURG_PROC_DATE_1			
	Date the surgical or other procedure other <i>YYYYMMDD</i> .	than the principal procedure was performed. Entered as		
Length:	8 Type: Alphanumeric Data Se	urce: Claim		
Field 118:	OTH_SURG_PROC_DAY_1			
		4l i i 1		
	Day of surgical or other procedure other t surgical was performed <i>minus</i> Admission	Start of Care Date		
Length:	surgical was performed <i>minus</i> Admission 4 Type: Alphanumeric Data S	Start of Care Date		
Length: Field 119:	surgical was performed <i>minus</i> Admission 4	Start of Care Date		
Field 119:	surgical was performed <i>minus</i> Admission 4 Type: Alphanumeric Data Se OTH_SURG_PROC_CODE_2 Code for surgical or other procedure othe covered by the bill. ICD-10-PCS code.	Start of Care Date urce: Calculated than the principal procedure performed during the period		
Field 119: Length:	surgical was performed <i>minus</i> Admission 4	Start of Care Date urce: Calculated than the principal procedure performed during the period		
Field 119:	surgical was performed <i>minus</i> Admission 4 Type: Alphanumeric Data Second For Surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Second For Surgical PROC_DATE_2	Start of Care Date urce: Calculated than the principal procedure performed during the period urce: Claim		
Field 119: Length:	surgical was performed minus Admission 4 Type: Alphanumeric Data Se OTH_SURG_PROC_CODE_2 Code for surgical or other procedure othe covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Se OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other	Start of Care Date urce: Calculated than the principal procedure performed during the period		
Field 119: Length:	surgical was performed <i>minus</i> Admission 4 Type: Alphanumeric Data Second For Surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Second For Surgical PROC_DATE_2	Start of Care Date urce: Calculated than the principal procedure performed during the period urce: Claim than the principal procedure was performed. Entered as		
Field 119: Length: Field 120:	surgical was performed minus Admission 4 Type: Alphanumeric Data Second OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Second OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other YYYYMMDD.	Start of Care Date urce: Calculated than the principal procedure performed during the period urce: Claim than the principal procedure was performed. Entered as		
Field 119: Length: Field 120: Length:	surgical was performed minus Admission 4 Type: Alphanumeric Data Se OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Se OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other YYYYMMDD. 8 Type: Alphanumeric Data Se OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other	Start of Care Date urce: Calculated than the principal procedure performed during the period urce: Claim than the principal procedure was performed. Entered as urce: Claim nan the principal procedure was performed. Date of the		
Field 119: Length: Field 120: Length: Field 121:	surgical was performed minus Admission 4 Type: Alphanumeric Data Second OTH_SURG_PROC_CODE_2 Code for surgical or other procedure other covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Second OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other surgical was performed minus Admission.	Start of Care Date urce: Calculated than the principal procedure performed during the period urce: Claim than the principal procedure was performed. Entered as urce: Claim nan the principal procedure was performed. Date of the Start of Care Date		
Field 119: Length: Field 120: Length: Field 121: Length:	surgical was performed minus Admission 4 Type: Alphanumeric Data Se OTH_SURG_PROC_CODE_2 Code for surgical or other procedure othe covered by the bill. ICD-10-PCS code. 7 Type: Alphanumeric Data Se OTH_SURG_PROC_DATE_2 Date the surgical or other procedure other YYYYMMDD. 8 Type: Alphanumeric Data Se OTH_SURG_PROC_DAY_2 Day of surgical or other procedure other surgical was performed minus Admission 4 Type: Alphanumeric Data Se	Start of Care Date urce: Calculated than the principal procedure performed during the period urce: Claim than the principal procedure was performed. Entered as urce: Claim nan the principal procedure was performed. Date of the Start of Care Date		
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	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 125:	OTH_SURG_PROC_CODE_4
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 126:	OTH SURG PROC DATE 4
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 127:	OTH_SURG_PROC_DAY_4
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 128:	OTH_SURG_PROC_CODE_5
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 129:	OTH SURG PROC DATE 5
1 Kiu 12).	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 130:	OTH_SURG_PROC_DAY_5
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 131:	OTH_SURG_PROC_CODE_6
	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 132:	OTH_SURG_PROC_DATE_6
	Date the surgical or obstetrical procedure other than the principal procedure was performed. Entered
T	as YYYYMMDD.
Length:	8 Type: Alphanumeric Data Source: Claim
Field 133:	OTH_SURG_PROC_DAY_6
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date
Length:	4 Type: Alphanumeric Data Source: Calculated
Field 134:	OTH SURG PROC CODE 7
11ciu 154.	Code for surgical or other procedure other than the principal procedure performed during the period
	covered by the bill. ICD-10-PCS code.
Length:	7 Type: Alphanumeric Data Source: Claim
Field 135:	OTH SURG PROC DATE 7
	Date the surgical or other procedure other than the principal procedure was performed. Entered as <i>YYYYMMDD</i> .
Length:	8 Type: Alphanumeric Data Source: Claim
Field 136:	OTH_SURG_PROC_DAY_7
	Day of surgical or other procedure other than the principal procedure was performed. Date of the
	surgical was performed minus Admission/Start of Care Date

	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 137:		PROC_CODE_			
				principal procedure performed during the period	
	•	e bill. ICD-10-PC			
Length:	7 Type:	Alphanumeric	Data Source:	Claim	
Field 138:		PROC_DATE_			
	-	ical or other proce	dure other than the	principal procedure was performed. Entered as	
T 41	YYYYMMDD.	.1.1	D 4 C	OI.	
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 139:		S_PROC_DAY_8	4 4 4		
	Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed <i>minus</i> Admission/Start of Care Date				
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 140:		PROC CODE		Carculated	
riciu 140.				principal procedure performed during the period	
		ne bill. ICD-10-PC		principal procedure performed during the period	
Length:	7 Type:	Alphanumeric	Data Source:	Claim	
Field 141:		PROC DATE			
				principal procedure was performed. Entered as	
	YYYYMMDD.	1	,		
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 142:	OTH_SURG	PROC_DAY_9			
	Day of surgic	al or other proced	ure other than the pr	incipal procedure was performed. Date of the	
	surgical was	performed <i>minus A</i>	Admission/Start of C	Care Date	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 143:	OTH SURG PROC CODE 10				
	_				
	Code for surg	gical or other proce	edure other than the	principal procedure performed during the period	
	Code for surg	ical or other processe bill. ICD-10-PC	edure other than the S code.		
	Code for surge covered by the 7 Type:	gical or other proce the bill. ICD-10-PC Alphanumeric	edure other than the S code. Data Source:	principal procedure performed during the period Claim	
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	Code for surge covered by the Type: OTH_SURGE Date the surgen	pical or other proce the bill. ICD-10-PC Alphanumeric S_PROC_DATE_	edure other than the S code. Data Source:		
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			ncipal procedure performed during the period
Length:	covered by the bill. ICD-10-PCS c 7 Type: Alphanumeric I	ode. Data Source:	Claim
Field 150:	OTH SURG PROC DATE 12	Jata Source.	Cidilii
11010 1001		e other than the pri	ncipal procedure was performed. Entered as
	YYYYMMDD.	1	
Length:	**	Data Source:	Claim
Field 151:	OTH_SURG_PROC_DAY_12		
			cipal procedure was performed. Date of the
T	surgical was performed <i>minus</i> Adn		
Length: Field 152:	4 Type: Alphanumeric I OTH SURG PROC CODE 13	Data Source:	Calculated
rieiu 152:		re other than the pri	incipal procedure performed during the period
	covered by the bill. ICD-10-PCS c		incipal procedure performed during the period
Length:	•	Data Source:	Claim
Field 153:	OTH SURG PROC DATE 13		
		e other than the pri	ncipal procedure was performed. Entered as
	YYYYMMDD.		
Length:		Data Source:	Claim
Field 154:	OTH_SURG_PROC_DAY_13		
			cipal procedure was performed. Date of the
Langth	surgical was performed <i>minus</i> Adn 4 Type: Alphanumeric I	nission/Start of Car Data Source:	e Date Calculated
Length: Field 155:	OTH SURG PROC CODE 14	Jata Source.	Calculated
Field 133.		re other than the pri	incipal procedure performed during the period
	covered by the bill. ICD-10-PCS c		melpar procedure performed during are period
Length:	•	Data Source:	Claim
Field 156:	OTH_SURG_PROC_DATE_14		
		e other than the pri	ncipal procedure was performed. Entered as
T 41	YYYYMMDD.	.	CI.
Length: Field 157:	8 Type: Alphanumeric I OTH SURG PROC DAY 14	Data Source:	Claim
rieid 15/:		other than the prine	cipal procedure was performed. Date of the
	surgical was performed <i>minus</i> Adn		
Length:		Data Source:	Calculated
Field 158:	OTH SURG PROC CODE 15		
	Code for surgical or other procedu	re other than the pri	incipal procedure performed during the period
	covered by the bill. ICD-10-PCS c	ode.	
Length:		Data Source:	Claim
Field 159:	OTH_SURG_PROC_DATE_15		
		e other than the pri	ncipal procedure was performed. Entered as
Langth	YYYYMMDD. 8 Type: Alphanumeric I	Data Source:	Claim
Length: Field 160:	8 Type: Alphanumeric I OTH SURG PROC DAY 15	Jata Source.	Ciallii
riciu 100.		other than the princ	cipal procedure was performed. Date of the
	surgical was performed <i>minus</i> Adn		
Length:		Data Source:	Calculated
Field 161:	OTH_SURG_PROC_CODE_16		
	Code for surgical or other procedu	re other than the pri	ncipal procedure performed during the period
	covered by the bill. ICD-10-PCS c		
Length:	7 Type: Alphanumeric I	Data Source:	Claim
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Field 162:	OTH_SURG_PROC_DATE_16	
	Date the surgical or other procedure other the <i>YYYYMMDD</i> .	an the principal procedure was performed. Entered as
Length:	8 Type: Alphanumeric Data Sour	rce: Claim
Field 163:	OTH SURG PROC DAY 16	Ctailli
riciu 105.		n the principal procedure was performed. Date of the
	surgical was performed <i>minus</i> Admission/St	
Length:	4 Type: Alphanumeric Data Sour	
Field 164:	OTH SURG PROC CODE 17	
		han the principal procedure performed during the period
	covered by the bill. ICD-10-PCS code.	
Length:	7 Type: Alphanumeric Data Sour	rce: Claim
Field 165:	OTH_SURG_PROC_DATE_17	
	Date the surgical or other procedure other th	nan the principal procedure was performed. Entered as
	YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Sour	rce: Claim
Field 166:	OTH_SURG_PROC_DAY_17	
		n the principal procedure was performed. Date of the
I	surgical was performed <i>minus</i> Admission/St	
Length: Field 167:	4 Type: Alphanumeric Data Sour OTH SURG PROC CODE 18	rce: Calculated
rieiu 107:		nan the principal procedure performed during the period
	covered by the bill. ICD-10-PCS code.	ian the principal procedure performed during the period
Length:	7 Type: Alphanumeric Data Sour	rce: Claim
Field 168:	OTH SURG PROC DATE 18	Ciami
11014 1001		nan the principal procedure was performed. Entered as
	YYYYMMDD.	and the principal procedure was personned and
Length:	8 Type: Alphanumeric Data Sour	rce: Claim
Field 169:	OTH_SURG_PROC_DAY_18	
		n the principal procedure was performed. Date of the
	surgical was performed minus Admission/St	
Length:	4 Type: Alphanumeric Data Sour	rce: Calculated
Field 170:	OTH_SURG_PROC_CODE_19	
		han the principal procedure performed during the period
T 0	covered by the bill. ICD-10-PCS code.	CI.
Length:	7 Type: Alphanumeric Data Sour	rce: Claim
Field 171:	OTH_SURG_PROC_DATE_19	4hii1 4
	YYYYMMDD.	nan the principal procedure was performed. Entered as
Length:	8 Type: Alphanumeric Data Sour	rce: Claim
Field 172:	OTH SURG PROC DAY 19	Ciami
11clu 172.		n the principal procedure was performed. Date of the
	surgical was performed <i>minus</i> Admission/St	
Length:	4 Type: Alphanumeric Data Sour	
Field 173:	OTH_SURG_PROC_CODE_20	
		han the principal procedure performed during the period
	covered by the bill. ICD-10-PCS code.	
Length:	7 Type: Alphanumeric Data Sour	rce: Claim
Field 174:	OTH_SURG_PROC_DATE_20	
		nan the principal procedure was performed. Entered as
	YYYYMMDD.	
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Length:	8 Type: Alphanui	meric Data Source:	Claim	
Field 175:	OTH SURG PROC D			
	Day of surgical or other procedure other than the principal procedure was performed. Date of the			
		minus Admission/Start of C		
Length:	4 Type: Alphanui	meric Data Source:	Calculated	
Field 176:	OTH SURG PROC O	CODE 21		
	Code for surgical or other	er procedure other than the	principal procedure performed during the period	
	covered by the bill. ICD-			
Length:	7 Type: Alphanui	meric Data Source:	Claim	
Field 177:	OTH_SURG_PROC_D			
		r procedure other than the p	principal procedure was performed. Entered as	
	YYYYMMDD.			
Length:	8 Type: Alphanui		Claim	
Field 178:	OTH_SURG_PROC_D			
	Day of surgical or other	procedure other than the pr	incipal procedure was performed. Date of the	
		minus Admission/Start of C		
Length:	4 Type: Alphanu		Calculated	
Field 179:	OTH_SURG_PROC_C			
			principal procedure performed during the period	
Longth	covered by the bill. ICD-7 Type: Alphanu		Claim	
Length: Field 180:	OTH SURG PROC D		Ciallii	
riciu 100.			principal procedure was performed. Entered as	
	YYYYMMDD.	i procedure omer man me p	officipal procedure was performed. Efficied as	
Length:	8 Type: Alphanu	meric Data Source:	Claim	
Field 181:	OTH_SURG_PROC_D			
11014 1011			incipal procedure was performed. Date of the	
		minus Admission/Start of C		
Length:	4 Type: Alphanui		Calculated	
Field 182:	OTH SURG PROC C	CODE 23		
		er procedure other than the	nringinal procedure performed during the period	
	Code for surgical or other		principal procedure performed during the period	
	Code for surgical or othe covered by the bill. ICD-	-10-PCS code.	principal procedure performed during the period	
Length:			Claim	
Length: Field 183:	covered by the bill. ICD- 7 Type: Alphanus OTH_SURG_PROC_D	meric Data Source: DATE_23	Claim	
	covered by the bill. ICD- 7 Type: Alphanus OTH_SURG_PROC_D	meric Data Source: DATE_23		
Field 183:	covered by the bill. ICD-7 Type: Alphanur OTH_SURG_PROC_D Date the surgical or othe <i>YYYYMMDD</i> .	meric Data Source: DATE_23 or procedure other than the procedure	Claim orincipal procedure was performed. Entered as	
Field 183: Length:	covered by the bill. ICD- 7 Type: Alphanus OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanus	meric Data Source: DATE_23 or procedure other than the parenic Data Source:	Claim	
Field 183:	covered by the bill. ICD- 7 Type: Alphanus OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanus OTH_SURG_PROC_D	meric Data Source: DATE_23 or procedure other than the parenic Data Source: DAY_23	Claim orincipal procedure was performed. Entered as Claim	
Field 183: Length:	covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_E Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_E Day of surgical or other	meric Data Source: DATE_23 or procedure other than the procedure DAY_23 procedure other than the procedure other than	Claim Claim Claim Claim incipal procedure was performed. Date of the	
Field 183: Length: Field 184:	covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed in	meric Data Source: DATE_23 or procedure other than the prominus Admission/Start of C	Claim orincipal procedure was performed. Entered as Claim incipal procedure was performed. Date of the lare Date	
Field 183: Length: Field 184: Length:	covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed to 4 Type: Alphanum	meric Data Source: DATE_23 or procedure other than the prominus Admission/Start of Comeric Data Source:	Claim Claim Claim Claim incipal procedure was performed. Date of the	
Field 183: Length: Field 184:	covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed to 4 Type: Alphanum OTH_SURG_PROC_O	meric Data Source: DATE_23 or procedure other than the procedure Data Source: CODE_24	Claim Claim Claim Claim incipal procedure was performed. Date of the Care Date Calculated	
Field 183: Length: Field 184: Length:	covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_E Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_E Day of surgical or other surgical was performed of 4 Type: Alphanum OTH_SURG_PROC_C Code for surgical or other	meric Data Source: DATE_23 For procedure other than the procedure Data Source: DODE_24 For procedure other than the p	Claim orincipal procedure was performed. Entered as Claim incipal procedure was performed. Date of the lare Date	
Field 183: Length: Field 184: Length: Field 185:	Covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_E Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_E Day of surgical or other surgical was performed of 4 Type: Alphanum OTH_SURG_PROC_C Code for surgical or other covered by the bill. ICD-	meric Data Source: DATE_23 Per procedure other than the procedure Data Source: DODE_24 Per procedure other than the p	Claim Claim Claim Claim incipal procedure was performed. Date of the lare Date Calculated principal procedure performed during the period	
Field 183: Length: Field 184: Length: Field 185: Length:	COVERED BY the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed by 4 Type: Alphanum OTH_SURG_PROC_O Code for surgical or other covered by the bill. ICD- 7 Type: Alphanum	meric Data Source: DATE_23 or procedure other than the procedure Data Source: DODE_24 or procedure other than the pro	Claim Claim Claim Claim incipal procedure was performed. Date of the Care Date Calculated	
Field 183: Length: Field 184: Length: Field 185:	COVERED BY THE BILL ICD- Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed by Type: Alphanum OTH_SURG_PROC_O Code for surgical or other covered by the bill. ICD- Type: Alphanum OTH_SURG_PROC_D OTH_SURG_PROC_D	meric Data Source: DATE_23 or procedure other than the procedure other	Claim Claim Claim Claim incipal procedure was performed. Date of the Care Date Calculated principal procedure performed during the period Claim	
Field 183: Length: Field 184: Length: Field 185: Length:	COVERED BY the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed by 4 Type: Alphanum OTH_SURG_PROC_O Code for surgical or other covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or other	meric Data Source: DATE_23 or procedure other than the procedure other	Claim Claim Claim Claim incipal procedure was performed. Date of the lare Date Calculated principal procedure performed during the period	
Field 183: Length: Field 184: Length: Field 185: Length: Field 186:	OTH_SURG_PROC_C OTH_SURG_PROC_C Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_C Day of surgical or other surgical was performed of the surgical or other surgical was performed of the the surgical or other covered by the bill. ICD-7 Type: Alphanum OTH_SURG_PROC_C OTH_SURG_PROC_C Date the surgical or other surgical or other covered by the bill. ICD-7 Type: Alphanum OTH_SURG_PROC_C Date the surgical or other surg	meric Data Source: DATE_23 For procedure other than the procedure oth	Claim Claim Claim Claim Incipal procedure was performed. Entered as Claim Care Date Calculated principal procedure performed during the period Claim Claim Claim Claim	
Field 183: Length: Field 184: Length: Field 185: Length:	COVERED BY the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or othe YYYYMMDD. 8 Type: Alphanum OTH_SURG_PROC_D Day of surgical or other surgical was performed by 4 Type: Alphanum OTH_SURG_PROC_O Code for surgical or other covered by the bill. ICD- 7 Type: Alphanum OTH_SURG_PROC_D Date the surgical or other	meric Data Source: DATE_23 For procedure other than the procedure oth	Claim Claim Claim Claim incipal procedure was performed. Date of the Care Date Calculated principal procedure performed during the period Claim	

Day of surgical or other procedure other than the principal procedure was performed. Date of the surgical was performed minus Admission/Start of Care Date **Type:** Alphanumeric **Data Source:** Calculated Length: **Field 188:** ATTENDING PHYSICIAN UNIF ID 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. 999999999 Temporary license or license number could not be matched **Coding Scheme:** Length: Alphanumeric **Data Source:** Type: Assigned **Field 189:** OPERATING PHYSICIAN UNIF ID Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician who performed the principal or surgical procedure most closely related to the principal diagnosis. 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 Coding Scheme: 9999999999 Temporary license or license number could not be matched Type: Alphanumeric **Data Source:** Length: Assigned **Field 190:** OCCUR CODE_1 Code describing a significant event relating to the claim. 40 **Coding Scheme:** Auto accident Scheduled date of admission No Fault Insurance Involved - Including 41 Date of first test of pre-admission testing Auto Accident/Other 03 42 Accident/ Tort Liability Date of discharge (hospice only) 04 Accident/ Employment Related 43 Scheduled date of canceled surgery 05 Other accident 44 Date treatment started - OT 45 06 Crime Victim Date treatment started - ST 09 Start of Infertility Treatment Cycle 46 Date treatment started - Cardiac rehabilitation 10 Last Menstrual Period 47 Date cost outlier status begins 11 Onset of Symptoms/ Illness A1 Birthdate - Insured A 12 Date of Onset for a Chronically A2 Effective Date - Insured A Policy Dependent Individual Date of Last Therapy A3 Payer A benefits exhausted 17 Date Outpatient OT Plan Established or A4 Split Bill Date Last Reviewed В1 Birthdate - Insured B 18 Date of Retirement - Patient/Beneficiary 19 Date of Retirement - Spouse B2 Effective date - Insured B Policy 20 Date Guarantee of Payment Began В3 Payer B benefits exhausted Birthdate - Insured C 2.1 Date UR Notice Received C1Date Active Care Ended C2 Effective date - Insured C Policy 24 Date Insurance Denied C3 Payer C benefits exhausted 25 DR Date Benefits Terminated by Primary Katrina disaster related Paver 26 Date SNF Bed Became Available Ε1 Birthdate - Insured D 27 Date Home Health Plan Established or E2 Effective date - Insured D Policy Last Reviewed 28 Date Comprehensive Outpatient E3 Rehabilitation Plan Established or Last Payer D benefits exhausted Date Outpatient PT Plan established or F1 29 Birthdate - Insured E last reviewed Date Outpatient ST Plan established or F2. Effective date - Insured E Policy last reviewed

	Date beneficiary notified of intent to bill F3	Payer E benefits exhausted
	(accommodations) 32 Date beneficiary notified of intent to bill G1	Birthdate - Insured F
	(procedures or treatments)	Birthdate - Insured F
	37 Date of inpatient hospital discharge for G2 non-covered transplant patients	Effective date - Insured F Policy
	38 Date treatment started for home IV G3	Payer F benefits exhausted
	therapy 39 Date discharged on a continuous course	•
	if IV therapy	CI.
Length:	2 Type: Alphanumeric Data Source:	Claim
Field 191:	OCCUR_DATE_1 Date of occurrence, as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 192:	OCCUR DAY 1	Citim
1 iciu 1/2.	Occurrence Day equals Occurrence Date minus Adm	ssion/Start of Care Date
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 193:	OCCUR CODE 2	
11014 1707	Code describing a significant event relating to the cla	im.
Coding Scheme:	Same as OCCUR CODE 1.	
Length:	2 Type: Alphanumeric Data Source:	Claim
Field 194:	OCCUR DATE 2	
	Date of occurrence, as YYYYMMDD.	
Length:	8 Type: Alphanumeric Data Source:	Claim
Field 195:	OCCUR_DAY_2	
	Occurrence Day equals Occurrence Date minus Adm	ission/Start of Care Date.
Length:	4 Type: Alphanumeric Data Source:	Calculated
Field 196:	OCCUR_CODE_3	
	Code describing a significant event relating to the cla	im
Coding Scheme:	Same as OCCUR_CODE_1.	
Length:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source:	Claim
~	Same as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source: OCCUR_DATE_3	
Length: Field 197:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD.	Claim
Length: Field 197: Length:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source:	
Length: Field 197:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3	Claim
Length: Field 197: Length: Field 198:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric Data Source: OCCUR_DATE_3 Date of occurrence, as YYYYMMDD. 8 Type: Alphanumeric Data Source: OCCUR_DAY_3 Occurrence Day equals Occurrence Date minus Adm	Claim Claim ission/Start of Care Date.
Length: Field 197: Length: Field 198: Length:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim
Length: Field 197: Length: Field 198:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated
Length: Field 197: Length: Field 198: Length: Field 199:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated im.
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated im.
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated im.
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated im. Claim
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated im. Claim Claim
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated im. Claim Claim
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim Sission/Start of Care Date. Calculated Claim Claim Claim Claim Claim Claim Claim
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length: Field 202:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated im. Claim Claim Claim claim claim claim claim claim
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length: Field 202: Coding Scheme:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated im. Claim Claim ission/Start of Care Date. Calculated im.
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length: Field 202: Coding Scheme: Length:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim Sission/Start of Care Date. Calculated im. Claim Claim Claim Sission/Start of Care Date. Calculated
Length: Field 197: Length: Field 198: Length: Field 199: Coding Scheme: Length: Field 200: Length: Field 201: Length: Field 202: Coding Scheme:	Same as OCCUR_CODE_1. 2 Type: Alphanumeric	Claim Claim ission/Start of Care Date. Calculated im. Claim Claim ission/Start of Care Date. Calculated im.

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		rrence, as YYYYMM			
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 204:	OCCUR_DAY_5 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date.				
T4h					
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 205:	_	OCCUR_CODE_6 Code describing a significant event relating to the claim.			
Coding Sohomor		ong a significant ev CUR CODE 1.	ent relating to the cia	ıım.	
Coding Scheme: Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 206:		•	Data Source.	Ciaiiii	
riciu 200.	_	OCCUR_DATE_6 Date of occurrence, as YYYYMMDD.			
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 207:	OCCUR DA				
11014 20.4	_		ence Date <i>minus</i> Adm	nission/Start of Care Date.	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 208:	OCCUR CO				
	Code describ	ing a significant ev	ent relating to the cla	nim.	
Coding Scheme:	Same as OCC	CUR_CODE_1.	_		
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 209:	OCCUR_DA	_			
		rrence, as YYYYMM			
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 210:	OCCUR_DA				
		• •		nission/Start of Care Date.	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 211:	OCCUR_C	_	1		
Cadina Cahama			ent relating to the cla	nim.	
Coding Scheme: Length:	2 Type:	CUR_CODE_1. Alphanumeric	Data Source:	Claim	
Field 212:	OCCUR DA		Data Source.	Claim	
riciu 212.	_	rrence, as <i>YYYYMN</i>	1DD		
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 213:	OCCUR DA	-			
11014 2101	_		ence Date minus Adm	nission/Start of Care Date.	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 214:	OCCUR_C	ODE_9			
	Code describ	ing a significant ev	ent relating to the cla	aim.	
Coding Scheme:	Same as OCC	CUR_CODE_1.			
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 215:	OCCUR_DA				
		rrence, as YYYYMM			
Length:	8 Type:	Alphanumeric	Data Source:	Claim	
Field 216:	OCCUR_DA				
		• •		nission/Start of Care Date.	
Length:	4 Type:	Alphanumeric	Data Source:	Calculated	
Field 217:	OCCUR_C	—	. 1		
C. P. G.L.			ent relating to the cla	aim.	
Coding Scheme:	2 Type:	CUR_CODE_1. Alphanumeric	Data Source:	Claim	
Length: Field 218:	OCCUR DA		Data Source:	Ciaiiii	
1 101u 410;	OCCUR_DA	71E_10			
2025			D 22		
			— Раде 33 —		

T41	Date of occurrence, as YYYYMMDD		CI.
Length:	V1 1	ata Source:	Claim
Field 219:	OCCUR_DAY_10	D	· /G, , CG D .
Lanath	Occurrence Day <i>equals</i> Occurrence 4 Type: Alphanumeric D a		ssion/Start of Care Date. Calculated
Length:	71	ata Source:	Calculated
Field 220:	OCCUR_CODE_11	1.4:4411	
Coding Scheme:	Code describing a significant event is Same as OCCUR CODE 1.	relating to the clai	m.
Length:		ata Source:	Claim
Field 221:	OCCUR DATE 11	ata Source.	Ciaiiii
riciu 221.	Date of occurrence, as YYYYMMDD)	
Length:	•	ata Source:	Claim
Field 222:	OCCUR DAY 11		Cidini
1 icia 222.	Occurrence Day <i>equals</i> Occurrence	Date minus Admi	ssion/Start of Care Date
Length:		ata Source:	Calculated
Field 223:	OCCUR CODE 12		
	Code describing a significant event	relating to the clai	m.
Coding Scheme:	Same as OCCUR CODE 1.	8	
Length:		ata Source:	Claim
Field 224:	OCCUR DATE 12		
	Date of occurrence, as YYYYMMDD).	
Length:	8 Type: Alphanumeric Da	ata Source:	Claim
Field 225:	OCCUR_DAY_12		
	Occurrence Day equals Occurrence	Date minus Admi	ssion/Start of Care Date.
Length:	4 Type: Alphanumeric Da	ata Source:	Calculated
Field 226:	OCCUR_SPAN_CODE_1		
	Code describing a significant event	-	
Coding Scheme:	Qualifying stay dates (for SNF use on	* '	SNF prior stay dates
	71 Prior stay dates 72 First/Last Visit		Prior Same SNF prior stay dates for Payment Ban Purposes
	73 Benefit eligibility period		Antepartum Days at Reduced Level of Care QIO/UR approved stay dates
	Noncovered level of care/Leave of abs		Provider liability - no utilization
	75 SNF level of care		Inpatient respite dates
	 76 Patient Liability Period 77 Provider Liability - Utilization Charge 		ICF level of care Residential level of care
Length:	•	ata Source:	Claim
Field 227:	OCCUR_SPAN_FROM_1		
	Occurrence Span From is the Beginn	ning Date of Occu	rrence Event.
Length:		ata Source:	Claim
Field 228:	OCCUR SPAN THRU 1		
	Occurrence Span Thru is the Ending	g Date of Occurrer	nce Event.
Length:	8 Type: Alphanumeric Da	ata Source:	Claim
Field 229:	OCCUR_SPAN_CODE_2		
	Code describing a significant event	relating to the clai	m that may affect payer processing.
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.		
Length:	2 Type: Alphanumeric Da	ata Source:	Claim
Field 230:	OCCUR_SPAN_FROM_2		
	Occurrence Span From is the Beginn	ning Date of Occu	rrence Event.
Length:	8 Type: Alphanumeric Da	ata Source:	Claim
Field 231:	OCCUR_SPAN_THRU_2		
	Occurrence Span Thru is the Ending	-	
Length:	8 Type: Alphanumeric Da	ata Source:	Claim
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Field 232:	OCCUR_SPAN_CODE_3								
	Code describing a significant event relating to the claim that may affect payer processing.								
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.								
Length:		pe:	Alphanumeric	Data So	ource:	Claim			
Field 233:			N_FROM_3						
	Occurrence Span From is the Beginning Date of Occurrence Event.								
Length:	8 Ty	pe:	Alphanumeric	Data So	ource:	Claim			
Field 234:	OCCUR_SPAN_THRU_3								
	Occurrence Span Thru is the Ending Date of Occurrence Event.								
Length:	8 Type: Alphanumeric Data Source: Claim								
Field 235:	OCCUR_SPAN_CODE_4								
	Code describing a significant event relating to the claim that may affect payer processing.								
Coding Scheme:	Same as OCCUR SPAN CODE 1.								
Length:	2 Ty	Type: Alphanumeric Data Source: Claim							
Field 236:	OCCUR	R SPA	N FROM 4						
	Occurren	nce Sp	an From is the Be	ginning I	Date of Occ	eurrence Event.			
Length:	8 Ty	pe:	Alphanumeric	Data So	ource:	Claim			
Field 237:	OCCUR	OCCUR SPAN THRU 4							
		_	an Thru is the End	ling Date	of Occurre	ence Event.			
Length:		pe:	Alphanumeric	Data So		Claim			
Field 238:			CODE 1			-			
			ng a condition rela	ting to th	e claim.				
Coding Scheme:			rvice related	Ü	83	C-section/Inductions 39 weeks or greater			
8	02 Con	ndition i	s employment related		84	Dialysis for Acute Kidney Injury (AKI)			
			ered by insurance not		85	Delayed Recertification of Hospice Terminal Illness			
	refle	ected he	ere			Additional Hemodialysis Treatment with Medical			
	04 Info	•			86	Justification			
					A0	TRICARE external partnership program			
		entitlement covered by EGHP Treatment of non-terminal condition for		of	A1	EPSDT/CHAP			
	Tre								
				.011 101	A2	Physically handicapped children's program			
			would not provide			6 1151 15 1			
		information concerning other insurance coverage		irance	A3	Special Federal Funding			
			ient or spouse is emplo	yed	A4	Family planning			
		Patient and/or spouse is employed but no				Disability			
	EGI	HP exis	ts eneficiary but no LGH	D	A5	Disability			
	11	erage ex	•	r	A6	Vaccines/Medicare 100% payment			
		_	omeless		A9	Second opinion surgery			
			ne retained		AA	Abortion performed due to rape			
	19 Chi	ld retair	ns mother's name		AB	Abortion performed due to incest			
	20 Ben	neficiary	requested billing		AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality			
	21 Bill	ling for	denial notice		AD	Abortion performed due to life endangering physical			
	21 Bill	ing for	demai notice		П	condition			
	22 Pati	ient on 1	nultiple drug regimen		AE	Abortion performed due to physical health of mother that is not life endangering			
	22 11		airram arrail-1-1-		A To	Abortion performed due to emotional/psychological			
			giver available		AF	health of mother			
	/4		atient also receiving H	HA	AG	Abortion performed due to social or economic reasons			
		vices ient is n	on-US resident		AH	Elective abortion			
			e patient chooses to rec	eive	AI	Sterilization			
	serv	vices in	a Medicare certified fa	cility	Al	Stermzation			

	D. C. C. L. L. L. C.		
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment
	Patient and/or spouse's EGHP is		
28	secondary to Medicare	AK	Air ambulance required
	Disabled beneficiary and/or family		
29	member's LGHP is secondary to	AL	Specialized treatment/bed unavailable
	Medicare		
2.0	Non-research services provided to		Non-emergency medically necessary stretcher transport
30	patients enrolled in a qualified clinical trial	AM	required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
	Patient is student (cooperative/work		·
32	study program)	В0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient admission	C6	Admission Preauthorization
	Continuing care not provided within		
43	prescribed post discharge window	C7	Extended Authorization
4.4	Inpatient admission changed to	DO	
44	outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health	D4	Change in clinical codes (ICD) for diagnosis and/or
	Agency		procedure codes.
48	Psychiatric residential treatment centers for children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
	Product replacement within product		
49	lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall	D7	
50	of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient	D8	Change to Make Medicare the Primary Payer
	Nondiagnostic Services		• •
52	Out of Hospice Service Area	D9	Any Other Change
53	Initial placement of a medical device provided as part of a clinical trial or a	DR	Disaster related
33	free sample	DK	Disaster related
	No Skilled Home Health Visits in Billing		
54	Period. Policy Exception Documented at	E0	Changes in Patient Status
	the Home Health Agency		•
55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice	Н3	Reoccurrence of GI Bleed Comorbid Category
59	organization enrollee Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
	Provider does not wish cost outlier		· · ·
66	payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use life time	R1	Request for reopening Reason Code - Mathematical or
0/	reserve (LTR) days	KI	Computational Mistake
68	Beneficiary elects to use life time reserve	R2	Request for reopening Reason Code -Inaccurate Data
	(LTR) days		Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
	Self-administered anemia management		
70	drug	R4	Request for reopening Reason Code - Computer Errors
	-		

2025	02 Hospital h	as no semi-private rooi	ms	59	Oxygen saturation
Coung Scheme:	02 Hosnital h	as no semi-private root	ms	59	Oxygen saturation
L OOIDO SCHAMA	UI WIOST COM	-			Arterial blood gas
Coding Scheme:		ng information tha mon semi-private rate	u may and	sci payer pi 58	_
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Field 243:	CONDITION				
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Field 242:	CONDITION	N_CODE_5			
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		ng a condition rela	ting to the	e claim.	
Field 241:	CONDITION	•			
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Length:	2 Type:	Alphanumeric	Data So	urce:	Claim
T	Elective		D 4 C		al :
	82 C-section/	Inductions <39 Weeks	-		
	81 C-section/ Medical N	Inductions <39 Weeks lecessity	-		
		lysis - nursing facility		W5	Level III Appeal
	79 CORF ser	vices provided offsite	-	W4	Level II Appeal
		rage not implemented b	у НМО	W3	Level I Appeal
	to accept p	payment by a primary p	ayer as	112	2 apricate of original Diff
	due to a co	ontractual arrangement	or law	W2	Duplicate of Original Bill
	1	ccepts or is obligated/r	equired		Demonstration Indicator
		n facility dialysis		WO	United Mine Workers of America (UMWA)
		00% reimbursement		R9	Evidence Request for reopening Reason Code - Faulty Evidence
	74 Home			R8	Request for reopening Reason Code - New and Mate
	73 Self care t	raining		R7	Request for reopening Reason Code - Corrections of than clerical errors
	72 Self care i	n unit		R6	Errors or Minor Errors and Omissions not Specified R1-R5 above
					Request for reopening Reason Code - Other Clerical
					Identified Duplicate Claim

04	Inpatient professional component charges which are combined billed	60	HHA branch MSA
05	Professional component included in charges and also billed separately to	61	Place of Residence where service is furnished (HHA and hospice)
06	carrier Blood deductible	66	Medicaid spend down amount
08	Life time reserve amount in the first calendar year	67	Peritoneal dialysis
09	Coinsurance amount in the first calendar year	68	EPO-drug
10	Lifetime reserve amount in the second calendar year	69	State charity care percentage
11	Coinsurance amount in the second calendar year	80	Covered Days
12	Working aged beneficiary/spouse with employer group health plan	81	Non-covered Days
13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	82	Co-insurance Days
14	No fault, including auto/other	83	Lifetime Reserve Days
15	Worker's compensation	84	Shorter Duration Hemodialysis
16	Public health service (PHS) or other	A0	Special zip code reporting
21	federal agency Catastrophic	A1	Deductible payer A
22	Surplus	A2	Coinsurance payer A
23	Recurring monthly income	A3	Estimated responsibility payer A
24	Medicaid Rate Code	A4	Covered self-administrable drugs - emergency
25	Offset to the patient - payment amount - prescription drugs	A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
26	Offset to the patient - payment amount - hearing and ear services	A6	Covered self-administrable drugs - diagnostic study and other
27	Offset to the patient - payment amount - vision and eye services	A7	Co-payment payer A
28	Offset to the patient - payment amount - dental services	A8	Patient weight
29	Offset to the patient - payment amount - chiropractic services	A9	Patient height
30	Preadmission testing	AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
31	Patient Liability Amount	AB	Other assessments or allowances (e.g., medical education) - payer A
32	Multiple patient ambulance transport	B1	Deductible payer B
33	Offset to the patient - payment amount - podiatric services	B2	Coinsurance payer B
34	Offset to the patient - payment amount - other medical services	В3	Estimated responsibility payer B
35	Offset to the patient - payment amount - health insurance premiums	В7	Co-payment payer B
37	Units of blood furnished	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer ${\bf B}$
38	Blood deductible units	BB	Other assessments or allowances (e.g., medical education) - payer B
39	Units of blood replaced	C1	Deductible payer C
40	New coverage not implemented by HMO	C2	Coinsurance payer C
41	Black lung	C3	Estimated responsibility payer C
42	VA	C7	Co-payment payer C
43	Disabled beneficiary under age 65 with LGHP	CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received	СВ	Other assessments or allowances (e.g., medical education) - payer C
45	Accident hour	D3	Patient estimated responsibility
46	Number of grace days	D4	Clinical Trial Number Assigned by NLM/NIH
47	Any liability insurance	D5	Last Kt/V Reading

	48 Hemoglob	in reading	FC	Patient Paid Amount
	49 Hematocri	t reading	FD	Credit Received from the Manufacturer for a Medical Device
		herapy visits	G8	Facility where Inpatient Hospice Service is Delivered
		nal Therapy visits	Y1	Part A Demonstration Payment
		erapy visits	Y2 Y3	Part B Demonstration Payment Part B Coinsurance
		oirth weight in grams	Y4	Conventional Provider Payment
		threshold for charity c		Part B Deductible
	56 Skilled nu	rse - home visit hours		
_		lth aide - home visit ho		
Length:	2 Type:	Alphanumeric	Data Source:	Claim
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Field 259:	VALUE_AN	—	oint included) that ma	y he offeeted
Length:	9 Type:	Numeric	Data Source:	Claim
Field 260:	VALUE CO		Data Source.	Claim
Field 200.	_		at may affect payer pro	ocessing
Coding Scheme:		•	it may affect payer pro	occasing.
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Field 261:	VALUE AN		Dava Source	
11014 2011	_	_	oint included) that ma	y be affected.
Length:	9 Type:	Numeric	Data Source:	Claim
Field 262:	VALUE CO	DE 9		
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Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 263:	VALUE_AM	IOUNT_9		
	Amount (in c	ents, no decimal po	oint included) that ma	y be affected
Length:	9 Type:	Numeric	Data Source:	Claim
Field 264:	VALUE_CO	DE_10		
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Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 265:	VALUE_AN	_		
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rieiu 207:	_	_	oint included) that ma	y he affected
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Length:	2 Type:	Alphanumeric	Data Source:	Claim
Field 269:	VALUE AN	•		
			oint included) that ma	y be affected
Length:	9 Type:	Numeric	Data Source:	Claim
Field 270:	PRIVATE_A	AMOUNT		
				unt. Calculated using MEDPAR algorithm.
	Sum (in cents	, -		des 0100-0219, revenue center 011X, 014X
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 271:		ATE_AMOUNT		
				Amount. Calculated using MEDPAR
				revenue codes 0100-0219, revenue center
Lanath		013X, 016X-019X		Calculated
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 272:	WARD_AM	OUNI		
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			clculated using MEDPAR algorithm. Sum (in
Length:	12 Type: Numeric	Data Source:	00-0219, revenue center 015X. Calculated
Field 273:	ICU AMOUNT	Dutu Source.	Carcalated
1 iciu 270.	Accommodation Charge, Inte		ge Amount. Calculated using MEDPAR in revenue codes 0100-0219, revenue center
	020X.	5	~
Length:	12 Type: Numeric	Data Source:	Calculated
Field 274:			ge Amount. Calculated using MEDPAR 1 revenue codes 0100-0219, revenue center
Length:	12 Type: Numeric	Data Source:	Calculated
Field 275:	OTHER_AMOUNT		
	cents) of charges associated v 022X-024X, 052X-053X, 053	vith revenue codes othe 5X-060X, 064X-070X,	alculated using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 0002-0099, 076X-078X, 090X-095X, 099X.
Length:	12 Type: Numeric	Data Source:	Calculated
Field 276:	(in cents) of charges associate 026X, 063X.	ed with revenue codes	nt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 025X,
Length:	12 Type: Numeric	Data Source:	Calculated
Field 277:	algorithm. Sum (in cents) of o		Charge Amount. Calculated using MEDPAR revenue codes other than 0100-0219, revenue
T 41	center 027X, 062X.	D 4 G	
Length:	12 Type: Numeric	Data Source:	Calculated
Field 278.	DME AMOUNT		
Field 278:		charges associated with	nent Charge Amount. Calculated using MEDPAR in revenue codes other than 0100-0219, revenue
Length:	Ancillary Service Charge, Du algorithm. Sum (in cents) of centers 0290-0292, 0294-029 12 Type: Numeric	charges associated with	
	Ancillary Service Charge, Dualgorithm. Sum (in cents) of a centers 0290-0292, 0294-029 12 Type: Numeric USED_DME_AMOUNT Ancillary Service Charge, Us MEDPAR algorithm. Sum (in 0219, revenue center 0293.	charges associated with 9. Data Source: ed Durable Medical Educents) of charges associated with 9.	Calculated Quipment Charge Amount. Calculated using ociated with revenue codes other than 0100-
Length: Field 279: Length:	Ancillary Service Charge, Du algorithm. Sum (in cents) of centers 0290-0292, 0294-029 12 Type: Numeric USED_DME_AMOUNT Ancillary Service Charge, Us MEDPAR algorithm. Sum (in 0219, revenue center 0293. 12 Type: Numeric	charges associated with 9. Data Source: ed Durable Medical Ed	Calculated quipment Charge Amount. Calculated using
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	12 Type:	Numeric	Data Source:	Calculated
Field 283:	IT_AMOU			
				ge Amount. Calculated using MEDPAR
			charges associated with	revenue codes other than 0100-0219, revenue
T 41	center 041X		D 4 C	
Length:	12 Type:		Data Source:	Calculated
Field 284:	BLOOD_A			district Classic ACEDNA
				te patient's stay. Calculated using MEDPAR
	center 038X		charges associated with	revenue codes other than 0100-0219, revenue
Length:	12 Type:		Data Source:	Calculated
Field 285:	/ I	DM AMOUNT		Calculated
rieiu 205:	_	_		sing related to the patient's stay. Calculated using
				ociated with revenue codes other than 0100-
		ue center 039X.	ii ceitis) of charges asse	scrated with revenue codes other than 0100-
Length:	12 Type:		Data Source:	Calculated
Field 286:	OR AMOU		2 uu soureev	
11010 2001	_		perating Room Charge	Amount. Calculated using MEDPAR algorithm.
				odes other than 0100-0219, revenue center
	036X, 071X			•
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 287:	LITH_AM	OUNT		
	Ancillary Se	ervice Charge, Li	thotripsy Charge Amou	unt. Calculated using MEDPAR algorithm. Sum
	(in cents) of	charges associat	ed with revenue codes	other than 0100-0219, revenue center 079X.
Length:	12 Type:	Numeric	Data Source:	Calculated
	12 13 1900			
Field 288:	CARD_AM			
Field 288:	CARD_AM	IOUNT	ardiology Charge Amou	unt. Calculated using MEDPAR algorithm. Sum
Field 288:	CARD_AM Ancillary Se (in cents) of	IOUNT ervice Charge, Ca		unt. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 048X,
	CARD_AM Ancillary Se (in cents) of 073X.	IOUNT ervice Charge, Ca charges associat	ed with revenue codes	other than 0100-0219, revenue center 048X,
Length:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type:	IOUNT ervice Charge, Ca charges associat Numeric		
Length:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM	OUNT ervice Charge, Ca charges associat Numeric OUNT	ed with revenue codes Data Source:	other than 0100-0219, revenue center 048X, Calculated
	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se	OUNT crvice Charge, Ca charges associat Numeric OUNT crvice Charge, Ar	Data Source: nesthesia Charge Amou	other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum
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Length: Field 289: Length:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type:	OUNT Privice Charge, Ca Charges associat Numeric OUNT Privice Charge, Ar Charges associat Numeric	Data Source: nesthesia Charge Amou	other than 0100-0219, revenue center 048X, Calculated unt. Calculated using MEDPAR algorithm. Sum
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Length: Field 289: Length:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type: LAB_AMO Ancillary Se (in cents) of	Numeric OUNT ervice Charge, Ca Numeric OUNT ervice Charge, Ar charges associat Numeric OUNT ervice Charge, Ar charges associat Numeric OUNT ervice Charge, La charges associat	Data Source: nesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amou	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated
Length: Field 289: Length: Field 290:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type: LAB_AMO Ancillary Se (in cents) of 031X, 074X	Numeric OUNT ervice Charge, Ca Numeric OUNT ervice Charge, Ar Charges associat Numeric OUNT ervice Charge, La Charges associat Count	Data Source: nesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amoued with revenue codes	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X-
Length: Field 289: Length: Field 290: Length:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type: LAB_AMO Ancillary Se (in cents) of 031X, 074X 12 Type:	Numeric OUNT ervice Charge, Ca Numeric OUNT ervice Charge, Ar charges associat Numeric OUNT ervice Charge, La charges associat Numeric OUNT ervice Charge, La charges associat (-075X. Numeric	Data Source: nesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amou	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum
Length: Field 289: Length: Field 290: Length:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type: LAB_AMO Ancillary Se (in cents) of 031X, 074X 12 Type: RAD_AMO	Numeric OUNT ervice Charge, Ca Numeric OUNT ervice Charge, An Charges associat Numeric OUNT ervice Charge, An Charges associat Numeric OUNT ervice Charge, La Charges associat (-075X. Numeric OUNT	Data Source: nesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amoued with revenue codes Data Source:	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Calculated
Length: Field 289: Length: Field 290: Length:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type: LAB_AMO Ancillary Se (in cents) of 031X, 074X 12 Type: RAD_AMO Ancillary Se	Numeric OUNT ervice Charge, Ca Numeric OUNT ervice Charge, An Charges associat Numeric OUNT ervice Charge, La Charges associat Numeric OUNT ervice Charge, La Charges associat C-075X. Numeric OUNT ervice Charge, Ra	Data Source: mesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amoued with revenue codes Data Source: Data Source: adiology Charge Amou	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated
Length: Field 289: Length: Field 290: Length:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type: LAB_AMO Ancillary Se (in cents) of 031X, 074X 12 Type: RAD_AMO Ancillary Se (in cents) of	Numeric OUNT ervice Charge, Ca Charges associat Numeric OUNT ervice Charge, An Charges associat Numeric OUNT ervice Charge, La Charges associat (-075X. Numeric OUNT ervice Charge, Ra Charges associat (-075X. Numeric OUNT ervice Charge, Ra Charges associat	Data Source: mesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amoued with revenue codes Data Source: Data Source: adiology Charge Amou	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Calculated
Length: Field 289: Length: Field 290: Length: Field 291:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type: LAB_AMO Ancillary Se (in cents) of 031X, 074X 12 Type: RAD_AMO Ancillary Se (in cents) of 032X-035X	Numeric OUNT ervice Charge, Ca Charges associat Numeric OUNT ervice Charge, Ar Charges associat Numeric OUNT ervice Charge, La Charges associat (-075X. Numeric OUNT ervice Charge, Ra Charges associat (-075X. Numeric OUNT ervice Charge, Ra Charges associat (-040X.	Data Source: nesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amoued with revenue codes Data Source: Data Source: adiology Charge Amoued with revenue codes	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 020X- Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X,
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Length: Field 289: Length: Field 290: Length: Field 291:	CARD_AM Ancillary Se (in cents) of 073X. 12 Type: ANES_AM Ancillary Se (in cents) of 12 Type: LAB_AMO Ancillary Se (in cents) of 031X, 074X 12 Type: RAD_AMC Ancillary Se (in cents) of 032X-035X 12 Type: MRI_AMO	Numeric OUNT ervice Charge, Ca Charges associat Numeric OUNT ervice Charge, An Charges associat Numeric OUNT ervice Charge, La Charges associat (-075X. Numeric OUNT ervice Charge, Ra Charges associat (-040X. Numeric OUNT	Data Source: nesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amoued with revenue codes Data Source: adiology Charge Amoued with revenue codes Data Source:	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated
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Length: Field 289: Length: Field 290: Length: Field 291: Length: Field 292: Length:	CARD_AM Ancillary Se (in cents) of 073X. 12	Numeric OUNT ervice Charge, Ca Charges associat Numeric OUNT ervice Charge, An Charges associat Numeric OUNT ervice Charge, La Charges associat C-075X. Numeric OUNT ervice Charge, Ra Charges associat Aumeric OUNT ervice Charge, Ra Charges associat Numeric OUNT ervice Charge, Marges associated was Numeric OUNT ervice Charge, Marges associated was Numeric OUNT ervice Charge, Marges associated was Numeric OUNT ervice Charge, Ou	Data Source: nesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amoued with revenue codes Data Source: adiology Charge Amoued with revenue codes Data Source: RI Charge Amount. Cawith revenue codes others of the codes of the co	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Idealized using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated Idealized using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated Ige Amount. Calculated using MEDPAR
Length: Field 289: Length: Field 290: Length: Field 291: Length: Field 292: Length:	CARD_AM Ancillary Se (in cents) of 073X. 12	Numeric OUNT ervice Charge, Ca Charges associat Numeric OUNT ervice Charge, An Charges associat Numeric OUNT ervice Charge, La Charges associat Coroxx. Numeric OUNT ervice Charge, Ra Charges associat OUNT ervice Charge, Ra Charges associat OUNT ervice Charge, Marges associated Numeric OUNT ervice Charge, Marges associated of Numeric OUNT ervice Charge, Marges associated of Numeric OUNT ervice Charge, Output OUNT ervice Charge, Marges associated of Numeric OUNT ervice Charge, Output OUNT ervice Charge,	Data Source: mesthesia Charge Amoued with revenue codes Data Source: aboratory Charge Amoued with revenue codes Data Source: adiology Charge Amoued with revenue codes Data Source: RI Charge Amount. Cawith revenue codes others of the codes of the co	other than 0100-0219, revenue center 048X, Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 037X. Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 030X- Calculated Int. Calculated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Iclulated using MEDPAR algorithm. Sum other than 0100-0219, revenue center 028X, Calculated Iclulated using MEDPAR algorithm. Sum (in er than 0100-0219, revenue center 061X. Calculated
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Length:	12 Type:	Numeric	Data Source:	Calculated
Field 294:	ER_AMOUN			
	Ancillary Ser	vice Charge, Em	ergency Room Chargo	e Amount. Calculated using MEDPAR
	algorithm. Su			h revenue codes other than 0100-0219, revenue
	center 045X.			
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 295:		CE_AMOUNT	1 1 61 .	
				unt. Calculated using MEDPAR algorithm. Sum
Length:	12 Type:	narges associate Numeric	Data Source:	other than 0100-0219, revenue center 054X. Calculated
Field 296:	PRO FEE A		Data Source.	Calculated
Field 270.			ofessional Fee Charge	Amount. Calculated using MEDPAR algorithm.
				codes other than 0100-0219, revenue center
	096X-098X.	,		
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 297:	ORGAN_AN	MOUNT		
				ge Amount. Calculated using MEDPAR
			harges associated with	h revenue codes other than 0100-0219, revenue
	center 081X,			~
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 298:	ESRD_AMC		10. D 1D:1 :	Cl. A. C. L. L. L. MEDDAD
				s Charge Amount. Calculated using MEDPAR h revenue codes other than 0100-0219, revenue
		082X-085X, 088		ii revenue codes other than 0100-0219, revenue
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 299:	CLINIC AN		Dutu Source.	Cureatured
11014 2771			nic Visit Charge Amo	ount. Calculated using MEDPAR algorithm. Sum
				other than 0100-0219, revenue center 051X.
Length:	12 Type:	Numeric	Data Source:	Calculated
Field 300:	TOTAL_CH	ARGES		
				ered accommodation charges, ancillary charges,
_			s. Replaces TOTAL_C	<u> </u>
Length:	12 Type:	Numeric	Data Source:	Claim
Field 301:		N_COV_CHAI		
T4b.	,	*		rges, non-covered ancillary charges.
Length:	12 Type:	Numeric	Data Source:	Claim
Field 302:		ARGES_ACC		andation sharpes
Length:	12 Type:	Numeric	non-covered accomm Data Source:	Claim
Field 303:			RGES_ACCOMM	Ciaiiii
riciu 303.			d accommodations cha	arges
Length:	12 Type:	Numeric	Data Source:	Claim
Field 304:	• • •	ARGES ANCI		Civili
11014 0011		_	non-covered ancillary	v charges.
Length:	12 Type:	Numeric	Data Source:	Claim
Field 305:		N_COV_CHAI		
			d ancillary charges.	
Length:	12 Type:	Numeric	Data Source:	Claim
Field 306:		INDICATOR		
		format of data as	s submitted.	
Coding Scheme:				
<u> </u>				
2025	g gov/TUCIC		—— Page 43 —	Last Undated: December 2025

Last Updated: December 2025

www.dshs.texas.gov/THCIC

	D	Data entry			
	U	UB-04			
	C	format			
Length:	1	Type:	Alphanumeric	Data Source:	Claim
Field 307:	EM	ERGENO	CY_DEPT_FLAG	r	
	Indi	icator of en	mergency departme	ent visit	
Coding Scheme:	Y	visit was e	mergency related		
	N	Visit was	not emergency related		
Length:	1	Type:	Alphanumeric	Data Source:	Assigned
Field 308:	DIS	CHARG!	E		
	Disc	charge Qu	arter. Year and qua	arter of discharge. yy	ryQn.
	1st	Quarter (Y	YYYQ1): 1st Janu	uary-31st March of th	at corresponding year
	2nd	Quarter (YYYYQ2): 1st Ap	oril – 30th June of that	t corresponding year
	3rd	Quarter (YYYYQ3): 1st July	y- 30th September of	that corresponding year
	4th	Quarter (Y	YYYYQ4); 1st Oct	tober-31st December	of that corresponding year
Length:	6	Type:	Alphanumeric	Data Source:	Assigned

INPATIENT CHARGES DATA FILE

Field 1:	RECO	ORD ID		
11010 17		_	er to identif	y the record within the research data file. Does
		-		RECORD ID in other Inpatient RDF files
Length:	12		ta Source:	Assigned
Field 2:		ENUE CODE		5
i iciu 2.			nodation an	cillary service or billing calculation related to the
		es being billed.	iodation, an	emary service or emining eareuration related to the
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a
8				Member's Home when in a Home Health Shortage Area
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room charges for private rooms - general	0529	Freestanding Clinic - other
	0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
	0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
	0114	Room charges for private rooms - psychiatric		Ambulance service - general
	0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
	0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport
	0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
	0118	Room charges for private rooms - rehabilitati		Ambulance service - oxygen
	0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance
	0120	Room charges for semi-private rooms - gener		Ambulance service - neonatal
	0121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
	0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
	0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
	0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
	0125	Room charges for semi-private rooms - hospi		Skilled nursing - visit charge
	0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
	0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
	0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
	0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
	0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment

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0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other
0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA - other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services - non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience- charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)

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0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203 0204	Room charges for intensive care - pediatric Room charges for intensive care - psychiatric	0660 0661	Respite care - general Respite care - hourly charge/skilled nursing
0204	Room charges for intensive care - psychiatric	0662	Respite care - hourly charge/aide/homemaker/companion
0200	intensive care unit (ICU)	0002	Respite care - nourry charge/aide/nomemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial	0672	Outpatient special residence - contracted
0212	infarction Room charges for coronary care - pulmonary	0679	Outpatient special residence - other
	care		
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate	0682	Trauma response - level II
	coronary care unit (CCU)		
0219	Room charges for coronary care - other	0683	Trauma response - level III
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically	0692	Pre-hospice/Palliative Care Services – hourly charge
	necessary		, ,
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and
			education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes	0699	Pre-hospice/Palliative Care Services - other
0224	transitional care)	0700	G (P
0234	Incremental nursing care - CCU (includes	0700	Cast Room services - general
0235	transitional care) Incremental nursing care - hospice	0710	Dagayami Dagm cominges general
0233	Incremental nursing care - nospice	0710	Recovery Room services - general Labor/Delivery Room services - general
0239	All-inclusive ancillary - general	0720	Labor/Delivery Room services - general Labor/Delivery Room services - labor
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - delivery
0241	All-inclusive ancillary - comprehensive	0722	Labor/Delivery Room services - circumcision
0242	All-inclusive ancillary - completionsive All-inclusive ancillary - specialty	0723	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
0250	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0251	Pharmacy – non-generic drugs	0731	EKG/ECG services - telemetry
0252	Pharmacy - take-home drugs	0732	EKG/ECG services - other
0253	Pharmacy - drugs incident to other diagnostic	0739	EEG services - general
0234	services	0740	LEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment
	• •		Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room -
			Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices -	0803	Inpatient renal dialysis services - continuous ambulatory
	nonsterile		peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling
0.2		0000	peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take-	0809	Inpatient renal dialysis services - other
0274	home Madical surgical sumplies and davious	0810	Acquisition of hody components comens
02/4	Medical surgical supplies and devices - prosthetic/orthotic	0010	Acquisition of body components- general
	prosuicue/ortifotie		

0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0289	DME - general	0820	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0303	Laboratory – non-routine dialysis	0832	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hemotology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0340	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services - electroshock
0344	radiopharmaceuticals Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less intensive

0362	Operating room services - organ transplant	0913	Behavior health treatment/services - partial hospitalization - intensive
0367	other than kidney Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - while y transplant Operating room services - other	0914	Behavior health treatment/services - murvidual therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - group therapy
0370	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback
0371	Anesthesia - incident to other diagnostic	0918	Behavior health treatment/services - testing
0372	services		Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383	Blood - plasma	0924	Other diagnostic services - allergy test
0384	Blood - platelets	0925	Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
0389	Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component administration, storage and processing - general	0941	Other therapeutic services - recreational therapy
0391	Blood and blood component administration,	0942	Other therapeutic services - education/training
	storage and processing - administration		ı
0392	Blood and blood component administration,	0943	Other therapeutic services - cardiac rehabilitation
0200	storage and processing – processing and storage	0044	04 4 7 1 1 11777
0399	Blood and blood component administration,	0944	Other therapeutic services - drug rehabilitation
0.400	storage and processing - other	0045	
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic	0946	Other therapeutic services - complex medical equipment -
0.402	mammography	0047	routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening	0948	Other therapeutic services – pulmonary rehabilitation
0404	mammography	0040	044
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen	0960	Professional fees - general
0.410	therapy Respiratory services - other	0061	D 6 : 16 1:4:
0419 0420	1 2	0961 0962	Professional fees - psychiatric Professional fees - ophthalmology
0420	Physical therapy - general Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0421	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
0422	Physical therapy - fround charge Physical therapy - group rate	0969	Professional fees - other
0423	Physical therapy - evaluation or reevaluation	0909	Professional fees - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or	0977	Professional fees - physical therapy
0151	reevaluation	0711	Physical dierapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or	0984	Professional fees - medical social services
	reevaluation		
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service

	0470	Andialagra gamaral	0002	Detient convenience items telephone/telecouph
	0470 0471	Audiology - general Audiology - diagnostic	0993 0994	Patient convenience items - telephone/telegraph Patient convenience items - TV/radio
	0472	Audiology - treatment	0995	Patient convenience items - nonpatient room rentals
	0479	Audiology - other	0996	Patient convenience items - late discharge charge
	0480	Cardiology - general	0997	Patient convenience items - admission kits
	0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber
	0482	Cardiology - stress test	0999	Patient convenience items - other
	0483 0489	Cardiology - echocardiology Cardiology - other	1000 1001	Behavior health accommodations - general Behavior health accommodations - residential treatment -
	0409	Cardiology - Other	1001	psychiatric
	0490	Ambulatory surgical care - general	1002	Behavior health accommodations - residential treatment -
	0499	Ambulatam amaical and athon	1002	chemical dependency
	0500	Ambulatory surgical care - other Outpatient services - general	1003 1004	Behavior health accommodations - supervised living Behavior health accommodations - halfway house
	0509	Outpatient services - general Outpatient services - other	1004	Behavior health accommodations - narrway nouse Behavior health accommodations - group home
	0510	Clinic - general	2100	Alternative therapy services - general
	0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
	0512	Clinic - dental	2102	Alternative therapy services - acupressure
	0513	Clinic - psychiatric	2103	Alternative therapy services - massage
	0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
	0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
	0516 0517	Clinic - urgent care Clinic - family practice	2106 2109	Alternative therapy services - hypnosis Alternative therapy services - other
	0517	Clinic - other	3101	Adult day care, medical and social - hourly
	0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
	0521	Freestanding Clinic - Clinic Visit by Member	3103	Adult day care, medical and social - daily
	0522	to RHC/FQHC Freestanding Clinic - Home Visit by RHC/FOHC Practitioner	3104	Adult day care, social - daily
	0523	Freestanding Clinic - family practice	3105	Adult foster care - daily
	0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A	3109	Adult foster care - other
		Stay at SNF		
	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not		
		Covered Part A Stay) or NF or ICF MR or Other Residential Facility		
	0526	Freestanding Clinic - urgent care		
Length:	4		a Source:	Claim
Field 3:		ENUE CODE SEQUENCE NUMBE		
ricia o.		nment of numbers to indicate the order of		on of the revenue codes
Length:	3		a Source:	Assigned
Field 4:			a Source.	Assigned
rieia 4:		CS_QUALIFIER	ICDCC) C	1 7 1' 4
T		Common Procedure Coding System (F		
Length:	2		a Source:	Claim
Field 5:		CS_PROCEDURE_CODE		
		Common Procedure Coding System (F	HCPCS) coo	de applicable to ancillary services or
		imodations.		
Coding Scheme:	See ht	tp://www.cms.hhs.gov/HCPCSReleaseC		<i>NHCPCS/list.asp</i> for complete list.
Length:	5	Type: Alphanumeric Dat	a Source:	Claim
Field 6:	MOD	IFIER 1		
		fies special circumstances related to the	performano	ce of the service
Coding Scheme:	22	Increased procedural services	P4	A patient with severe systemic disease that is a constant threat to life
	23	Unusual Anesthesia	P5	A moribund patient who is not expected to survive without
	24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Ca		the operation A declared brain-dead patient whose organs are being removed for donor purposes
		Professional during a Postoperative Period		removed for donor purposes
	25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Co	Other	Upper left eyelid
		Qualified Health Care Professional on the Same of the Procedure or Other Service	∟ay	
	26	Professional Component	E2	Lower left eyelid
	27	Multiple Outpatient Hospital E/M Encounters on Same Date	the E3	Upper right eyelid
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Preventive Service Anesthesia by Surgeon Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only Preoperative Management Only Decision for Surgery Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service Two Surgeons	F1 F2 F3 F4 F5 F6 F7 F8 F9 FA GG	Left hand, second digit Left hand, third digit Left hand, fourth digit Left hand, fifth digit Right hand, thumb Right hand, second digit Right hand, third digit Right hand, fourth digit Right hand, fifth digit Right hand, fifth digit
Bilateral Procedure Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only Preoperative Management Only Decision for Surgery Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service Two Surgeons	F3 F4 F5 F6 F7 F8 F9 FA	Left hand, fourth digit Left hand, fifth digit Right hand, thumb Right hand, second digit Right hand, third digit Right hand, fourth digit
Multiple Procedures Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only Preoperative Management Only Decision for Surgery Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service Two Surgeons	F4 F5 F6 F7 F8 F9 FA	Left hand, fifth digit Right hand, thumb Right hand, second digit Right hand, third digit Right hand, fourth digit
Reduced Services Discontinued Procedure Surgical Care Only Postoperative Management Only Preoperative Management Only Decision for Surgery Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service Two Surgeons	F5 F6 F7 F8 F9 FA	Right hand, thumb Right hand, second digit Right hand, third digit Right hand, fourth digit
Discontinued Procedure Gurgical Care Only Postoperative Management Only Preoperative Management Only Decision for Surgery Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service Two Surgeons	F6 F7 F8 F9 FA	Right hand, second digit Right hand, third digit Right hand, fourth digit
Surgical Care Only Postoperative Management Only Preoperative Management Only Decision for Surgery Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service Two Surgeons	F7 F8 F9 FA	Right hand, third digit Right hand, fourth digit
Postoperative Management Only Preoperative Management Only Decision for Surgery Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service	F8 F9 FA	Right hand, fourth digit
Preoperative Management Only Decision for Surgery Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service Two Surgeons	F9 FA	
Decision for Surgery Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service Two Surgeons	FA	K 1910 DADO TITO OTOT
Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service		Left hand, thumb
Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service		Performance and payment of a screening mammography
Distinct Procedural Service Wo Surgeons		and diagnostic mammography on same patient, same day.
	GH	Diagnostic mammogram converted from screening mammogram on same day
	LC	Left circumflex coronary artery
Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
Surgical Team	LM	Left main coronary artery
Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia	LT	Left side of the body procedure
Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia	QM n	Ambulance service provided under arrangement by a provider of services
Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN	Ambulance service furnished directly by a provider of services
Repeat Procedure by Another Physician or Other Qualified Health Care Professional	RC	Right coronary artery
Jnplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a	RI	Ramus intermedius coronary artery
Related Procedure During the Postoperative Period Jurelated Procedure or Service by the Same Physician or Other Qualified Health Care	RT	Right side of the body procedure
Professional During the Postoperative Period Assistant Surgeon	T1	Left foot, second digit
Ainimum Assistant Surgeon	T2	Left foot, second digit Left foot, third digit
Repeat procedure by same physician	T3	Left foot, fourth digit
Reference (Outside) Laboratory	T4	Left foot, fourth digit Left foot, fifth digit
Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
Alternative Laboratory Platform Testing	T6	Right foot, second digit
Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Celecommunications System	Т7	Right foot, third digit
Multiple Modifiers	T8	Right foot, fourth digit
Performance Measure Exclusion Modifier due to Medical Reasons	Т9	Right foot, fifth digit
Performance Measure Exclusion Modifier due to Patient Reasons	TA	Left foot, great toe
Performance Measure Exclusion Modifier due to System Reasons	XE	Separate Encounter
Performance Measure Reporting Modifier- Action ot performed, reason not otherwise specified	XS	Separate Structure
A normal healthy patient	XP	Separate Practitioner
A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
A patient with severe systemic disease		
Type: Alphanumeric Data S	ource:	Claim
FIER 2		
es special circumstances related to the per	rformanc	ee of the service.
s MODIFIER_1		
Type: Alphanumeric Data S	ource:	Claim
FIER_3		
-		C1-i
Type: Alphanimeric Data V	ource:	Claim
1		
FIER_4		
FIER_4		
FI es s l	ER_3 special circumstances related to the per MODIFIER_1 Type: Alphanumeric Data S	ER_3 special circumstances related to the performanc MODIFIER_1 Type: Alphanumeric Data Source:

	Identifies special circumstances related to the performance of the service.									
Coding Scheme:	Same as MODIFIER_1									
Length:	2	Type:	Alphanumeric	Data Source:	Claim					
Field 10:	UNIT	Γ_MEASU	REMENT_CODE							
	Code	specifying	the units in which a v	alue is being express	sed.					
Coding Scheme:	DA Days									
_	F2	Internation	nal unit							
Length:	UN 2	Unit Type:	Alphanumeric	Data Source:	Claim					
				Data Source.	Ciaiiii					
Field 11:		ΓS_OF_SE								
	Nume	eric value o	of quantity							
Length:	7	Type:	Numeric	Data Source:	Claim					
Field 12:	UNIT	Γ_RATE								
	Rate	per unit								
Length:	12	Type:	Numeric	Data Source:	Claim					
Field 13:	CHR	GS_LINE	ITEM							
	Total	amount of	the charge							
Length:	14	Type:	Numeric	Data Source:	Assigned					
Field 14:	CHR	GS_NON_	COV							
	Total	non-cover	ed amount of the charg	ge						
Length:	14	Type:	Alphanumeric	Data Source:	Assigned					

INPATIENT FACILITY TYPE INDICATOR FILE

Field 1:	THCIC_ID	
	Provider ID. Unique identifier assigned to the provider	
Length:	6 Type: Alphanumeric Data Source:	Assigned
Field 2:	PROVIDER_NAME	
	Hospital name provided by the hospital.	
Length:	55 Type: Alphanumeric Data Source:	Provider
Field 3:	PROVIDER_ADDR	
	Hospital address provided by the hospital.	
Length:	50 Type: Alphanumeric Data Source:	Provider
Field 4:	PROVIDER_CITY	
	Hospital city provided by the hospital.	
Length:	20 Type: Alphanumeric Data Source:	Provider
Field 5:	PROVIDER_STATE	
	Hospital state provided by the hospital.	
Length:	2 Type: Alphanumeric Data Source:	Provider
Field 6:	PROVIDER_ZIP	
	Hospital ZIP code provided by the hospital.	
Length:	9 Type: Alphanumeric Data Source:	Provider
Field 7:	FAC_TEACHING_IND	
	Teaching Facility Indicator.	
Coding Scheme:	A Member, Council of Teaching Hospitals	
	X Other Teaching facility	
Length:	1 Type: Alphanumeric Data Source:	Provider
Field 8:	FAC_PSYCH_IND	
	Psychiatric Facility Indicator.	
Length:	1 Type: Alphanumeric Data Source:	Provider
Field 9:	FAC_REHAB_IND	
	Rehabilitation Facility Indicator.	
Length:	1 Type: Alphanumeric Data Source:	Provider
Field 10:	FAC_ACUTE_CARE_IND	
	Acute Care Facility Indicator.	
Length:	1 Type: Alphanumeric Data Source:	Provider
Field 11:	FAC_SNF_IND	
	Skilled Nursing Facility Indicator. Hospital facility typ	
Length:	1 Type: Alphanumeric Data Source:	Provider
Field 12:	FAC_LONG_TERM_AC_IND	
	Long Term Acute Care Facility Indicator.	
Length:	1 Type: Alphanumeric Data Source:	Provider
Field 13:	FAC_OTHER_LTC_IND	
	Other Long Term Care Facility Indicator.	D 11
Length:	1 Type: Alphanumeric Data Source:	Provider
Field 14:	FAC_PEDS_IND	
	Pediatric Facility Indicator.	
Coding Scheme:	C Member, Council of Teaching Hospitals	
	X Facility also treat children	D 11
Length:	1 Type: Alphanumeric Data Source:	Provider
Field 15:	POA_PROVIDER_INDICATOR	'.B'
	Indicator identifying whether facility is required to sub	mit Diagnosis Present on Admission (POA) codes.
	25 TAC §Section 421.9(e) identifies the following faci	lity types as exempt from reporting POA to the

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department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals,

Cancer Hospitals Children's or Pediatric Hospitals and Long-Term Care Hospitals.

Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients)

R Required X Exempt Invalid

Length: 1 Type: Alphanumeric Data Source: Assigned

Field 16: PROVIDER COUNTY

Hospital COUNTY provided by the hospital.

Length: 3 Type: Alphanumeric Data Source: Provider

INPATIENT GROUPER DATA FILE

Field 1:	RECORD_ID							
	Provider ID. Unique identifier assigned to the provider by THCIC.							
Length:	6 Type: Alphanumeric Data Source: Assigned							
Field 2:	FROZEN_MS_DRG							
	Medicare Severity Diagnostic Related Group (MS DRG) as assigned by software developed for Centers for							
	Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) to							
	facilitate hospital payment for Medicare beneficiaries. The calculation for this field is updated annually.							
Length:	3 Type: Alphanumeric Data Source: Assigned							
Field 3:	FROZEN MS MDC							
	Medicare Severity (MS) Major Diagnostic Category MDC) is a three-digit numeric code that groups							
	beneficiary diagnosis codes into broad categories based on condition type and body region ¹³ as assigned b							
	software developed for the Centers for Medicare and Medicaid Services (CMS) (formerly Health Care							
	Financing Administration (HCFA)) It facilitates hospital payment for Medicare beneficiaries. First							
	available 2004. The calculation for this field is updated annually.							
Length:	2 Type: Alphanumeric Data Source: Assigned							
Field 4:	FROZEN_MS_GROUPER_VERSION_NBR							
	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.							
	The calculation for this field is updated annually.							
Length:	5 Type: Alphanumeric Data Source: Assigned							
Field 5:	FROZEN_MS_GROUPER_ERROR_CODE							
C. 1 C. l	Error codes identify potential variations with MS DRG code assignment. The calculation for this field is							
Coding Scheme:	updated annually. No errors. DRG successfully 10 Disable Use = 0 and at least one UAC BOA is invalid an average.							
	00 No errors. DRG successfully assigned. 19 DisableHac = 0 and at least one HAC POA is invalid or exempt							
	Diagnosis code cannot be used as 20 DisableHag is invalid and at least one HAC POA is N or II							
	principal diagnosis							
	Record does not meet criteria for any DRG 21 DisableHac is invalid and at least one HAC POA is invalid or exempt							
	03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt							
	04 Invalid Sex 23 DisableHac is invalid and at least one HAC POA is exempt							
	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U							
	Illacia I Dianaia I Dianaia (CMC) Dialata is invalid and the same makinta II A Cartact have different II A C DO							
	only) values that are not Y or W							
T (1	11 Invalid Principal Diagnosis							
Length:	2 Type: Alphanumeric Data Source: Assigned							
Field 6:	FROZEN_APR_DRG							
	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper (3M							
	All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates risk of mortality (ROM)							
	and severity of illness (SOI) scores into DRGs. The calculation for this field is updated annually.							
Length:	4 Type: Alphanumeric Data Source: Assigned							
Field 7:	FROZEN_RISK_MORTALITY							
	Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined							
	Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four risk-of-mortality levels							
	for their specific base 3M APR DRG. Often correlated with the risk of mortality, however it is possible to							
	have an illness of high severity, but low mortality risk. The risk of mortality score indicates the likelihood							
	of dying. The calculation for this field is updated annually. Minor							
Coding Scheme:	2 Moderate							
Coung Scheme:	3 Major							
	4 Extreme							
	1 True Alabamania Data Courage Assigned							
Length: Field 8:	1 Type: Alphanumeric Data Source: Assigned FROZEN_ILLNESS_SEVERITY							

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	Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four severity levels dependent upon the number and interaction of								
	complications a	nd comorbidities fo	r their s		R DRG. Indicates the extent of physiologic				
	1 2			Minor Moderate					
Coding Scheme:	3			Major					
	4			Extreme					
Length:	0 1 Type:	Alphanumeric		No class specified Data Source:	Provider				
Field 9:	FROZEN API			Data Source.	Trovider				
Ticiu >.	_	_	iagnost	ic Category (MDC) i	is a three-digit numeric code that groups				
					dition type and body region as assigned by				
					Diagnostic Related Groups (3M APR-DRG)				
	is a methodology that classifies hospital inpatients according to reasons for admission, severity of illness and risk of mortality. It is a proprietary product of the company 3M.								
					3M. s into groups for classification, payment and				
					R DRG Software), Outpatient Groupers (3M				
					n Health Groupers (Clinical Risk Groups),				
		•		d is updated annually	1 \				
Length:	2 Type:	Alphanumeric		Data Source:	Assigned				
Field 10:	FROZEN_ APR_GROUPER_								
	VERSION_NE			1 771 1					
Length:	Version number 5 Type:	r of the 3M APR-DI Alphanumeric	KG Gro	Data Source:	lation for this field is updated annually. Assigned				
Field 11:		R GROUPER ER	RUB	Data Source.	Assigned				
riciu II.	CODE	K_GROUI EK_EK	NON_						
		gned by the 3M API	R-DRG	Grouper. The calcula	ation for this field is updated annually.				
	HAC: Hospital Acquired Condition								
	POA: Present on Admission								
		ic Related Group	12 (Saatatianal aaa/hinth waiah	at conflict (ADD confr)				
Coding Scheme:	00 No errors. D	PRG successfully	12 (Gestational age/birth weigh	it connect (APK only)				
Coung Scheme.	•	ode cannot be used as	19 I	DisableHac = 0 and at least	one HAC POA is invalid or exempt				
	principal dia 02 Record does	ignosis not meet criteria for any	/20 I	DisableHac is invalid and a	at least one HAC POA is N or U				
	DRG	·							
	03 Invalid Age 04 Invalid Sex				t least one HAC POA is invalid or exempt t one HAC POA is exempt				
	05 Invalid Disc	harge Status	23 I	DisableHac is invalid and a	it least one HAC POA is exempt				
	06 Invalid birth only)	weight (AP & APR		DisableHac = 0 and there a nat are not Y, W, N, U	re multiple HACs that have different HAC POA values				
		harge age in days (AP &			here are multiple HACs that have different HAC POA				
	APR only)	oinal Diagnasia	v	alues that are not Y or W					
Length:	11 Invalid Prince 2 Type:	cipal Diagnosis Alphanumeric		Data Source:	Assigned				
Field 12:	MS DRG								
	Medicare Sever	ity Diagnostic Rela	ted Gro	up (MS DRG) as ass	igned by software developed for Centers for				
					Financing Administration (HCFA)) to				
T 41	•	* *	icare be		ulation for this field is updated quarterly.				
Length:	3 Type:	Alphanumeric		Data Source:	Assigned				
Field 13:	MS_MDC Medicare Sever	ity (MS) Maior Dia	anostic	Category MDC) is a	three-digit numeric code that groups				
					lition type and body region ¹³ as assigned by				
					Services (CMS) (formerly Health Care				
					ent for Medicare beneficiaries. First				
			this fie	ld is updated quarterl	•				
Length:	2 Type:	Alphanumeric		Data Source:	Assigned				
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EMERGENCY DEPARTMENT RESEARCH DATA FILE Field 14: MS GROUPER VERSION NBR CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and reported as HCFA GROUPER VERSION NBR) version used to assign MS DRG and, MS MDC codes. The calculation for this field is updated quarterly. **Coding Scheme:** C Member, Council of Teaching Hospitals X Facility also treat children Alphanumeric Length: Type: **Data Source:** Assigned MS GROUPER ERROR CODE Field 15: Error codes identify potential variations with MS DRG code assignment. The calculation for this field is updated quarterly. **Coding Scheme:** No errors. DRG successfully 00 19 DisableHac = 0 and at least one HAC POA is invalid or exempt assigned. Diagnosis code cannot be used as 20 01 DisableHac is invalid and at least one HAC POA is N or U principal diagnosis Record does not meet criteria for 21 02 DisableHac is invalid and at least one HAC POA is invalid or exempt any DRG 03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt 04 Invalid Sex 23 DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that Invalid Discharge Status 24 are not Y, W, N, U Illogical Principal Diagnosis DisableHac is invalid and there are multiple HACs that have different HAC POA 10 25 (CMS only) values that are not Y or W 11 Invalid Principal Diagnosis Length: Alphanumeric **Data Source:** Assigned Type: Field 16: APR DRG All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). Incorporates risk of mortality (ROM) and severity of illness (SOI) scores into DRGs. Alphanumeric Length: Type: **Data Source:** Assigned Field 17: RISK MORTALITY Assignment of a risk of mortality score from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four risk-of-mortality levels for their specific base 3M APR DRG. Often correlated with the risk of mortality, however it is possible to have an illness of high severity, but low mortality risk. The risk of mortality score indicates the likelihood of dying. The calculation for this field is updated quarterly. Minor 2 Moderate **Coding Scheme:** 3 Major Extreme Length: Alphanumeric **Data Source:** Asigned Type: Field 18: **ILLNESS SEVERITY** Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M APR-DRG Grouper (3M All Patient Refined Diagnostic Related Groups inpatient grouper). A patient is assigned to one of four severity levels dependent upon the number and interaction of complications and comorbidities for their specific base 3M APR DRG. Indicates the extent of physiologic decompensation. The calculation for this field is updated quarterly. Minor **Coding Scheme:** 2 Moderate

Field 19: APR MDC

3

4

Type:

All Patient Refined (APR) Major Diagnostic Category (MDC) is a three-digit numeric code that groups beneficiary diagnosis codes into broad categories based on condition type and body region as assigned by 3M APR-DRG Grouper, version 20. 3M All Patient Refined – Diagnostic Related Groups (3M APR-DRG) is a methodology that classifies hospital inpatients according to reasons for admission, severity of illness and risk of mortality. It is a proprietary product of the company 3M.

Data Source:

Assigned

Last Updated: December 2025

Major

Extreme No class specified

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Length:

Alphanumeric

	A grouper refers to software or methodology to classify patients into groups for classification, payment and											
	anal	analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient Groupers (3M										
	Enha	Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers (Clinical Risk Groups),										
	amo	among others. The calculation for this field is updated quarterly.										
Length:	2	2 Type: Alphanumeric Data Source: Assigned										
Field 20:	APR	APR GROUPER VERSION NBR										
	Vers	ion numbe	r of the 3M APR-DRG	Group	per used. The calcu	lation for this field is updated quarterly.						
Length:	5	Type:	Alphanumeric	-	Data Source:	Assigned						
Field 21:	APF		ER_ERROR_CODE									
				RG G	rouper. The calcul	ation for this field is updated quarterly.						
			Acquired Condition		1	1 1 2						
			n Admission									
			tic Related Group									
	00		DRG successfully assigned	12	Gestational age/birt	h weight conflict (APR only)						
	01	Diagnosis code cannot be used as			_	at least one HAC POA is invalid or exempt						
Coding Scheme:	0.1	principal d		19	Disactoriae vane	we ready one in it is a strip in valid of enempt						
	02		es not meet criteria for any	20	DisableHac is inval	id and at least one HAC POA is N or U						
		DRG										
	03	Invalid Ag		21	DisableHac is invalid and at least one HAC POA is invalid or exempt							
	04	Invalid Sea		22	1							
	05		scharge Status	23		id and at least one HAC POA is exempt						
	06	Invalid bir	thweight (AP & APR only)	24	DisableHac = 0 and not Y, W, N, U	there are multiple HACs that have different HAC POA v						
	Invalid discharge age in days (AP & APR 25 DisableHac is invalid and there are multiple HACs that have different											
	0,	only)	eninge age in anys (i ii ee i ii	1120	are not Y or W	in and more are maniple in res man have anneron in re-r						
	11	2 /	ncipal Diagnosis									
Length:	2	Type:	Alphanumeric		Data Source:	Assigned						

OUTPATIENT BASE FILE

Field 1:	SERVICE QUA	RTER								
			Year and quarter of ser	vice. $yyyyQn$.						
	1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year.									
	2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year.									
	3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year. 4th Quarter (YYYYQ4): 1st October-31st December of that corresponding year.									
Length:	6 Type:	Alphanumeric								
Field 2:	RECORD_ID									
				record within the research data file.						
				ssociated with a patient's visit. Does						
				Does match with RECORD_ID in						
	•	d Outpatient RDFs (R								
Length:	12 Type:	Alphanumeric	Data Source:	Assigned						
Field 3:	PAT_UNIQUE_									
				atient unique index is assigned for						
			e data set. There can be i	multiple Record IDs associated with						
_	a one PUI (see Fig	*								
Length:	10 Type:	Alphanumeric	Data Source:	Assigned						
Field 4:	THCIC_ID			***						
I			to the provider by THC							
Length:	6 Type:	Alphanumeric	Data Source:	Assigned						
Field 5:	SPEC_UNIT_1	_1:1	11 1	1 C1 - 1 - T - CD'II (C						
	Specialty Unit in which most days' stay occurred based on number of days by Type of Bill (See Field # 38) or Revenue Code. For revenue code list see this document, section titled "Charges Data									
	,	enue Code. For rever	de code list see this document, section titled "Charges I							
Coding Scheme:	File" (Field # 2). C Coronary Car	a I Init	P Pediatric Unit							
coding Scheme:	D Detoxification		Y Psychiatric Unit							
	I Intensive Car		R Rehabilitation							
	H Hospice Unit		U Sub-acute Car							
	N Nursery B Obstetric Uni	t	S Skilled Nursin Blank Acute Care	ng Unit						
	O Oncology Un		Diank Acute Care							
Length:	1 Type:	Alphanumeric	Data Source:	Calculated						
Field 6:	SPEC UNIT 2	-								
	Specialty Unit in	which 2 nd most days'	stay occurred based on	number of days by Type of Bill						
	(Field # 38) or Re	venue Code (See Fiel	d # 5).							
Coding Scheme:	Same as SPEC_U	NIT_1.								
Length:	1 Type:	Alphanumeric	Data Source:	Calculated						
Field 7:	SPEC_UNIT_3									
		-	•	number of days by Type of Bill						
		venue Code (See Fiel	d # 5).							
Coding Scheme:	Same as SPEC_U									
Length:	1 Type:	Alphanumeric	Data Source:	Calculated						
Field 8:	SPEC_UNIT_4									
				number of days by Type of Bill						
~	(Field # 38) or Revenue Code (See Field # 5).									
Coding Scheme:	Same as SPEC_U		T							
Length:	1 Type:	Alphanumeric	Data Source:	Calculated						
Field 9:	SPEC_UNIT_5									
				number of days by Type of Bill						
a a .		venue Code (See Fiel	d # 5).							
Coding Scheme:	Same as SPEC_U		D 4 C							
Length:	1 Type:	Alphanumeric	Data Source:	Calculated						
2025										
www.dshs.texas.	TOV/THCIC	Pag	ge 57	Last Updated: December 2025						
www.usiis.icxas.	301/111010	`		Lasi Opuaieu. December 2023						

Field 10:	ENCOUNTER_I											
				The encounter refers to an electronic								
				a patient episode of care (admission								
		through discharge) by a provider in a patient care setting. Some non-acute care patients may have										
				example, patients in rehabilitation								
	hospitals, long-term care hospitals, or psychiatric hospitals.											
Length:	2 Type:	Alphanumeric	Data Source:	Calculated								
Field 11:	SEX_CODE											
	Gender of the patie	ent as recorded at date	of admission or star	t of care.								
Coding Scheme:	M Male											
J	F Female											
·	U Unknown		T	CI.								
Length:	1 Type:	Alphanumeric	Data Source:	Claim								
Field 12:	BIRTH_DATE											
	_	atient as recorded at da										
Length:	8 Type:	Alphanumeric	Data Source:	Claim								
Field 13:	PAT_AGE_GRO											
	Code indicating ag	ge of patient in days or	years on date of dise	charge.								
Coding Scheme:	00 1-28 days	10 35-39	20	85-89								
	01 29-365 days	11 40-44	21	90+								
	02 1-4 years 03 5-9	12 45-49 13 50-54		and drug/alcohol use patients:								
	03 5-9 04 10-14	13 50-54 14 55-59	22 23	0-17 18-44								
	05 15-17	15 60-64	24	45-64								
	06 18-19	16 65-69	25	65-74								
	07 20-24	17 70-74	26	75+								
	08 25-29	18 75-79	•	Invalid								
	09 30-34	19 80-84										
Length:	2 Type:	Alphanumeric	Data Source:	Assigned								
Field 14:	PAT_AGE_YEA											
	Age of patient in y	ears on date of discha	rge.									
Length:	3 Type:	Alphanumeric	Data Source:	Claim								
Field 15:	PAT AGE DAY	S										
	Age of patient in d	lays on date of dischar	ge.									
Length:	5 Type:	Alphanumeric	Data Source:	Claim								
Field 16:	RACE	•										
	Code indicating th	e patient's race.										
Coding Scheme:		an/Eskimo/Aleut										
county seneme.	2 Asian or Pacifi											
	3 Black											
	4 White											
	5 Other											
Length:	1 Type:	Alphanumeric	Data Source:	Claim								
Field 17:	ETHNICITY											
		e Hispanic origin of th	ne patient.									
Coding Scheme:	1 Hispanic Origi											
J	2 Not of Hispani	c Origin										
Length:	1 Type:	Alphanumeric	Data Source:	Claim								
Field 18:	PAT ADDR CE	NSUS BLOCK GRO	OUP									
				consists of clusters of blocks within								
	the same census tr		8 1									
Length:	14 Type:	Alphanumeric	Data Source:	Calculated								
Field 19:	PAT ADDR CE		Zum Source.	Carearanea								
riciu 17.			aangua blaakia a -4	atiatianl area haunded by visible								
				atistical area bounded by visible								
		sidie boundaries. It is	ine geographical bas	is used by the Census Bureau to								
	tabulate data											
Length:	5 Type:	Alphanumeric	Data Source:	Calculated								
2025		_										

Field 20:	PAT_CITY									
	Patie	nt address city	as prov	ided by the p	atient.					
Length:	30	Type:	Alpha	numeric	Data Sou	rce:	Provider			
Field 21:	PAT_STATE									
	Patie	Patient address state as provided by the patient.								
Length:	2	Type:	Alpha	numeric	Data Sou	rce:	Provider			
Field 22:	PAT	_ZIP								
	Patie	nt address ZIP			the patient.					
Length:	9	Type:	Alpha	numeric	Data Sou	rce:	Provider			
Field 23:		_COUNTRY								
				ntial address.	List maintai	ned by the Into	ernational O	rganization for		
		dardization (IS								
Coding scheme:		www.ISO.org f								
Length:	2	Type:	Alpha	numeric	Data Sou	rce:	Provider			
Field 24:		_COUNTY	_							
		code of patien		-	2.55	Y . C	205	D 1		
Coding scheme:	001 003	Anderson Andrews	129	Donley Duvol	257 259	Kaufman Kendall	385 387	Real Red River		
	003	Andrews Angelina	131 133	Duval Eastland	259 261	Kendali Kenedy	387	Red River Reeves		
	007	Aransas	135	Ector	263	Kent	391	Refugio		
	009	Archer	137	Edwards	265	Kerr	393	Roberts		
	011	Armstrong	139	Ellis	267	Kimble	395	Robertson		
	013 015	Atascosa Austin	141 143	El Paso Erath	269 271	King Kinney	397 399	Rockwall Runnels		
	017	Bailey	145	Falls	273	Kleberg	401	Rusk		
	019	Bandera	147	Fannin	275	Knox	403	Sabine		
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine		
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto		
	025 027	Bee Bell	153 155	Floyd Foard	279 281	Lamb Lampasas	409 411	San Patricio San Saba		
	029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher		
	031	Blanco	159	Franklin	287	Lee	415	Scurry		
	033	Borden	161	Freestone	289	Leon	417	Shackelford		
	035 037	Bosque	163	Frio	291 293	Liberty	419	Shelby		
	037	Bowie Brazoria	165 167	Gaines Galveston	293 295	Limestone Lipscomb	421 423	Sherman Smith		
	041	Brazos	169	Garza	297	Live Oak	425	Somervell		
	043	Brewster	171	Gillespie	299	Llano	427	Starr		
	045	Briscoe	173	Glasscock	301	Loving	429	Stephens		
	047 049	Brooks Brown	175 177	Goliad Gonzales	303 305	Lubbock Lynn	431 433	Sterling Stonewall		
	051	Burleson	179	Gray	307	McCulloch	435	Sutton		
	053	Burnet	181	Grayson	309	McLennan	437	Swisher		
	055	Caldwell	183	Gregg	311	McMullen	439	Tarrant		
	057 059	Calhoun Callahan	185 187	Grimes Guadalupe	313 315	Madison Marion	441 443	Taylor Terrell		
	061	Cameron	189	Hale	317	Martin	445	Terry		
	063	Camp	191	Hall	319	Mason	447	Throckmorton		
	065	Carson	193	Hamilton	321	Matagorda	449	Titus		
	067	Cass Castro	195	Hansford	323	Maverick	451	Tom Green		
	069 071	Chambers	197 199	Hardeman Hardin	325 327	Medina Menard	453 455	Travis Trinity		
	073	Cherokee	201	Harris	329	Midland	457	Tyler		
	075	Childress	203	Harrison	331	Milam	459	Upshur		
	077	Clay	205	Hartley	333	Mills	461	Upton		
	079 081	Cochran Coke	207 209	Haskell Hays	335 337	Mitchell Montague	463 465	Uvalde Val Verde		
	083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt		
	085	Collin	213	Henderson	341	Moore	469	Victoria		
	087	Collingsworth	215	Hidalgo	343	Morris	471	Walker		
	089 091	Colorado	217	Hill Hockley	345 347	Motley Nacogdoches	473 475	Waller Ward		
	091	Comal Comanche	219 221	Hood	347 349	Nacogdocnes Navarro	475 477	Washington		
	095	Concho	223	Hopkins	351	Newton	479	Webb		
	097	Cooke	225	Houston	353	Nolan	481	Wharton		

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099	Coryell	227	Howard	355	Nueces	483	Wheeler
101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
103	Crane	231	Hunt	359	Oldham	487	Wilbarger
105	Crockett	233	Hutchinson	361	Orange	489	Willacy
107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
109	Culberson	237	Jack	365	Panola	493	Wilson
111	Dallam	239	Jackson	367	Parker	495	Winkler
113	Dallas	241	Jasper	369	Parmer	497	Wise
115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
119	Delta	247	Jim Hogg	375	Potter	503	Young
121	Denton	249	Jim Wells	377	Presidio	505	Zapata
123	Dewitt	251	Johnson	379	Rains	507	Zavala
125	Dickens	253	Jones	381	Randall		
127	Dimmit	255	Karnes	383	Reagan	•	Invalid
3	Type:	Alpha	numeric	Data Sou	rce:	Assigned,	, based on patient ZIP code

Field 25: 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
- 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
- Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
- Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, 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

Data Source:

Claim

Last Updated: December 2025

Length: 2 Type: Alphanumeric Data Source: Assigned

Field 26: TYPE OF ADMISSION

Code indicating the type of admission. Hospital emergency department visits only.

Coding Scheme:

Length:

- 1 Emergency
- 2 Urgent
- 3 Elective
- 4 Newborn
- 5 Trauma Center
- 9 Information not available 1 **Type:** Alphanumeric

Field 27: SOURCE OF ADMISSION

Code indicating source of the admission. Hospital emergency department visits only.

Coding Scheme:

Length:

- Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
- 2 Clinic or Physician's Office
- 4 Transfer from a hospital
- Transfer from a skilled nursing facility, intermediate care facility or
- assisted living facility
- 6 Transfer from another health care facility
- 8 Court/Law Enforcement
- 9 Information not available
- Transfer from One distinct Unit of the Hospital to another Distinct Unit of
 - the Same Hospital Resulting in a Separate Claim to the Payer

2025

	E Transfer	from Ambulatory Surgery Cente	er		
		from a Hospice Facility	_	_	
	(Effective	from a designated hospital disast ve 7/1/2020)	ster alternate	care site	
		of Admission=4 (Newborn)			
		ide this hospital			
T		tside this hospital	75		CI.
Length:	1 Type:	Alphanumeric	Data S	ource:	Claim
Field 28:		MENT_SRC			
		ng the expected primary so		•	
Coding Scheme:		(Removed from 5010 format, us	se "ZZ"	HM	Health Maintenance Organization
• • • • • • • • • • • • • • • • • • •	_	g 2Q2012 data) Certification		LI	Liability
		on-federal Programs		LM	Liability Medical
		d Provider Organization (PPO)		MA	Medicare Part A
		Service (POS)		MB	Medicare Part B
		re Provider Organization (EPO)		MC	Medicaid
		ty Insurance Aaintenance Organization (HMO)) Madiaara	TV OF	Title V Other Federal Program
	Risk	Taintenance Organization (HWO)) Medicare	Or	Other Federal Program
		bile Medical		VA	Veteran Administration Plan
		oss/Blue Shield		WC	Workers Compensation Health Claim
	CH CHAMP			ZZ	Charity, Indigent or Unknown
		cial Insurance			Codes 09 and ZZ, combined for 2004 & 2005
T 41		y Insurance	D-4- C		Invalid
Length:	2 Type:	Alphanumeric	Data S	ource:	Claim
Field 29:	FIRST_PAY				
					vernment). CMS.gov has the following:
					rganizations that pay for health care
	services. Also	known as Health Plan ID	, or Plan I	D.	
Length:	10 Type:	Alphanumeric	Data S	ource:	Claim
Field 30:	FIRST PAY	ER NAME			
		nary source of payment.			
Length:	35 Type:	Alphanumeric	Data S	ource:	Claim
Field 31:		RY PAYMENT SRC			
riciu 51.		ng the expected secondary	source of	navmen	ıt.
Coding Scheme:		ST PAYMENT SRC	source or	paymen	
Length:	2 Type:	Alphanumeric	Data S	01112001	Claim
			Data S	ource.	Ciann
Field 32:		RY_PAYER_ID	. 11 C	1 1	
		Identifier (when impleme	•	_	
Length:	10 Type:	Alphanumeric	Data S	ource:	Claim
Field 33:	SECONDAR	RY_PAYER_NAME			
	Name of seco	ondary source of payment.			
Length:	35 Type:	Alphanumeric	Data S	ource:	Claim
Field 34:	STMT PER	IOD FROM			
			lected on t	he state	ment. Entered as YYYYMMDD.
Length:	8 Type:	Alphanumeric	Data S		Claim
	STMT_PER	•	Data 5	ource.	Ciaini
Field 35:			4 1 41		A E A 1 MANAMADD
T4h	-				nt. Entered as YYYYMMDD.
Length:	8 Type:	Alphanumeric	Data S	ource:	Claim
Field 36:		F_SERVICE			
					eriod reflected on the statement
					late (STMT_PERIOD_FROM). The
	minimum len	gth of stay is 1 day. The m	aximum is	s 30 day	S.
Length:	4 Type:	Alphanumeric	Data S	•	Calculated
Field 37:	PAT STATU				-
1014 57 ·	_		ending det	e of cam	vice for the period of care reported.
Coding Saha		- 1	-	e of serv	nce for the period of care reported.
Coding Scheme:		ged to home or self-care (routine		1 for i (iout oous
		ged/transferred to a short-term ge			edicare certification in anticipation of skilled care
	55 Discharg	,ca transferred to skilled hurshig	incinty (DIVI	, with 1010	careare continuation in anticipation of skilled care
2025		D	o 61 —		
www.dshs.texas.d	rov/THCIC	rag	e 61 💳		Last Undated: December 2025

www.dshs.texas.gov/THCIC

Discharged/transferred to a facility that provides custodial or supportive care

05 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007) Discharged/transferred to home under care of an organized home health service organization in anticipation of covered 06 skilled care 07 Left against medical advice 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 government operated health facility 50 Hospice-home Hospice-medical facility (Certified) providing hospice level of care 51 61 Discharged/transferred within this institution to Medicare-approved swing bed Discharged/transferred to inpatient rehabilitation facility 62 63 Discharged/transferred to Medicare-certified long term care hospital 64 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital 66 Discharged/transferred to Critical Access Hospital (CAH) Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013) 69 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list 81 Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care Hospital 82 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care 83 Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital 84 Inpatient Readmission (effective 10-1-2013) Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital 85 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute 86 Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission 87 (effective 10-1-2013) Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission 88 (effective 10-1-2013) Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital 89 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a 90 Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital 91 Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a 92 Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute 93 Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission 94 (effective 10-1-2013) Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a 95 Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) Alphanumeric Length: Data Source: Claim Type: TYPE OF BILL Field 38: Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim. **Coding Scheme:** 1st digits—Type of Facility 2nd digit-Type of Care rd digits-Sequence of claim Hospital Inpatient, including Medicare Part A Non-payment/Zero claim Skilled nursing Admit through discharge claim Inpatient, Medicare Part B only Home health Outpatient Interim-first claim Religious non-medical health care-Outpatient Other, Medicare Part B Interim-continuing claim Hospital 5 Religious non-medical health care-5 Intermediate Care-Level I Interim-last claim Extended care Intermediate care Intermediate Care-Level II Late charge(s) only claim Sub-acute inpatient - Level III Adjustment of prior claim (Not Clinic used by Medicare) Special facility Swing bed Replacement of prior claim Void/cancel of prior claim 2025

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04

Length:	3 Type:	Alphanumeric	Data Source:	Claim
Field 39:	PAT_REASON			
				on 10- Clinical Modification)
				time of outpatient registration,6to
		5th, 6th and 7th digits	if applicable. Decimal	is implied following the third
	character.	1 2022 THEIR		DATE DELACON FOR MICHE!
			is no longer collecting	PAT_REASON_FOR_VISIT in
I anath.	Outpatient Profes		Data Source:	Claim
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 40:	PRINC_DIAG_		on of Disagge Pavis	sion 10 – Clinical Modification)
				condition established after study to be
				e the 4th, 5th, 6th and 7th digits if
			ng the third character.	e the 4th, 5th, 6th and 7th digits if
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 41:	OTH DIAG C	*	Duta Source.	Clumi
icia II.			on of Diseases – Revis	sion 10 – Clinical Modification)
				l diagnosis or develops subsequently
				7th digits if applicable. Decimal is
		g the third character.	, - , - ,	8 11
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 42:	OTH DIAG CO			
			on of Diseases – Revis	sion 10 – Clinical Modification)
				l diagnosis or develops subsequently
				7th digits if applicable. Decimal is
		g the third character.	, ,	
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 43:	OTH DIAG C	ODE 3		
		_	on of Diseases – Revis	sion 10 – Clinical Modification)
	diagnosis code fo	or a condition that coe	xists with the principal	l diagnosis or develops subsequently
	during a patient's	s treatment. To includ	e the 4th, 5th, 6th and	7th digits if applicable. Decimal is
	implied followin	g the third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 44:	OTH_DIAG_C	ODE_4		
	ICD-10-CM (Inte	ernational Classificati	on of Diseases - Revis	sion 10 – Clinical Modification)
	diagnosis code fo	or a condition that coe	xists with the principal	l diagnosis or develops subsequently
			e the 4th, 5th, 6th and	7th digits if applicable. Decimal is
	implied followin	g the third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 45:	OTH_DIAG_C			
				sion 10 – Clinical Modification)
				l diagnosis or develops subsequently
			e the 4th, 5th, 6th and	7th digits if applicable. Decimal is
	-	g the third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 46:	OTH_DIAG_C			
				sion 10 – Clinical Modification)
				l diagnosis or develops subsequently
				h, 6th and 7th digits if applicable.
_	_	ed following the third		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 47:	OTH_DIAG_C			
				sion 10 – Clinical Modification)
	diagnosis code for	or a condition that coe	xists with the principal	l diagnosis or develops subsequently

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	during a patient's treatment. To include the 4th, 5th, 6th and 7t implied following the third character.	h digits if applicable. Decimal is
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 48:	OTH DIAG CODE 8	
	ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 49:	OTH_DIAG_CODE_9 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 50:	OTH_DIAG_CODE_10 ICD-10-CM (International Classification of Diseases – Revisio diagnosis code for a condition that coexists with the principal during a patient's treatment. To include the 4th, 5th, 6th and 7t implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 51:	OTH_DIAG_CODE_11 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 52:	OTH_DIAG_CODE_12 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th include the 4th, 6th, 6th, 6th, 6th, 6th, 6th, 6th, 6	liagnosis or develops subsequently
Length:	implied following the third character. 7 Type: Alphanumeric Data Source:	Claim
Field 53:	OTH_DIAG_CODE_13 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	on 10 – Clinical Modification) liagnosis or develops subsequently h digits if applicable. Decimal is
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 54:	OTH_DIAG_CODE_14 ICD-10-CM (International Classification of Diseases – Revisio diagnosis code for a condition that coexists with the principal during a patient's treatment. To include the 4th, 5th, 6th and 7t implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 55:	OTH_DIAG_CODE_15 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of during a patient's treatment. To include the 4th, 5th, 6th and 7th implied following the third character.	liagnosis or develops subsequently
Length:	7 Type: Alphanumeric Data Source:	Claim
Field 56:	OTH_DIAG_CODE_16 ICD-10-CM (International Classification of Diseases – Revision diagnosis code for a condition that coexists with the principal of	on 10 – Clinical Modification)

Length:	7 Type:	g the third character. Alphanumeric	Data Source:	Claim
Field 57:	OTH DIAG CO			
	ICD-10-CM (Inte	ernational Classificatio		on 10 – Clinical Modification)
				diagnosis or develops subsequently
	~ .		the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
Length:	7 Type:	g the third character. Alphanumeric	Data Source:	Claim
Field 58:	OTH DIAG CO		Data Source.	Ciami
11014 001		_	n of Diseases – Revision	on 10 – Clinical Modification)
	diagnosis code fo	r a condition that coex	ists with the principal	diagnosis or develops subsequently
			the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
Longth	•	g the third character.	Data Courses	Claim
Length: Field 59:	7 Type: OTH DIAG CO	Alphanumeric	Data Source:	Claim
riciu 37.		_	n of Diseases – Revision	on 10 – Clinical Modification)
				diagnosis or develops subsequently
			the 4th, 5th, 6th and 7th	th digits if applicable. Decimal is
	•	g the third character.	D	
Length: Field 60:	7 Type: OTH DIAG CO	Alphanumeric	Data Source:	Claim
rieia ou:		_	n of Diseases – Revisio	on 10 – Clinical Modification)
				diagnosis or develops subsequently
				th digits if applicable. Decimal is
	•	g the third character.		
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 61:	OTH_DIAG_CO		fD: D:::	10 Cli-i1 M-4:6:4i)
				on 10 – Clinical Modification) diagnosis or develops subsequently
				th digits if applicable. Decimal is
		g the third character.	, , , , , , , , , , , , , , , , , , , ,	8 11
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 62:	OTH_DIAG_CO	_	an: n ::	10 (11 1 12 11 11 11 11 11
				on 10 – Clinical Modification) diagnosis or develops subsequently
				th digits if applicable. Decimal is
	U 1	g the third character.	the run, sun, sun una ru	ar digita ir appricuote. Decimai is
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 63:	OTH_DIAG_CO			
				on 10 – Clinical Modification)
				diagnosis or develops subsequently h digits if applicable. Decimal is
	0 1	g the third character.	the 4th, 5th, 6th and 7th	in digits if applicable. Declinal is
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 64:	OTH_DIAG_CO	<u> </u>		
				on 10 – Clinical Modification)
				diagnosis or develops subsequently
			the 4th, 5th, 6th and 7	th digits if applicable. Decimal is
	implied following	g the third character. Alphanumeric	Data Source:	Claim
Length:	7 Type		Data Soulte.	Ciaiiii
	7 Type: RELATED CAI	•		
Length: Field 65:	RELATED_CA	USE_CODE_1	se of an illness, injury of	or an accident.
	RELATED_CA	USE_CODE_1 an accompanying cause	se of an illness, injury of	or an accident.
Field 65:	RELATED_CAL Code identifying	USE_CODE_1 an accompanying cause	se of an illness, injury of	or an accident.
Field 65: Coding Scheme:	RELATED_CAL Code identifying AA Auto accid	USE_CODE_1 an accompanying cause	se of an illness, injury o	or an accident.
Field 65:	RELATED_CAL Code identifying AA Auto accid AB Abuse	USE_CODE_1 an accompanying cause lent	se of an illness, injury of	Last Undated: December 2025

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	AP Another party	responsible		
	EM Employment	responsible		
	OA Other accident			
Length:		Alphanumeric	Data Source:	Claim
Field 66:	RELATED_CAUSE	E_CODE_2		
	Code identifying an a	accompanying caus	e of an illness, injury of	or an accident.
Coding Scheme:	Same as RELATED_			
Length:		Alphanumeric	Data Source:	Claim
Field 67:	RELATED_CAUSE			
			e of an illness, injury of	or an accident.
Coding Scheme:	Same as RELATED_			Claim
Length: Field 68:		Alphanumeric	Data Source:	Claim
rieiu oo:	E_CODE_1	ause of Morbidity/I	niury Code is an ICD	10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable.
	Decimal is implied for			5 11
Length:	7 Type:	Alphanumeric	Data Source:	Claim
Field 69:	E_CODE_2			
				10-CM diagnosis code that is used
				o include the 4th, 5th, 6th and 7th
T (1		-	-	racter (See Field # 68).
Length:	VI	Alphanumeric	Data Source:	Claim
Field 70:	E_CODE_3	ouse of Marhidity/I	nium Code is on ICD	10-CM (International Classification
				code that is used to classify injury
				5th, 6th and 7th digits if applicable
			haracter (See Field # 6	
Length:		Alphanumeric	Data Source:	Claim
	, IJPC.			
Field 71:	E_CODE_4			
Field 71:	E_CODE_4 E-Code – External Ca			10-CM (International Classification
Field 71:	E_CODE_4 E-Code – External Ca of Diseases – Revision	on 10 – Clinical Mo	dification) diagnosis o	code that is used to classify injury
Field 71:	E_CODE_4 E-Code – External Ca of Diseases – Revision events by mechanism	on 10 – Clinical Mo and intent of injur	dification) diagnosis of the diffication. To include the 4th,	
	E_CODE_4 E-Code – External Ca of Diseases – Revisio events by mechanism Decimal is implied for	on 10 – Clinical Mo a and intent of injur ollowing the third c	dification) diagnosis of y. To include the 4th, haracter.	code that is used to classify injury 5th, 6th and 7th digits if applicable.
Length:	E_CODE_4 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for Type:	on 10 – Clinical Mo and intent of injur	dification) diagnosis of the diffication. To include the 4th,	code that is used to classify injury
	E_CODE_4 E-Code – External Ca of Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5	on 10 – Clinical Monand intent of injurblowing the third challength Alphanumeric	dification) diagnosis of y. To include the 4th, haracter. Data Source:	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim
Length:	E_CODE_4 E-Code – External Ca of Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code – External Ca	on 10 – Clinical Monand intent of injurbllowing the third challend Alphanumeric	diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification
Length:	E_CODE_4 E-Code – External Ca of Diseases – Revisio events by mechanism Decimal is implied for 7	on 10 – Clinical Monand intent of injurblowing the third challenge of Morbidity/I on 10 – Clinical Monand III – Clinical Monand II – Clinica	dification) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-dification) diagnosis of	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim
Length:	E_CODE_4 E-Code – External Ca of Diseases – Revisio events by mechanism Decimal is implied for 7	on 10 – Clinical Monand intent of injure of lowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure	dification) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-dification) diagnosis of y. To include the 4th,	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury
Length: Field 72: Length:	E_CODE_4 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type:	on 10 – Clinical Monand intent of injure of lowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure	dification) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-dification) diagnosis of y. To include the 4th,	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury
Length: Field 72:	E_CODE_4 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6	on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric	dification) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-dification) diagnosis of y. To include the 4th, haracter. Data Source:	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim
Length: Field 72: Length:	E_CODE_4 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type:	on 10 – Clinical Monand intent of injur- bllowing the third can all the can al	diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification
Length: Field 72: Length:	E_CODE_4 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code - External Carof Diseases - Revision events events by mechanism Decimal is implied for 7 Type:	on 10 – Clinical Monand intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of Injur-	diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter.	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury
Length: Field 72: Length:	E_CODE_4 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code – External Carof Diseases – Revision events by mechanism decimal carof Diseases – Revision events by mechanism events by mechanism	on 10 – Clinical Monand intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injur-	diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source:	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification
Length: Field 72: Length: Field 73:	E_CODE_4 E-Code — External Ca of Diseases — Revisio events by mechanism Decimal is implied for 7	on 10 – Clinical Monand intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injur- bllowing the third of and intent of injur- bllowing the third of third of the control of	diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. y. To include the 4th, haracter.	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. 5th, 6th and 7th digits if applicable.
Length: Field 72: Length: Field 73:	E_CODE_4 E-Code — External Carof Diseases — Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code — External Carof Diseases — Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code — External Carof Diseases — Revision events by mechanism Decimal is implied for 7 Type:	on 10 – Clinical Monand intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injur-	diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source:	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury
Length: Field 72: Length: Field 73:	E_CODE_4 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_7	on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure ollowing the third of and intent of injure ollowing the third of Alphanumeric	dification) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-dification) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-dification) diagnosis of y. To include the 4th, haracter. Data Source: Data Source:	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim Claim Claim
Length: Field 72: Length: Field 73:	E_CODE_4 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type: E_CODE_7 E-CODE_7 E-Code – External Carof Diseases – Revision events by mechanism Decimal is implied for 7 Type:	on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injure ollowing the third of Alphanumeric ause of Morbidity/I	dification) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-dification) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-dification) diagnosis of y. To include the 4th, haracter. Data Source: Data Source: njury Code is an ICD-dification diagnosis of y. To include the 4th, haracter. Data Source:	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. 5th, 6th and 7th digits if applicable.
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Length: Field 72: Length: Field 73: Length: Field 74:	E_CODE_4 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_5 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_6 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_7 E-CODE_7 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type: E_CODE_7 E-Code - External Carof Diseases - Revision events by mechanism Decimal is implied for 7 Type:	on 10 – Clinical Monand intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injur- bllowing the third of and intent of injur- bllowing the third of Alphanumeric ause of Morbidity/I on 10 – Clinical Monand intent of injur- and intent of injur- and intent of injur-	diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, haracter. Data Source: njury Code is an ICD-diffication) diagnosis of y. To include the 4th, y. To i	code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable. Claim 10-CM (International Classification code that is used to classify injury 5th, 6th and 7th digits if applicable.
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	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classifica	
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injury	
	events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applicate Decimal in implied following the third character.	ne.
Length:	Decimal is implied following the third character. 7 Type: Alphanumeric Data Source: Claim	
Field 76:	E CODE 9	
riciu 70.	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classifica	tion
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injur	
	events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applical	
	Decimal is implied following the third character.	,10.
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 77:	E CODE 10	
	E-Code – External Cause of Morbidity/Injury Code is an ICD-10-CM (International Classificat	ion
	of Diseases – Revision 10 – Clinical Modification) diagnosis code that is used to classify injur	
	events by mechanism and intent of injury. To include the 4th, 5th, 6th and 7th digits if applical	
	Decimal is implied following the third character.	
Length:	7 Type: Alphanumeric Data Source: Claim	
Field 78:	PROC_CODE_1	
	Code for the surgical or other procedure with the highest charge performed during the period	
	covered by the bill. HCPCS or CPT code. HCPCS is a collection of standardized codes used to)
	ensure healthcare claims are processed in an orderly and consistent manner. Divided into Leve	11
	(CPT - Current Procedural Terminology) codes and Level 2 (products, supplies, and services r	ıot
	included in CPT such as ambulance services and durable medical equipment).	
Length:	5 Type: Alphanumeric Data Source: Claim	
Field 79:	PROC_CODE_2	
	Code for surgical or other procedure with the next highest charge performed during the period	
	covered by the bill. HCPCS or CPT code.	
Length:	5 Type: Alphanumeric Data Source: Claim	
Field 80:	PROC_CODE_3	
	Code for surgical or other procedure with the next highest charge performed during the period	
	covered by the bill. HCPCS or CPT code.	
Length:	5 Type: Alphanumeric Data Source: Claim	
Field 81:	PROC_CODE_4	
	Code for surgical or other procedure with the next highest charge performed during the period	
	covered by the bill. HCPCS or CPT code.	
Length:	5 Type: Alphanumeric Data Source: Claim	
Field 82:	PROC_CODE_5	
	Code for surgical or other procedure with the next highest charge performed during the period	
	covered by the bill. HCPCS or CPT code.	
Length:	5 Type: Alphanumeric Data Source: Claim	
Field 83:	PROC_CODE_6	
	Code for surgical or other procedure with the next highest charge performed during the period	
_	covered by the bill. HCPCS or CPT code.	
Length:	5 Type: Alphanumeric Data Source: Claim	
Field 84:	PROC_CODE_7	
	Code for surgical or other procedure with the next highest charge performed during the period	
_	covered by the bill. HCPCS or CPT code.	
Length:	5 Type: Alphanumeric Data Source: Claim	
Field 85:	PROC_CODE_8	
	Code for surgical or other procedure with the next highest charge performed during the period	
	covered by the bill. HCPCS or CPT code.	
Length:	5 Type: Alphanumeric Data Source: Claim	
Field 86:	PROC_CODE_9	
	Code for surgical or other procedure with the next highest charge performed during the period	
	covered by the bill. HCPCS or CPT code.	
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Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 87:	PROC CODE 10	•		
		other procedure with	the next highest charge	performed during the period
	covered by the bill. H			
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 88:	PROC CODE 11	•		
	Code for surgical or o		the next highest charge 1	performed during the period
	covered by the bill. H			
Length:		Alphanumeric	Data Source:	Claim
Field 89:	PROC_CODE_12			
			the next highest charge p	performed during the period
	covered by the bill. H			
Length:		Alphanumeric	Data Source:	Claim
Field 90:	PROC_CODE_13			
				performed during the period
	covered by the bill. H	ICPCS or CPT code.		
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 91:	PROC_CODE_14			
	Code for surgical or o	other procedure with	the next highest charge 1	performed during the period
	covered by the bill. H	CPCS or CPT code.		
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 92:	PROC CODE 15	-		
	Code for surgical or o	other procedure with	the next highest charge	performed during the period
	covered by the bill. H			
Length:	5 Type:	Alphanumeric	Data Source:	Claim
Field 93:	PROC CODE 16	-		
	Code for surgical or o	other procedure with	the next highest charge	performed during the period
				C 1
	covered by the bill. H	ICPCS or CPT code.		
Length:	•	ICPCS or CPT code. Alphanumeric	Data Source:	Claim
Length: Field 94:	•		Data Source:	Claim
	5 Type: PROC_CODE_17	Alphanumeric		Claim performed during the period
	5 Type: PROC_CODE_17	Alphanumeric other procedure with		
	5 Type: PROC_CODE_17 Code for surgical or ocovered by the bill. H	Alphanumeric other procedure with		
Field 94:	5 Type: PROC_CODE_17 Code for surgical or ocovered by the bill. H	Alphanumeric other procedure with ICPCS or CPT code.	the next highest charge p	performed during the period
Field 94: Length:	5 Type: PROC_CODE_17 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_18	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric	the next highest charge p	performed during the period
Field 94: Length:	5 Type: PROC_CODE_17 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_18	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric other procedure with	the next highest charge parts Source: the next highest charge parts of the next highest parts of the	performed during the period
Field 94: Length:	5 Type: PROC_CODE_17 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_18 Code for surgical or of covered by the bill. H 5 Type:	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric other procedure with	the next highest charge parts Source: the next highest charge parts of the next highest parts of the	performed during the period
Field 94: Length: Field 95:	5 Type: PROC_CODE_17 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_18 Code for surgical or of covered by the bill. H	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric other procedure with ICPCS or CPT code.	the next highest charge parts Source: the next highest charge parts	cerformed during the period Claim Derformed during the period
Field 94: Length: Field 95: Length:	5 Type: PROC_CODE_17 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_18 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_19	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric	the next highest charge pata Source: the next highest charge pata Source:	cerformed during the period Claim Derformed during the period
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Field 94: Length: Field 95: Length: Field 96: Length:	5 Type: PROC_CODE_17 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_18 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_19 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_19 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_20	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric	the next highest charge pata Source: the next highest charge pata Source: the next highest charge pata Source:	Claim
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Field 94: Length: Field 95: Length: Field 96: Length:	5 Type: PROC_CODE_17 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_18 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_19 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_19 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_20 Code for surgical or of covered by the bill. H	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric	the next highest charge pata Source:	Claim
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Field 94: Length: Field 95: Length: Field 96: Length: Field 97:	5 Type: PROC_CODE_17 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_18 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_19 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_20 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_20 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_21	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric	the next highest charge pata Source:	Claim
Field 94: Length: Field 95: Length: Field 96: Length: Field 97:	5 Type: PROC_CODE_17 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_18 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_19 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_20 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_20 Code for surgical or of covered by the bill. H 5 Type: PROC_CODE_21	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric	the next highest charge pata Source:	Claim
Field 94: Length: Field 95: Length: Field 96: Length: Field 97:	PROC_CODE_17 Code for surgical or of covered by the bill. H Type: PROC_CODE_18 Code for surgical or of covered by the bill. H Type: PROC_CODE_19 Code for surgical or of covered by the bill. H Type: PROC_CODE_19 Code for surgical or of covered by the bill. H Type: PROC_CODE_20 Code for surgical or of covered by the bill. H Type: PROC_CODE_21 Code for surgical or of covered by the bill. H Type: PROC_CODE_21 Code for surgical or of covered by the bill. H	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric	the next highest charge pata Source:	Claim
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Field 94: Length: Field 95: Length: Field 96: Length: Field 97: Length: Field 98: Length: Field 98:	PROC_CODE_19 Code for surgical or of covered by the bill. H Type: PROC_CODE_18 Code for surgical or of covered by the bill. H Type: PROC_CODE_19 Code for surgical or of covered by the bill. H Type: PROC_CODE_20 Code for surgical or of covered by the bill. H Type: PROC_CODE_20 Code for surgical or of covered by the bill. H Type: PROC_CODE_21 Code for surgical or of covered by the bill. H Type: PROC_CODE_21 Code for surgical or of covered by the bill. H Type: PROC_CODE_22 Code for surgical or of covered by the bill. H	Alphanumeric other procedure with ICPCS or CPT code. Alphanumeric	the next highest charge pata Source:	Claim Claim Claim Claim Claim Derformed during the period Claim Claim Derformed during the period Claim Derformed during the period Claim Derformed during the period Claim Claim Claim Claim Claim
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	covered by the bill. HCPCS or CPT code.	t highes	t charge performed during the period
Length:	•	Source:	Claim
Field 101:	PROC CODE 24	ource.	Ciaiii
riciu IVI.	Code for surgical or other procedure with the next covered by the bill. HCPCS or CPT code.	t highes	at charge performed during the period
Length:	•	Source:	Claim
Field 102:	PROC CODE 25		
1014 1021	Code for surgical or other procedure with the next covered by the bill. HCPCS or CPT code.	t highes	t charge performed during the period
Length:	5 Type: Alphanumeric Data S	Source:	Claim
Field 103:	PHYSICIAN1 INDEX NUMBER		
	Unique identifier assigned to the licensed physic		
	services rendered, with primary responsibility for		
	Physician is an individual licensed to practice me		
	include an individual other than a physician who		
	diagnostic or therapeutic procedures to inpatients	, includ	ing psychologists, chiropractors, dentists,
	nurse practitioners, nurse midwives, and podiatri		
	patients.		, I
Length:	•	Source:	Assigned
Field 104:	PHYSICIAN2 INDEX NUMBER		0
ricia ion	Unique identifier assigned to the operating physic	sion or r	shiring an other than the attending
	physician. Physician is an individual licensed to		
	Can include an individual other than a physician		
	diagnostic or therapeutic procedures to inpatients		
	nurse practitioners, nurse midwives, and podiatri	sts autho	orized by the hospital to admit or treat
	patients.		
Length:	10 Type: Alphanumeric Data S	Source:	Assigned
			that may affect payer processing and is
	associated with a specific date.		and may affect payer processing and is
Coding Scheme:	associated with a specific date. 01 Auto accident	40	Scheduled date of admission
Coding Scheme:	0.1		
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability	40	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only)
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related	40 41 42 43	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident	40 41 42 43 44	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim	40 41 42 43 44 45	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle	40 41 42 43 44 45 46	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness	40 41 42 43 44 45	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent	40 41 42 43 44 45 46 47	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual	40 41 42 43 44 45 46 47 A1 A2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual 16 Date of Last Therapy	40 41 42 43 44 45 46 47 A1 A2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A
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Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual 16 Date of Last Therapy 17 Date Outpatient OT Plan Established or Last	40 41 42 43 44 45 46 47 A1 A2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual 16 Date of Last Therapy 17 Date Outpatient OT Plan Established or Last Reviewed 18 Date of Retirement - Patient/Beneficiary 19 Date Guarantee of Payment Began	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual 16 Date of Last Therapy 17 Date Outpatient OT Plan Established or Last Reviewed 18 Date of Retirement - Patient/Beneficiary 19 Date of Retirement - Spouse 20 Date Guarantee of Payment Began 21 Date UR Notice Received	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual 16 Date of Last Therapy 17 Date Outpatient OT Plan Established or Last Reviewed 18 Date of Retirement - Patient/Beneficiary 19 Date of Retirement - Spouse 20 Date Guarantee of Payment Began 21 Date UR Notice Received 22 Date Active Care Ended	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual 16 Date of Last Therapy 17 Date Outpatient OT Plan Established or Last Reviewed 18 Date of Retirement - Patient/Beneficiary 19 Date of Retirement - Spouse 20 Date Guarantee of Payment Began 21 Date UR Notice Received 22 Date Active Care Ended 24 Date Insurance Denied 25 Date Benefits Terminated by Primary Payer	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related
Coding Scheme:	01 Auto accident 02 No Fault Insurance Involved - Including Auto Accident/Other 03 Accident/ Tort Liability 04 Accident/ Employment Related 05 Other accident 06 Crime Victim 09 Start of Infertility Treatment Cycle 10 Last Menstrual Period 11 Onset of Symptoms/ Illness 12 Date of Onset for a Chronically Dependent Individual 16 Date of Last Therapy 17 Date Outpatient OT Plan Established or Last Reviewed 18 Date of Retirement - Patient/Beneficiary 19 Date Guarantee of Payment Began 21 Date UR Notice Received 22 Date Active Care Ended 24 Date Insurance Denied 25 Date Benefits Terminated by Primary Payer 26 Date SNF Bed Became Available 27 Date Home Health Plan Established or Last	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related Birthdate - Insured D
Coding Scheme:	No Fault Insurance Involved - Including Auto Accident/Other Accident/ Tort Liability Accident/ Employment Related Crime Victim Start of Infertility Treatment Cycle Last Menstrual Period Conset of Symptoms/ Illness Date of Onset for a Chronically Dependent Individual Date of Last Therapy Date Outpatient OT Plan Established or Last Reviewed Reviewed Accident/ Employment Related Date of Crime Victim Date of Symptoms/ Illness Date of Onset for a Chronically Dependent Individual Accident/ Treatment Dependent Date of Last Therapy Date Outpatient OT Plan Established or Last Reviewed Active Care Ended Date UR Notice Received Date Insurance Denied Date Benefits Terminated by Primary Payer Date SNF Bed Became Available Date Home Health Plan Established or Last Reviewed	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 E2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related
Coding Scheme:	No Fault Insurance Involved - Including Auto Accident/Other Accident/ Tort Liability Accident/ Employment Related Crime Victim Start of Infertility Treatment Cycle Last Menstrual Period Conset of Symptoms/ Illness Date of Onset for a Chronically Dependent Individual Date of Last Therapy Date Outpatient OT Plan Established or Last Reviewed Reviewed Reviewed Accident/ Employment Related Date of Retirement - Patient/Beneficiary Date Outpatient OT Plan Established or Last Reviewed Accident/ Employment Began Date UR Notice Received Date Active Care Ended Date Benefits Terminated by Primary Payer Date SNF Bed Became Available Date Home Health Plan Established or Last Reviewed Date Comprehensive Outpatient Rehabilitation Plan	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related Birthdate - Insured D
Coding Scheme:	No Fault Insurance Involved - Including Auto Accident/Other Accident/ Tort Liability Accident/ Employment Related Other accident Crime Victim Start of Infertility Treatment Cycle Last Menstrual Period Onset of Symptoms/ Illness Date of Onset for a Chronically Dependent Individual Date of Last Therapy Tate Outpatient OT Plan Established or Last Reviewed Bate of Retirement - Patient/Beneficiary Date of Retirement - Spouse Date Guarantee of Payment Began Date UR Notice Received Date Insurance Denied Date SNF Bed Became Available Date Home Health Plan Established or Last Reviewed Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 E2	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related Birthdate - Insured D Effective date - Insured D Policy
Coding Scheme:	No Fault Insurance Involved - Including Auto Accident/Other Accident/ Tort Liability Accident/ Employment Related Crime Victim Start of Infertility Treatment Cycle Last Menstrual Period Conset of Symptoms/ Illness Date of Onset for a Chronically Dependent Individual Date of Last Therapy Date Outpatient OT Plan Established or Last Reviewed Reviewed Reviewed Accident/ Employment Related Date of Retirement - Patient/Beneficiary Date Outpatient OT Plan Established or Last Reviewed Accident/ Employment Began Date UR Notice Received Date Active Care Ended Date Benefits Terminated by Primary Payer Date SNF Bed Became Available Date Home Health Plan Established or Last Reviewed Date Comprehensive Outpatient Rehabilitation Plan	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 E2 E3	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related Birthdate - Insured D Effective date - Insured D
Coding Scheme:	No Fault Insurance Involved - Including Auto Accident/Other Accident/ Tort Liability Accident/ Employment Related Other accident Crime Victim Start of Infertility Treatment Cycle Last Menstrual Period Onset of Symptoms/ Illness Date of Onset for a Chronically Dependent Individual Date of Last Therapy Tate Outpatient OT Plan Established or Last Reviewed Bate of Retirement - Patient/Beneficiary Date of Retirement - Spouse Date Guarantee of Payment Began Date UR Notice Received Date Benefits Terminated by Primary Payer Date SNF Bed Became Available Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed Date Outpatient PT Plan established or last reviewed	40 41 42 43 44 45 46 47 A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 DR E1 E2 E3	Scheduled date of admission Date of first test of pre-admission testing Date of discharge (hospice only) Scheduled date of canceled surgery Date treatment started - OT Date treatment started - ST Date treatment started - Cardiac rehabilitation Date cost outlier status begins Birthdate - Insured A Effective Date - Insured A Policy Payer A benefits exhausted Split Bill Date Birthdate - Insured B Effective date - Insured B Policy Payer B benefits exhausted Birthdate - Insured C Effective date - Insured C Policy Payer C benefits exhausted Katrina disaster related Birthdate - Insured D Effective date - Insured D Policy Payer D benefits exhausted

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	31 Date beneficiary notified of	f intent to bill F3	Davion E homofite anhanceted
	(accommodations)	C: 1:11 C1	Payer E benefits exhausted
	Date beneficiary notified of (procedures or treatments)		Birthdate - Insured F
	Date of inpatient hospital of transplant patients		Effective date - Insured F Policy
	38 Date treatment started for l	home IV therapy G3	Payer F benefits exhausted
	39 Date discharged on a conti	nuous course if IV	
Length:	therapy 2 Type: Alphar	numeric Data Source	: Claim
Field 106:	OCCUR DATE 1	dimerie Data Source	· Cidilli
Ticia Too.	Date of occurrence, as YYYY	YMMDD.	
Length:		numeric Data Source	: Claim
Field 107:	OCCUR_DAY_1		
	Occurrence Day equals Occ		
Length:	<u> </u>	numeric Data Source	: Calculated
Field 108:	OCCUR_CODE_2		
			that may affect payer processing and is
Cadina Cahama	associated with a specific da		
Coding Scheme: Length:	Same as OCCUR_CODE_1 2 Type: Alphar	numeric Data Source	: Claim
Field 109:	OCCUR DATE 2	differic Data Source	· Claim
riciu 107.	Date of occurrence, as YYYY	VMMDD.	
Length:	-	numeric Data Source	: Claim
Field 110:	OCCUR DAY 2		
	Occurrence Day equals Occ	urrence Date minus STMT_	PERIOD_FROM Date.
Length:	4 Type: Alphar	numeric Data Source	: Calculated
Field 111:	OCCUR_CODE_3		
			that may affect payer processing and is
	associated with a specific da		
	C OCCUP CODE 1		
Coding Scheme:	Same as OCCUR_CODE_1		Claim
Length:	2 Type: Alphar	numeric Data Source	: Claim
_	2 Type: Alphar OCCUR_DATE_3	numeric Data Source	: Claim
Length: Field 112:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY	numeric Data Source	
Length:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar	numeric Data Source	
Length: Field 112: Length:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY	MMDD. Data Source Data Source	: Claim
Length: Field 112: Length:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ	MMDD. Data Source Data Source	: Claim
Length: Field 112: Length: Field 113:	2 Type: Alphan OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphan OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphan OCCUR_CODE_4	MMDD. numeric Data Source Unimeric Data Source urrence minus STMT_PERI numeric Data Source	: Claim OD_FROM Date. : Calculated
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Length: Field 112: Length: Field 113: Length: Field 114:	2 Type: Alphan OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphan OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphan OCCUR_CODE_4 Code describing a significant associated with a specific data	MMDD. numeric Data Source Unimeric Data Source urrence minus STMT_PERI numeric Data Source nt event relating to the claim tate.	: Claim OD_FROM Date. : Calculated
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significar associated with a specific day Same as OCCUR_CODE_1	Mumeric Data Source MMDD. Data Source Unrence minus STMT_PERD Data Source Data Source at event relating to the claim ate.	: Claim OD_FROM Date. : Calculated that may affect payer processing and is
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Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significar associated with a specific day Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY	numeric Data Source WMMDD. numeric Data Source urrence minus STMT_PERI numeric Data Source at event relating to the claim atte. numeric Data Source WMMDD.	: Claim OD_FROM Date. : Calculated that may affect payer processing and is : Claim
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significar associated with a specific day Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar	with the color of the claim of	: Claim OD_FROM Date. : Calculated that may affect payer processing and is : Claim
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115:	2 Type: Alphan OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphan OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphan OCCUR_CODE_4 Code describing a significant associated with a specific data Same as OCCUR_CODE_1 2 Type: Alphan OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphan OCCUR_DAY_4	numeric Data Source WMMDD. numeric Data Source urrence minus STMT_PERI numeric Data Source at event relating to the claim ate numeric Data Source WMMDD. numeric Data Source	: Claim OD_FROM Date. : Calculated that may affect payer processing and is : Claim : Claim
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significar associated with a specific day Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY Alphar OCCUR_DATE_4 Date of occurrence, as YYYY Alphar OCCUR_DAY_4 Occurrence Day equals Occurrence	numeric Data Source WMMDD. numeric Data Source urrence minus STMT_PERI numeric Data Source at event relating to the claim ate numeric Data Source WMMDD. numeric Data Source	: Claim COD_FROM Date. : Calculated that may affect payer processing and is : Claim Claim PERIOD_FROM Date.
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significar associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar	with the control of the claim atte. The control of the claim attention	: Claim COD_FROM Date. : Calculated that may affect payer processing and is : Claim Claim PERIOD_FROM Date. : Calculated
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significar associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_DAY_5 COCUR_CODE_5 Code describing a significar	with event relating to the claim atte. Data Source	: Claim COD_FROM Date. : Calculated that may affect payer processing and is : Claim Claim PERIOD_FROM Date.
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length: Field 117:	OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significar associated with a specific day Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_5 Code describing a significar associated with a specific day associated w	with the color of the claim of the color of	: Claim COD_FROM Date. : Calculated that may affect payer processing and is : Claim Claim PERIOD_FROM Date. : Calculated
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length: Field 117: Coding Scheme:	Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8	with the control of the claim o	: Claim OD_FROM Date. : Calculated that may affect payer processing and is : Claim PERIOD_FROM Date. : Calculated that may affect payer processing and is
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length: Field 117:	Alphan OCCUR_DATE_3 Date of occurrence, as YYYY Type: Alphan OCCUR_DAY_3 Occurrence Day equals Occ Type: Alphan OCCUR_CODE_4 Code describing a significant associated with a specific day and a significant associated with a specific day associated with a specific	with the color of the claim of the color of	: Claim OD_FROM Date. : Calculated that may affect payer processing and is : Claim PERIOD_FROM Date. : Calculated that may affect payer processing and is
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length: Field 117: Coding Scheme:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significar associated with a specific day Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_5 Code describing a significar associated with a specific day same as OCCUR_CODE_1 2 Type: Alphar OCCUR_CODE_5 Code describing a significar associated with a specific day same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_5	numeric Data Source WMMDD. numeric Data Source urrence minus STMT_PERD numeric Data Source at event relating to the claims ate numeric Data Source urrence Date minus STMT_ numeric Data Source at event relating to the claims ate numeric Data Source at event relating to the claims ate numeric Data Source at event relating to the claims ate numeric Data Source Data Source	: Claim OD_FROM Date. : Calculated that may affect payer processing and is : Claim PERIOD_FROM Date. : Calculated that may affect payer processing and is
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length: Field 117: Coding Scheme: Length: Field 117:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significar associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_5 Code describing a significar associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_5 Date of occurrence, as YYYY	with the control of the claim atte. The control of the claim attention attent	: Claim COD_FROM Date. : Calculated that may affect payer processing and is : Claim Claim PERIOD_FROM Date. : Calculated that may affect payer processing and is : Claim
Length: Field 112: Length: Field 113: Length: Field 114: Coding Scheme: Length: Field 115: Length: Field 116: Length: Field 117:	2 Type: Alphar OCCUR_DATE_3 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_3 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_4 Code describing a significar associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_4 Date of occurrence, as YYYY 8 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_DAY_4 Occurrence Day equals Occ 4 Type: Alphar OCCUR_CODE_5 Code describing a significar associated with a specific da Same as OCCUR_CODE_1 2 Type: Alphar OCCUR_DATE_5 Date of occurrence, as YYYY	numeric Data Source WMMDD. numeric Data Source urrence minus STMT_PERD numeric Data Source at event relating to the claims ate numeric Data Source urrence Date minus STMT_ numeric Data Source at event relating to the claims ate numeric Data Source at event relating to the claims ate numeric Data Source at event relating to the claims ate numeric Data Source Data Source	: Claim COD_FROM Date. : Calculated that may affect payer processing and is : Claim Claim PERIOD_FROM Date. : Calculated that may affect payer processing and is : Claim

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Occurrence Day equals Occurrence Date minus STMT_PERIOD_FROM Date.	
Length: 4 Type: Alphanumeric Data Source: Calculated	
Field 120: OCCUR_CODE_6	
Code describing a significant event relating to the claim that may affect payer processing and is	}
associated with a specific date.	
Coding Scheme: Same as OCCUR_CODE_1.	
Length: 2 Type: Alphanumeric Data Source: Claim	
Field 121: OCCUR_DATE_6	
Date of occurrence, as YYYYMMDD.	
Length: 8 Type: Alphanumeric Data Source: Claim	
Field 122: OCCUR_DAY_6	
Occurrence Day equals Occurrence Date minus STMT_PERIOD_FROM Date. Length: 4 Type: Alphanumeric Data Source: Calculated	
Code describing a significant event relating to the claim that may affect payer processing and is associated with a specific date.	1
Coding Scheme: Same as OCCUR CODE 1.	
Length: 2 Type: Alphanumeric Data Source: Claim	
Field 124: OCCUR DATE 7	
Date of occurrence, as YYYYMMDD.	
Length: 8 Type: Alphanumeric Data Source: Claim	
Field 125: OCCUR DAY 7	
Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT PERIOD FROM Date.	
Length: 4 Type: Alphanumeric Data Source: Calculated	
Field 126: OCCUR CODE 8	
Code describing a significant event relating to the claim that may affect payer processing and is	
associated with a specific date.	'
Coding Scheme: Same as OCCUR CODE 1.	
Length: 2 Type: Alphanumeric Data Source: Claim	
Field 127: OCCUR DATE 8	
Date of occurrence, as YYYYMMDD.	
Length: 8 Type: Alphanumeric Data Source: Claim	
Field 128: OCCUR DAY 8	
Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT PERIOD FROM Date.	
Length: 4 Type: Alphanumeric Data Source: Calculated	
Field 129: OCCUR CODE 9	
Code describing a significant event relating to the claim that may affect payer processing and is	;
associated with a specific date.	
Coding Scheme: Same as OCCUR_CODE_1.	
Length: 2 Type: Alphanumeric Data Source: Claim	
Field 130: OCCUR_DATE_9	
Date of occurrence, as YYYYMMDD.	
Length: 8 Type: Alphanumeric Data Source: Claim	
Field 131: OCCUR_DAY_9	
Occurrence Day <i>equals</i> Occurrence Date <i>minus</i> STMT_PERIOD_FROM Date.	
Length: 4 Type: Alphanumeric Data Source: Calculated	
Field 132: OCCUR_CODE_10	
Code describing a significant event relating to the claim that may affect payer processing and is	į.
associated with a specific date.	
Coding Scheme: Same as OCCUR_CODE_1.	
Length: 2 Type: Alphanumeric Data Source: Claim	
Field 133: OCCUR_DATE_10	
Date of occurrence, as YYYYMMDD.	
Length: 8 Type: Alphanumeric Data Source: Claim	

E: .l.J 124.	OCCUP DAY 10		
Field 134:	OCCUR_DAY_10 Occurrence Day <i>equals</i> Occurrence Date	minus STMT DE	SPIOD FROM Date
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 135:	OCCUR CODE 11	Duta Source.	Carcalatea
ricia 103.	Code describing a significant event relati	ng to the claim th	at may affect payer processing and is
	associated with a specific date.		
Coding Scheme:	Same as OCCUR CODE 1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 136:	OCCUR_DATE_11		
	Date of occurrence, as YYYYMMDD.		
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 137:	OCCUR_DAY_11		
T 41	Occurrence Day <i>equals</i> Occurrence Date		
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 138:	OCCUR_CODE_12	4 411 41.	-4 66 -4 1:-
	Code describing a significant event relation associated with a specific date.	ng to the claim th	at may affect payer processing and is
Coding Scheme:	Same as OCCUR CODE 1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 139:	OCCUR DATE 12	Duta Source.	Cimin
11014 1074	Date of occurrence, as YYYYMMDD.		
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 140:	OCCUR DAY 12		
	Occurrence Day equals Occurrence Date	minus STMT_PE	
Length:	4 Type: Alphanumeric	Data Source:	Calculated
Field 141:	OCCUR_SPAN_CODE_1		
	Code describing a significant event relati	ng to the claim th	at may affect payer processing that is
	related to a span of dates.	70	CNE : 1.
Coding Scheme:	70 Qualifying stay dates (for SNF use only)	78 80	SNF prior stay dates Prior Same SNF prior stay dates for Payment
	71 Prior stay dates	80	Ban Purposes
	72 First/Last Visit	81	Antepartum Days at Reduced Level of Care
	73 Benefit eligibility period 74 Noncovered level of care/Leave of absence	M0 M1	QIO/UR approved stay dates Provider liability - no utilization
	75 SNF level of care	M2	Inpatient respite dates
	76 Patient Liability Period	M3	ICF level of care
Length:	 Provider Liability - Utilization Charged Type: Alphanumeric 	M4 Data Source:	Residential level of care Claim
Field 142:	OCCUR SPAN FROM 1	Data Source.	Ciami
riciu 142.	Occurrence Span From is the Beginning	Date of Occurren	ce Event
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 143:	OCCUR SPAN THRU 1		
	Occurrence Span Thru is the Ending Date	e of Occurrence E	Event.
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 144:	OCCUR_SPAN_CODE_2		
	Code describing a significant event relati	ng to the claim th	at may affect payer processing that is
	related to a span of dates.		
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.	7 5	CI. I
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 145:	OCCUR_SPAN_FROM_2	D 4 CO	F 4
I amadh.	Occurrence Span From is the Beginning		
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 146:	OCCUR_SPAN_THRU_2 Occurrence Span Thru is the Ending Date	e of Occurrance E	went
Length:	8 Type: Alphanumeric	Data Source:	Claim
Field 147:	OCCUR SPAN CODE 3	Data Source.	Ciaiiii
	= = = = = = = = = = = = = = = = = = =		

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Coding Scheme:	Code describing a significant event relating to related to a span of dates. Same as OCCUR_SPAN_CODE_1.	the claim that m	nay affect payer processing that is
Length:	2 Type: Alphanumeric Data	a Source:	Claim
Field 148:	OCCUR_SPAN_FROM_3		
	Occurrence Span From is the Beginning Date of		
Length:	* *	a Source:	Claim
Field 149:	OCCUR_SPAN_THRU_3	_	
	Occurrence Span Thru is the Ending Date of O		
Length:	* *	a Source:	Claim
Field 150:	OCCUR_SPAN_CODE_4	a 1	·
	Code describing a significant event relating to related to a span of dates.	the claim that m	ay affect payer processing that is
Coding Scheme:	Same as OCCUR_SPAN_CODE_1.		
Length:		a Source:	Claim
Field 151:	OCCUR_SPAN_FROM_4		
11014 1014	Occurrence Span From is the Beginning Date of	of Occurrence F	vent.
Length:		a Source:	Claim
Field 152:	OCCUR SPAN THRU 4		
	Occurrence Span Thru is the Ending Date of O		t.
Length:		a Source:	Claim
Field 153:	CONDITION_CODE_1		
	Code required when condition information app		
	designed to allow the collection of information		
	venue and billing parameters which impact the Codes are maintained by the National Uniform		
	Billing (UB) Code Set.	Billing Collini	tiee (NOBC) as part of the Offiversal
	NUCC refers to the National Uniform Claim C	ommittee.	
Coding Scheme:	01 Military service related		on/Inductions 39 weeks or greater
Ö	02 Condition is employment related		s for Acute Kidney Injury (AKI)
	Patient covered by insurance not reflected here	Additio	Recertification of Hospice Terminal Illness nal Hemodialysis Treatment with Medical
	04 Information only bill.	86 Justifica	
	05 Lien has been filed	A0 TRICA	RE external partnership program
	06 ESRD patient in first 18 months of entitlement covered by EGHP	A1 EPSDT.	/CHAP
	07 Treatment of non-terminal condition for hospice patient	A2 Physica	lly handicapped children's program
	Beneficiary would not provide information	A3 Special	Federal Funding
	concerning other insurance coverage Neither patient or spouse is employed		planning
	Patient and/or spouse is employed but no EGHP	A5 Disabili	
	exists		
	11 Disabled beneficiary but no LGHP coverage exists 17 Patient is homeless		s/Medicare 100% payment opinion surgery
	18 Maiden name retained	AA Abortio	n performed due to rape
	19 Child retains mother's name		n performed due to incest n performed due to serious fatal genetic defect,
	20 Beneficiary requested billing		ty, or abnormality
	21 Billing for denial notice	AD Abortio	n performed due to life endangering physical on
	Patient on multiple drug regimen	AE is not li	n performed due to physical health of mother that fe endangering
	Home care giver available		n performed due to emotional/psychological f mother
	24 Home IV patient also receiving HHA services	AG Abortio	n performed due to social or economic reasons
	25 Patient is non-US resident	AH Elective	abortion
	VA eligible patient chooses to receive services in a Medicare certified facility	AI Steriliza	ntion
	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ Payer re	esponsible for co-payment

28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled	A	Non-emergency medically necessary stretcher transport
	in a qualified clinical trial	M	required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	B0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient admission	C6	Admission Preauthorization
43	Continuing care not provided within prescribed post discharge window	C7	Extended Authorization
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health Agency	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
48	Psychiatric residential treatment centers for children	D5	Cancel to correct Insured's ID or Provider ID
40	and adolescents (RTCs)	D(Company Desired Programs of Company of Compa
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient Nondiagnostic Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
53	Initial placement of a medical device provided as	DR	Disaster related
33	part of a clinical trial or a free sample	DIC	Disaster related
	No Skilled Home Health Visits in Billing Period.		
54	Policy Exception Documented at the Home Health	E0	Changes in Patient Status
	Agency		
55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice organization enrollee	H3	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room
67	Beneficiary elects not to use lifetime reserve (LTR) days	R1	Request for reopening Reason Code - Mathematical or Computational Mistake
	Beneficiary elects to use lifetime reserve (LTR)		Request for reopening Reason Code -Inaccurate Data
68	days	R2	Entry
69	IME/DGME/N&AH Payment Only	R3	Request for reopening Reason Code - Misapplication of a
70	Self-administered anemia management drug	R4	Fee Schedule Request for reopening Reason Code - Computer Errors
	· ·		Request for reopening Reason Code - Computer Errors Request for reopening Reason Code - Incorrectly
71	Full care in unit	R5	Identified Duplicate Claim
			Request for reopening Reason Code - Other Clerical
72	Self-care in unit	R6	Errors or Minor Errors and Omissions not Specified in
			R1-R5 above
72	0.16	D.7	Request for reopening Reason Code - Corrections other
73	Self-care training	R7	than clerical errors
7.4	11	D.O	Request for reopening Reason Code - New and Material
74 75	Home	R8	Evidence
75 75	Home - 100% reimbursement	R9 W	Request for reopening Reason Code - Faulty Evidence United Mine Workers of America (UMWA)
76	Back-up in facility dialysis	ö	Demonstration Indicator
	Provider accepts or is obligated/required due to a		
77	contractual arrangement or law to accept payment	W2	Duplicate of Original Bill
	by a primary payer as payment		
78	New coverage not implemented by HMO	W3	Level I Appeal
79	CORF services provided offsite	W4	Level II Appeal
80	Home dialysis - nursing facility	W5	Level III Appeal
81	C-section/Inductions <39 Weeks-Medical Necessity		

	82 C-section/Inductions <39 Weeks-Elective					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 154:	CONDITION_CODE_2					
	Code required when condition information applies to the claim or encounter.					
Coding Scheme:	Same as CONDITION_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 155:	CONDITION_CODE_3					
	Code required when condition information applies to the claim or encounter.					
Coding Scheme:	Same as CONDITION_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 156:	CONDITION_CODE_4					
	Code required when condition information applies to the claim or encounter.					
Coding Scheme:	Same as CONDITION_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 157:	CONDITION_CODE_5					
	Code required when condition information applies to the claim or encounter.					
Coding Scheme:	Same as CONDITION_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 158:	CONDITION_CODE_6					
	Code required when condition information applies to the claim or encounter.					
Coding Scheme:	Same as CONDITION_CODE_1.					
Length:	2 Type: Alphanumeric Data Source: Claim					
Field 159:	CONDITION_CODE_7					
Coding Schomor	Code required when condition information applies to the claim or encounter. Same as CONDITION_CODE_1.					
Coding Scheme: Length:	2 Type: Alphanumeric Data Source: Claim					
Field 160:	CONDITION CODE 8					
riciu 100.	Code required when condition information applies to the claim or encounter.					
Coding Scheme:						
	Same as CONDITION CODE 1.					
	Same as CONDITION_CODE_1. 2 Type: Alphanumeric Data Source: Claim					
Length: Field 161:	2 Type: Alphanumeric Data Source: Claim					
Length:						
Length:	2 Type: Alphanumeric Data Source: Claim VALUE_CODE_1					
Length:	Z Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas					
Length: Field 161:	Z Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim Most common semi-private rate 58 Arterial blood gas Hospital has no semi-private rooms 59 Oxygen saturation Inpatient professional component charges which 60 HHA branch MSA					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim Most common semi-private rate Hospital has no semi-private rooms H					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim Most common semi-private rate 58 Arterial blood gas Hospital has no semi-private rooms 59 Oxygen saturation Inpatient professional component charges which are combined billed Professional component included in charges and also billed separately to carrier Alphanumeric Data Source: Claim Arterial blood gas Oxygen saturation HHA branch MSA					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which are combined billed 60 HHA branch MSA 05 Professional component included in charges and also billed separately to carrier 61 Place of Residence where service is furnished (HHA and hospice) 06 Blood deductible 66 Medicaid spend down amount					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 1					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 11 Most common semi-private rate 58 Arterial blood gas 12 Hospital has no semi-private rooms 59 Oxygen saturation 13 Inpatient professional component charges which are combined billed professional component included in charges and also billed separately to carrier 60 HHA branch MSA 15 Professional component included in charges and also billed separately to carrier 61 Place of Residence where service is furnished (HHA and hospice) 16 Blood deductible 66 Medicaid spend down amount 67 Peritoneal dialysis 17 Peritoneal dialysis 18 EPO-drug 19 Coinsurance amount in the first calendar year 68 EPO-drug 19 Coinsurance amount in the second calendar year year 98 State charity care percentage 10 Coinsurance amount in the second calendar year year 98 Covered Days					
Length: Field 161:	Type: AlphanumericData Source: ClaimVALUE_CODE_1Code indicating a monetary condition which was used by the intermediary to process an institutional claim01Most common semi-private rate58Arterial blood gas02Hospital has no semi-private rooms59Oxygen saturation04Inpatient professional component charges which are combined billed60HHA branch MSA05Professional component included in charges and also billed separately to carrier61Place of Residence where service is furnished (HHA and hospice)06Blood deductible66Medicaid spend down amount08Lifetime reserve amount in the first calendar year68EPO-drug10Lifetime reserve amount in the second calendar year year69State charity care percentage11Coinsurance amount in the second calendar year year80Covered Days12Working aged beneficiary/spouse with employer group health plan80Covered Days					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim O1 Most common semi-private rate O2 Hospital has no semi-private rooms O3 Inpatient professional component charges which are combined billed O5 Professional component included in charges and also billed separately to carrier O6 Blood deductible O6 Blood deductible O7 Coinsurance amount in the first calendar year year O8 Lifetime reserve amount in the first calendar year year O8 Lifetime reserve amount in the second calendar year year O9 Coinsurance amount in the second calendar year year O1 Coinsurance amount in the second calendar year year O2 Working aged beneficiary/spouse with employer group health plan C3 Type: C4 Intermediary to process an intermediary to process an institutional claim. C58 Arterial blood gas Oxygen saturation C60 HHA branch MSA C61 Place of Residence where service is furnished (HHA and hospice) C64 Medicaid spend down amount C67 Peritoneal dialysis C69 State charity care percentage C69 State charity care percentage C70 State charity care percentage C70 Insurance Days C70 Insurance Days C70 Insurance Days					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 11 Most common semi-private rate 58 Arterial blood gas 12 Hospital has no semi-private rooms 59 Oxygen saturation 13 Inpatient professional component charges which are combined billed 14 Place of Residence where service is furnished (HHA and also billed separately to carrier 15 Blood deductible 66 Medicaid spend down amount has first calendar year 67 Peritoneal dialysis 16 Lifetime reserve amount in the first calendar year 68 EPO-drug 17 Coinsurance amount in the second calendar year year 18 Coinsurance amount in the second calendar year year year 19 Working aged beneficiary/spouse with employer group health plan 19 Medicare coordination 19 Medicare coo					
Length: Field 161:	Type: AlphanumericData Source: ClaimVALUE CODE 1Code indicating a monetary condition which was used by the intermediary to process an institutional claim01Most common semi-private rate58Arterial blood gas02Hospital has no semi-private rooms59Oxygen saturation04Inpatient professional component charges which are combined billed60HHA branch MSA05Professional component included in charges and also billed separately to carrier66Medicaid spend down amount06Blood deductible66Medicaid spend down amount08Lifetime reserve amount in the first calendar year year67Peritoneal dialysis10Lifetime reserve amount in the second calendar year year69State charity care percentage11Coinsurance amount in the second calendar year year80Covered Days12Working aged beneficiary/spouse with employer group health plan81Non-covered Days13ESRD beneficiary in a Medicare coordination period with an employer group health plan82Co-insurance Days14No fault, including auto/other83Lifetime Reserve Days15Worker's compensation84Shorter Duration Hemodialysis					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which are combined billed 60 HHA branch MSA 05 Professional component included in charges and also billed separately to carrier 660 Medicaid spend down amount 661 Medicaid spend down amount 662 Medicaid spend down amount 663 EPO-drug 664 EPO-drug 665 EPO-drug 666 Medicaid spend down amount 667 Peritoneal dialysis 668 EPO-drug 669 State charity care percentage 679 State charity care percentage 670 State charity care percentage 670 Non-covered Days 670 N					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim Most common semi-private rate 58 Arterial blood gas Hospital has no semi-private rooms 59 Oxygen saturation Inpatient professional component charges which are combined billed Professional component included in charges and also billed separately to carrier Blood deductible 66 Medicaid spend down amount Itifetime reserve amount in the first calendar year of 7 Peritoneal dialysis Lifetime reserve amount in the second calendar year year Lifetime reserve amount in the second calendar year year Coinsurance amount in the second calendar year year Coinsurance amount in the second calendar year year Coinsurance amount in the second calendar year year Sourced Days Covered Days State charity care percentage Working aged beneficiary/spouse with employer group health plan ESRD beneficiary in a Medicare coordination period with an employer group health plan SSRD beneficiary in a Medicare coordination period with an employer group health plan Worker's compensation Public hearties (PHS) or norther federal					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim Most common semi-private rate 58 Arterial blood gas Data Source Only Oxygen saturation Most common semi-private rooms 59 Oxygen saturation Impatient professional component charges which are combined billed recombined billed separately to carrier 60 HHA branch MSA Professional component included in charges and also billed separately to carrier 67 Peritoneal dialysis Coinsurance amount in the first calendar year 70 Peritoneal dialysis Coinsurance amount in the first calendar year 80 EPO-drug Lifetime reserve amount in the second calendar year 90 State charity care percentage Working aged beneficiary/spouse with employer group health plan 81 Non-covered Days ESRD beneficiary in a Medicare coordination period with an employer group health plan 82 Co-insurance Days No fault, including auto/other 83 Lifetime Reserve Days Worker's compensation 84 Shorter Duration Hemodialysis No Saugency AD Deductible payer A AD Coinsurance payer A AD Deductible payer A Coinsurance payer A					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim O1 Most common semi-private rate 58 Arterial blood gas O2 Hospital has no semi-private rooms 59 Oxygen saturation O3 Inpatient professional component charges which are combined billed are combined billed are combined billed sobilled separately to carrier 66 HHA branch MSA O5 Professional component included in charges and also billed separately to carrier 67 Peritoneal dialysis O6 Blood deductible 66 Medicaid spend down amount O7 Elifetime reserve amount in the first calendar year year Lifetime reserve amount in the second calendar year year O8 Coinsurance amount in the second calendar year year O8 Cinisurance amount in the second calendar year year year O9 Coinsurance amount in the second calendar year year year O8 Lifetime reserve amount in the second calendar year year year O8 Vorking aged beneficiary/spouse with employer group health plan O8 ESRD beneficiary in a Medicare coordination period with an employer group health plan O8 ESRD beneficiary in a Medicare coordination period with an employer group health plan O8 Vorker's compensation O8 ESRD beneficiary in a Medicare coordination period with an employer group health plan O8 ESRD beneficiary in a Medicare coordination period with an employer group health plan O8 For in the serve Days O8 Co-insurance Days O8 Co-insurance Days O8 Special zip code reporting O8 Special zip code responsibility payer A O8 Estimated responsibility payer A O8 Estimated responsibility payer A					
Length: Field 161:	Type: Alphanumeric Data Source: Claim					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which are combined billed 60 HHA branch MSA 05 Professional component included in charges and also billed separately to carrier 66 Medicaid spend down amount 06 Blood deductible 66 Medicaid spend down amount 07 Coinsurance amount in the first calendar year 68 EPO-drug 10 Lifetime reserve amount in the second calendar year 68 EPO-drug 11 Coinsurance amount in the second calendar year 80 Covered Days 12 Working aged beneficiary/spouse with employer group health plan 82 Co-insurance Days 13 ESRD beneficiary in a Medicare coordination period with an employer group health plan 82 Co-insurance Days 14 No fault, including auto/other 83 Lifetime Reserve D					
Length: Field 161:	Type: Alphanumeric Data Source: Claim VALUE_CODE_1 Code indicating a monetary condition which was used by the intermediary to process an institutional claim 01 Most common semi-private rate 58 Arterial blood gas 02 Hospital has no semi-private rooms 59 Oxygen saturation 04 Inpatient professional component charges which are combined billed 60 HHA branch MSA 05 Professional component included in charges and also billed separately to carrier 61 Place of Residence where service is furnished (HHA and hospice) 06 Blood deductible 66 Medicaid spend down amount 08 Lifetime reserve amount in the first calendar year 67 Peritoneal dialysis 09 Coinsurance amount in the second calendar year 68 EPO-drug 10 Lifetime reserve amount in the second calendar year 80 Covered Days 11 Coinsurance amount in the second calendar year 80 Covered Days 12 Working aged beneficiary/spouse with employer group health plan 82 Co-insurance Days 13 ESRD beneficiary in a Medicare coordination period with an employer group wit					
Length: Field 161:	Type: Alphanumeric Data Source: Claim					

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	27		payment amount - vision	n A7	Co-payment payer A
	20	and eye services Offset to the patient -	payment amount - denta	1	
	28	services		A8	Patient weight
	29	Offset to the patient - chiropractic services	payment amount -	A9	Patient height
	30	Preadmission testing		AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
	31	Patient Liability Amo	ount	AB	Other assessments or allowances (e.g., medical education) - payer A
	32	Multiple patient ambu	ulance transport	B1	Deductible payer B
	33		payment amount - podia		Coinsurance payer B
	34		payment amount - other		Estimated responsibility payer B
	35		payment amount - health		Co-payment payer B
		insurance premiums			Regulatory surcharges, assessments, allowances or health
	37	Units of blood furnish		BA	care related taxes - payer B Other assessments or allowances (e.g., medical education) -
	38	Blood deductible unit	ts	BB	payer B
	39	Units of blood replace		C1	Deductible payer C
	40	New coverage not im	plemented by HMO	C2	Coinsurance payer C
	41 42	Black lung VA		C3 C7	Estimated responsibility payer C
					Co-payment payer C Regulatory surcharges, assessments, allowances or health
	43	•	under age 65 with LGHP		care related taxes - payer C
	44		eed to accept from prima ant is less than charges bureceived		Other assessments or allowances (e.g., medical education) - payer C
	45	Accident hour	received	D3	Patient estimated responsibility
	46	Number of grace days	s	D4	Clinical Trial Number Assigned by NLM/NIH
	47	Any liability insurance		D5	Last Kt/V Reading
	48	Hemoglobin reading		FC	Patient Paid Amount
	49	Hematocrit reading		FD	Credit Received from the Manufacturer for a Medical Device
	50	Physical Therapy visi	its	G8	Facility where Inpatient Hospice Service is Delivered
	51	Occupational Therapy		Y1	Part A Demonstration Payment
	52	Speech Therapy visits		Y2	Part B Demonstration Payment
	53	Cardiac rehab visits		Y3	Part B Coinsurance
	54	Newborn birth weigh		Y4	Conventional Provider Payment
	55	Eligibility threshold f		Y5	Part B Deductible
	56 57	Skilled nurse - home Home health aide - ho			
Length:	2			Data Sour	ce: Claim
			•	Jata Sour	ce: Claim
Field 162:		UE_AMOUNT_1			
I		ant (in cents) that r) - 4 - C	Claim.
Length:			imeric L	Data Sour	ce: Claim
Field 163:		UE_CODE_2	. 11.1		
		_	tary condition which	n was used	by the intermediary to process an
~ ~ .		itional claim.	- 1		
Coding Scheme:		as VALUE_COD			
Length:	2		<u> </u>	Data Sour	ce: Claim
Field 164:		UE_AMOUNT_2			
		ant (in cents) that r			
Length:	9	V 1	ımeric I	Data Sour	ce: Claim
Field 165:	VAL	UE_CODE_3			
		indicating a mone ational claim.	tary condition which	h was used	by the intermediary to process an
Coding Scheme:	Same	as VALUE_COD	E_1.		
Length:	2	-	_	Data Sour	ce: Claim
Field 166:		UE AMOUNT 3			
		ant (in cents) that r			
Length:	9		•	Data Sour	ce: Claim
	-	. J p = 1 110		Soul	· · · · · · · · · · · · · · · · · ·
2025					

Field 167:	VALUE CODE 4		
11010 1071	Code indicating a monetary condition	n which was used by the	intermediary to process an
	institutional claim.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 168:	VALUE AMOUNT 4		
	Amount (in cents) that may be affect	ed.	
Length:	9 Type: Numeric	Data Source:	Claim
Field 169:	VALUE CODE 5		
11014 1071	Code indicating a monetary condition	n which was used by the	intermediary to process an
	institutional claim.	a water was assumed the	intermediately to provess uni
Coding Scheme:	Same as VALUE CODE 1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 170:	VALUE AMOUNT 5	Duin Source.	
Ticiu 170.	Amount (in cents) that may be affect	ed	
Length:	9 Type: Numeric	Data Source:	Claim
Field 171:	VALUE CODE 6	Data Source.	Clum
riciu 1/1.	Code indicating a monetary condition	n which was used by the	intermediary to process an
	institutional claim.	ii willeli was used by the	intermediary to process an
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 172:	VALUE AMOUNT 6	Data Suulte.	Ciaiiii
riciu 1/2.	Amount (in cents) that may be affect	ad	
Length:	9 Type: Numeric	Data Source:	Claim
Field 173:	V 1	Data Source.	Claiiii
rieia 1/3:	VALUE_CODE_7	m verbiah verag vegad her tha	intone diameta massas an
	Code indicating a monetary condition	n which was used by the	intermediary to process an
C. P C.L	institutional claim.		
Coding Scheme:	Same as VALUE_CODE_1.	D-4- C	CI.
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 174:	VALUE_AMOUNT_7	1	
T 41	Amount (in cents) that may be affect		CI.
Length:	9 Type: Numeric	Data Source:	Claim
Field 175:	VALUE_CODE_8	11.1 11.4	*
	Code indicating a monetary condition	n which was used by the	intermediary to process an
C - 1' C - 1	institutional claim.		
Coding Scheme:	Same as VALUE_CODE_1.	D-4- C	CI.
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 176:	VALUE_AMOUNT_8	1	
Ŧ	Amount (in cents) that may be affect		CI.
Length:	9 Type: Numeric	Data Source:	Claim
Field 177:	VALUE_CODE_9		
	Code indicating a monetary condition	n which was used by the	intermediary to process an
	institutional claim.		
Coding Scheme:	Same as VALUE_CODE_1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 178:	VALUE_AMOUNT_9		
	Amount (in cents) that may be affect		
Length:	9 Type: Numeric	Data Source:	Claim
Field 179:	VALUE_CODE_10		
	Code indicating a monetary condition	n which was used by the	intermediary to process an
	institutional claim.	•	
Coding Scheme:	Same as VALUE CODE 1.		
Length:	2 Type: Alphanumeric	Data Source:	Claim
Field 180:	VALUE AMOUNT 10		
	Amount (in cents) that may be affect	ed.	
	(m) mai may oo unoo	= ===	
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www.dshs.texas.g	gov/THCIC P	Page 77 —————	Last Updated: December 2025

Length:	9 Type:	Numeric	Data Source:	Claim	
Field 181:	VALUE CODE				
			which was used by the in	ntermediary to process an	
	institutional clain		J	J 1	
Coding Scheme:	Same as VALUE				
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 182:	VALUE AMOU				
11010 1021) that may be affected	d.		
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 183:	VALUE CODE				
11010 1001			which was used by the i	ntermediary to process an	
	institutional clain		william was assured and in	inclinionially to process and	
Coding Scheme:	Same as VALUE				
Length:	2 Type:	Alphanumeric	Data Source:	Claim	
Field 184:	VALUE AMOU	•			
11014 1011) that may be affected	đ		
Length:	9 Type:	Numeric	Data Source:	Claim	
Field 185:	OTHER AMOU		Data Source.	Cium	
riciu 105.			re Amount Calculated u	ising Medicare Provider Analysis	
				ociated with revenue codes other	
				X-053X, 055X-060X, 064X-070X,	
				ie code identifies the department in	
				nd the supplies used. They are noted	
				t of the CMS-1450 paper claim) and	
	are found in Medicare and/or National Uniform Billing Committee (NUBC) manuals.				
	For revenue code list see pages 49-54 of this document, section titled "Charges Data File". The revenue cost center specifies a division or unit within a hospital (e.g., radiology, emergency				
			ision or unit within a no	spital (e.g., radiology, emergency	
	room, pathology)			41 - TUCIC 4 "II141	
				the THCIC document, "Healthcare	
			cilications 5010 inpatier	nt and Outpatient Appendices"	
	Appendix A4, pa	ge 17.			
Length:	12 Type:	Numeric	Data Source:	Calculated	
Field 186:	PHARM AMO				
	_		rgical Supply Charge Ar	nount. Calculated using Medicare	
				its) of charges associated with	
			evenue center 026X, 063		
Length:		Numeric		Calculated	
Field 187:	MEDSURG AM				
11014 1071	-		rgical Supply Charge Ar	nount. Calculated using Medicare	
				ts) of charges associated with	
			evenue center 027X, 062		
Length:	12 Type:	Numeric	Data Source:	Calculated	
Field 188:	DME AMOUN		Data Source.	Curculated	
1 101u 100.	_		edical Equipment Charge	e Amount. Calculated using	
				im (in cents) of charges associated	
			219, revenue centers 029		
Longth		Numeric	Data Source:	Calculated	
Length:	<i>V</i> I		Data Source:	Calculated	
Field 189:	USED_DME_A		d. M. C. d F - '	Channe Amanust Call at 4 1 a 1	
				Charge Amount. Calculated using	
				um (in cents) of charges associated	
т /3			219, revenue center 0293		
Length:	12 Type:	Numeric	Data Source:	Calculated	
Field 190:	PT_AMOUNT				

			nt. Calculated using Medicare Provider			
	other than 0100-0219, revenue		charges associated with revenue codes			
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 191:	OT AMOUNT	Data Source.	Calculated			
riciu 171.		unational Therapy Charge A	mount. Calculated using Medicare			
			cents) of charges associated with			
	revenue codes other than 0100					
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 192:	SPEECH AMOUNT					
		ech Pathology Charge Amou	int. Calculated using Medicare Provider			
			charges associated with revenue codes			
	other than 0100-0219, revenue	center 044X, 047X.	_			
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 193:	IT_AMOUNT					
			ount. Calculated using Medicare			
			cents) of charges associated with			
	revenue codes other than 0100					
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 194:	BLOOD_AMOUNT					
			nt's stay. Calculated using Medicare			
			cents) of charges associated with			
т и	revenue codes other than 0100					
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 195:	BLOOD_ADM_AMOUNT					
	Ancillary Service Charge, blood storage and processing related to the patient's stay. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges					
	associated with revenue codes					
Length:		Data Source:	Calculated			
Field 196:	12 Type: Numeric OR AMOUNT	Data Source.	Calculated			
riciu 170.	Ancillary Service Charge, Operating Room Charge amount. Calculated using Medicare Provider					
			charges associated with revenue codes			
	other than 0100-0219, revenue		charges associated with revenue codes			
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 197:	LITH AMOUNT					
		otripsy Charge Amount. Cal	culated using Medicare Provider			
			charges associated with revenue codes			
	other than 0100-0219, revenue	center 079X.				
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 198:	CARD_AMOUNT					
	Ancillary Service Charge, Care	diology Charge Amount. Cal	lculated using Medicare Provider			
			charges associated with revenue codes			
	other than 0100-0219, revenue	center 048X, 073X.				
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 199:	ANES_AMOUNT					
			culated using Medicare Provider			
			charges associated with revenue codes			
	other than 0100-0219, revenue					
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 200:	LAB_AMOUNT					
			culated using Medicare Provider			
			charges associated with revenue codes			
<u>.</u>	other than 0100-0219, revenue	The state of the s				
Length:	12 Type: Numeric	Data Source:	Calculated			
Field 201:	RAD_AMOUNT					
2025						
2025	THOIC	— Page 79 ———	I . II 1 . 1 D . 1 . 2027			
www.dshs.tex	as.gov/THCIC	8 /	Last Updated: December 2025			

	Ancillary Service Charge, Radiology Char Analysis Review (MEDPAR) algorithm. S				
	other than 0100-0219, revenue center 0282				
Length:	V 1	Data Source:	Calculated		
Field 202:	MRI_AMOUNT		·		
	Ancillary Service Charge, MRI Charge Ar				
	Review (MEDPAR) algorithm. Sum (in ce	ents) of charges ass	sociated with revenue codes other than		
Longth	0100-0219, revenue center 061X.	Data Courses	Calculated		
Length: Field 203:	12 Type: Numeric OP AMOUNT	Data Source:	Calculated		
rieid 203:	Ancillary Service Charge, Outpatient Serv	icas Charga Amou	nt Calculated using Medicare		
	Provider Analysis Review (MEDPAR) alg				
	revenue codes other than 0100-0219, revenue				
Length:	12 Type: Numeric	Data Source:	Calculated		
Field 204:	ER AMOUNT				
	Ancillary Service Charge, Emergency Roo	om Charge Amount	t. Calculated using Medicare Provider		
	Analysis Review (MEDPAR) algorithm. S				
	other than 0100-0219, revenue center 0452	X.			
Length:	12 Type: Numeric	Data Source:	Calculated		
Field 205:	AMBULANCE_AMOUNT				
	Ancillary Service Charge, Ambulance Cha				
	Analysis Review (MEDPAR) algorithm. S		narges associated with revenue codes		
T 41	other than 0100-0219, revenue center 0542				
Length:	12 Type: Numeric	Data Source:	Calculated		
Field 206:	PRO_FEE_AMOUNT				
	Ancillary Service Charge, Professional Fee Charge Amount. Calculated using Medicare Provider				
	Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.				
Length:	12 Type: Numeric	Data Source:	Calculated		
Field 207:	ORGAN AMOUNT	2 30 201	0.00.00.000		
	Ancillary Service Charge, Organ Acquisit	ion Charge Amoun	t. Calculated using Medicare Provider		
	Analysis Review (MEDPAR) algorithm. S				
	other than 0100-0219, revenue center 0812	X, 089X.	_		
Length:	12 Type: Numeric	Data Source:	Calculated		
Field 208:	ESRD_AMOUNT				
	Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using Medicare				
	Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with				
T 41	revenue codes other than 0100-0219, revenue				
Length:	12 Type: Numeric	Data Source:	Calculated		
Field 209:	CLINIC_AMOUNT	A	oleted only Mediene Duralday		
	Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using Medicare Provider Analysis Review (MEDPAR) algorithm. Sum (in cents) of charges associated with revenue codes				
	other than 0100-0219, revenue center 0512		larges associated with revenue codes		
Length:	12 Type: Numeric	Data Source:	Calculated		
Field 210:	TOTAL CHARGES	Data Source.	Culculated		
1 Icia 210.	Sum (in cents) of all accommodation charge	ges and all ancillar	v charges Replaces		
	TOTAL_CHARGES_23.	5	,g		
Length:	12 Type: Numeric	Data Source:	Claim		
Field 211:	TOTAL_NON_COV_CHARGES				
	Sum (in cents) of non-covered accommod	ation charges, non-	covered ancillary charges. Non-		
	covered charges are services or benefits th	at are not paid for l	by a health plan.		
Length:	12 Type: Numeric	Data Source:	Claim		
Field 212:	TOTAL_CHARGES_ANCIL				

				Covered charges refer to service or yment. Non-covered charges are
Longth		its that are not paid fo Numeric		Claim
Length: Field 213:		COV CHARGES A		Ciaiiii
rieia 213:		f non-covered ancillar		
Length:	12 Type:	Numeric	Data Source:	Claim
Field 214:	PROCESS DAT		Data Source.	Cialili
riciu 214;	—	processed and certifie	d	
Length:	8 Type:	Alphanumeric	Data Source:	Claim
Field 215:		NDICATOR (INPUT		Cium
2.00.	Format in which Professional and Standards Institu	the outpatient data fil Institutional claim for te (ANSI) electronic of	e was submitted by the	facility The outpatient THCIC 873 d version of American National healthcare services.
Coding Scheme:	0 837 Professi 1 837 Institution			
Length:	1 Type:	Alphanumeric	Data Source:	Assigned
Field 216:	INBOUND IND		Butu Source.	Tibbighed
1 IVIU #1U.	-		ed for the outpatient cla	im UB-04 is an electronic format of
	the CMS-1450 pa		ca for the outpationt of a	OD OT 15 an electronic format of
Coding Scheme:	8 837 format	sper claim.		
coung continue	D Data entry			
	U UB-04 forma			
Length:	1 Type:	Alphanumeric	Data Source:	Claim
Field 217:	EMERGENCY			
		gency department vis	it.	
Coding Scheme:		ergency related		
T 41		t emergency related	D 4 C	A
Length:	1 Type:	Alphanumeric	Data Source:	Assigned
Field 218:	CCSR_PRIN_D	IAG_CODE		
	principal diagnos the hospitalizatio Healthcare Resea (HCUP), Clinical of Diseases – Rev	sis, i.e., the condition on) into a clinically more and Quality (AHI I Classifications softw	established after study to caningful diagnosis cate RQ) as part of the Health vare is a tool to cluster Io	on of PRIN_DIAG_CODE (the obe chiefly responsible for causing gory. Developed at the Agency for har Cost and Utilization Project CD-9/10 (International Classification
	chineany meann	, .	in cost, utilization, and	redures into a manageable number of outcome analysis.
Length:	4 Type:	, .		<u> </u>
Length: Field 219:	•	gful categories to aid Alphanumeric	in cost, utilization, and	outcome analysis.
Field 219:	4 Type: CCSR_OTH_D Clinical Classific for a condition the patient's treatment	Alphanumeric Alphanumeric OIAG_CODE_1 eations Software Refinat coexists with the p nt) into a clinically m	Data Source: ned (CCSR) classification rincipal diagnosis or development diagnosis cate	outcome analysis. Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory.
Field 219: Length:	4 Type: CCSR_OTH_D Clinical Classific for a condition th patient's treatment 4 Type:	Alphanumeric AlAG_CODE_1 Eations Software Refinat coexists with the position of the position o	Data Source: ned (CCSR) classification rincipal diagnosis or deviation.	Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a
Field 219: Length:	4 Type: CCSR_OTH_D Clinical Classific for a condition the patient's treatment	Alphanumeric AlAG_CODE_1 Eations Software Refinat coexists with the position of the position o	Data Source: ned (CCSR) classification rincipal diagnosis or development diagnosis cate	outcome analysis. Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory.
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Field 219:	4 Type: CCSR_OTH_D Clinical Classific for a condition th patient's treatment 4 Type: CCSR_OTH_D Clinical Classific for a condition the	Alphanumeric PIAG_CODE_1 eations Software Refine tat coexists with the punt) into a clinically manager of the property of th	Data Source: ned (CCSR) classification rincipal diagnosis or development diagnosis cate Data Source: ned (CCSR) classification diagnosis cate Data Source:	outcome analysis. Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a gory. Assigned on of OTH_DIAG_CODE_1 (code velops subsequently during a
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Field 222:	CCSR_OTH_DIA		1(0000) 1 100	COTH DIAG CODE 1/	
				on of OTH_DIAG_CODE_1 (code velops subsequently during a	
			eaningful diagnosis cat		
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 223:	CCSR_OTH_DIA	AG CODE 5		-	
			ned (CCSR) classification	on of OTH DIAG CODE 1 (code	
				velops subsequently during a	
			eaningful diagnosis cate		
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 224:	CCSR OTH DIA	AG CODE 6			
	Clinical Classificat	ions Software Refir	ned (CCSR) classification	on of OTH_DIAG_CODE_1 (code	
				velops subsequently during a	
	patient's treatment)) into a clinically me	eaningful diagnosis cate		
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 225:	CCSR_ OTH_DIA				
				on of OTH_DIAG_CODE_1 (code	
				velops subsequently during a	
T (1	-		eaningful diagnosis cate		
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 226:	CCSR_OTH_DIA		1 (CCCD) 1 'C' 4'	COTH DIAC CODE 1 (1	
				on of OTH_DIAG_CODE_1 (code	
			rincipal diagnosis or de eaningful diagnosis cate	velops subsequently during a	
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 227:	<u>, , , , , , , , , , , , , , , , , , , </u>		Data Source.	Assigned	
riciu 227.	CCSR_OTH_DIAG_CODE_9 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for				
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's treatment) into a clinically meaningful diagnosis category.				
Length:	4 Type:	Alphanumeric	Data Source:	Assigned	
Field 228:	CCSR OTH DIA				
			ned (CCSR) classification	on of OTH_DIAG_CODE_1(code for	
				ops subsequently during a patient's	
	treatment) into a cl	inically meaningful	diagnosis category.		
Length:			anagnesis taregerj.		
Field 229:	4 Type:	Alphanumeric	Data Source:	Assigned	
11014 2271	4 Type: CCSR_OTH_DIA	Alphanumeric AG_CODE_11	Data Source:		
11014 227	4 Type: CCSR_OTH_DIA Clinical Classificat	Alphanumeric AG_CODE_11 ions Software Refin	Data Source:	on of OTH_DIAG_CODE_1(code for	
2.0.0	4 Type: CCSR_ OTH_DIA Clinical Classificat a condition that coe	Alphanumeric AG_CODE_11 ions Software Refinexists with the prince	Data Source: ned (CCSR) classification ipal diagnosis or development.		
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Length: Field 230: Length: Field 231: Length:	4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe	Alphanumeric AG_CODE_11 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_12 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_13 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_14 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_14 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_14 ions Software Refinexists with the prince	Data Source: ned (CCSR) classification in particular diagnosis or development of the company of	on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's Assigned on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's Assigned on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's Assigned on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's	
Length: Field 230: Length: Field 231: Length:	4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe	Alphanumeric AG_CODE_11 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_12 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_13 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_14 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_14 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_14 ions Software Refinexists with the prince	Data Source: ned (CCSR) classification ipal diagnosis or development of the company of the comp	on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's Assigned on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's Assigned on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's Assigned on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's	
Length: Field 230: Length: Field 231: Length: Field 232:	4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type: CCSR_OTH_DIA Clinical Classificat a condition that coe treatment) into a cli 4 Type:	Alphanumeric AG_CODE_11 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_12 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_13 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_14 ions Software Refinexists with the prince inically meaningful Alphanumeric AG_CODE_14 ions Software Refinexists with the prince inically meaningful	Data Source: ned (CCSR) classification ipal diagnosis or development of the company of the comp	on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's Assigned on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's Assigned on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's Assigned on of OTH_DIAG_CODE_1(code for ops subsequently during a patient's Assigned	

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Field 233:	CCSR_OTH_DIAG_CODE_15					
	Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 234:	CCSR_OTH_DIAG_CODE_16					
	Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 235:	CCSR_OTH_DIAG_CODE_17					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 236:	CCSR_OTH_DIAG_CODE_18					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 237:	CCSR_OTH_DIAG_CODE_19					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code					
	for a condition that coexists with the principal diagnosis or develops subsequently during a					
F 41	patient's treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 238:	CCSR_OTH_DIAG_CODE_20					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
Lanatha	treatment) into a clinically meaningful diagnosis category.					
Length: Field 239:	4 Type: Alphanumeric Data Source: Assigned CCSR_OTH_DIAG_CODE_21					
riela 239:	CCSR_OTH_DIAG_CODE_21 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1 (code					
	for a condition that coexists with the principal diagnosis or develops subsequently during a					
	patient's treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 240:	CCSR OTH DIAG CODE 22					
riciu 240.	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 241:	CCSR OTH DIAG CODE 23					
	Clinical Classifications Software Refined (CCSR) classification of OTH DIAG CODE 1 (code					
	for a condition that coexists with the principal diagnosis or develops subsequently during a					
	patient's treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 242:	CCSR OTH DIAG CODE 24					
	Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_1(code for					
	a condition that coexists with the principal diagnosis or develops subsequently during a patient's					
	treatment) into a clinically meaningful diagnosis category.					
Length:	4 Type: Alphanumeric Data Source: Assigned					
Field 243:	CCS PROC CODE 1					
	Clinical Classifications Software (CCS) for Services and Procedures classification of					
	PROC CODE 1 (surgical or other procedure with the highest charge performed during the period					
	covered by the bill) into a clinically meaningful procedure category					
	co versus of the only into a chineary meaningful procedure category					
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Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 244:	CCS_PROC_C							
	Clinical Classifications Software (CCS) for Services and Procedures classification of							
	PROC_CODE_2 (surgical or other procedure with the highest charge performed during the period							
T 41	•	ll) into a clinically me		_ ,				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 245:	CCS_PROC_C		\ f C 1 D	1				
				ocedures classification of est charge performed during the period				
		(surgical or other prod ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 246:	CCS PROC C		Data Source.	Assigned				
1 101u 240.) for Services and Pro	ocedures classification of				
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 247:	CCS PROC C		2 504.700	11001811011				
ricia 217.) for Services and Pro	ocedures classification of				
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 248:	CCS_ PROC_C							
) for Services and Pro	ocedures classification of				
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 249:	CCS PROC C							
	Clinical Classifications Software (CCS) for Services and Procedures classification of							
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 250:	CCS PROC C							
) for Services and Pro	ocedures classification of				
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 251:	CCS PROC C	ODE 9						
) for Services and Pro	ocedures classification of				
				est charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 252:	CCS PROC C	ODE 10						
) for Services and Pro	ocedures classification of				
				nest charge performed during the period				
		ll) into a clinically me						
Length:	3 Type:	Alphanumeric	Data Source:	Assigned				
Field 253:	CCS_ PROC_C	ODE 11						
1 Icia 230.		-	for Compiees and Dr	ocedures classification of				
				nest charge performed during the period				
		l) into a clinically me						
Longth		Alphanumeric	Data Source:					
Length:	3 Type:		Data Source:	Assigned				
Field 254:	CCS_PROC_C		for Complexe and D	and was alongification of				
				ocedures classification of				
				nest charge performed during the period				
	covered by the bi	ll) into a clinically me	amngrui procedure c	aicgury.				
2025		_	ge 84 ————					

Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 255:	CCS_PROC_C	ODE_13		
	Clinical Classific	cations Software (CCS) for Services and Pro	cedures classification of
				est charge performed during the period
		ill) into a clinically me	eaningful procedure ca	tegory.
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 256:	CCS_PROC_C			
				cedures classification of
				est charge performed during the period
_		ill) into a clinically me		= -
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 257:	CCS_PROC_C			1 1 10 1
				cedures classification of
				est charge performed during the period
Longth		ill) into a clinically me		= -
Length: Field 258:	V 1	Alphanumeric	Data Source:	Assigned
F1e1a 258:	CCS_PROC_C) for Compiees and Dro	cedures classification of
				est charge performed during the period
		ill) into a clinically me		
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 259:	CCS PROC C		Data Source.	Tiblighed
1 Icia 25).) for Services and Pro	cedures classification of
				est charge performed during the period
		ill) into a clinically me		
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 260:	CCS_PROC_C	ODE_18		
				cedures classification of
				est charge performed during the period
		ill) into a clinically me		
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 261:	CCS_PROC_C			
				cedures classification of
				est charge performed during the period
Langth	•	ill) into a clinically me Alphanumeric	- 1	
Length: Field 262:	3 Type: CCS PROC C	<u> </u>	Data Source:	Assigned
r ieiu 202:		_) for Services and Pro	cedures classification of
				est charge performed during the period
				gful procedure category (See Field #
	220).	iii see i ieia " (o) iii	io a cimicany meaning	star procedure eutogory (see Freid "
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 263:	CCS PROC C			
) for Services and Pro	cedures classification of
				st charge performed during the period
	covered by the b	ill) into a clinically me	eaningful procedure ca	tegory.
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 264:	CCS_ PROC_C			
				cedures classification of
				est charge performed during the period
_		ill) into a clinically me		= -
Length:	3 Type:	Alphanumeric	Data Source:	Assigned
Field 265:	CCS_PROC_C	ODE 23		

	Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_23 (surgical or other procedure with the highest charge performed during the period				
	covered by the bi	ll) into a clinically me	eaningful procedure cat	egory.	
Length:	3 Type:	Alphanumeric	Data Source:	Assigned	
Field 266:	CCS PROC C	ODE 24			
	Clinical Classific	ations Software (CCS) for Services and Proc	edures classification of	
				st charge performed during th	e period
	covered by the bi	ll) into a clinically me	eaningful procedure cat	egory.	•
Length:	3 Type:	Alphanumeric	Data Source:	Assigned	
Field 267:	CCS PROC CO	DDE 25			
	Clinical Classifications Software (CCS) for Services and Procedures classification of				
	PROC CODE 25 (surgical or other procedure with the highest charge performed during the period				
	covered by the bill) into a clinically meaningful procedure category.				
Length:	3 Type:	Alphanumeric	Data Source:	Assigned	

OUTPATIENT CHARGES FILE

Field 1:	Recor will b link t	e a Record Identification Nun	nber for each or Record ID. D	o identify the record within the research data file. There claim associated with a patient's visit. Does not match or loss match with RECORD_ID in other Inpatient and
Length:	12	Type: Alphanumeric	Data Sourc	e: Assigned
Field 2:	2: REVENUE CODE			
		corresponding to each specific ses being billed.	c accommodat	tion, ancillary service or billing calculation related to the
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room charges for private rooms - general	0529	Freestanding Clinic - other
	0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
	0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
	0114	Room charges for private rooms - psychiatric	0540	Ambulance service - general
	0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
	0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport

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0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance
0120	Room charges for semi-private rooms -	0546	Ambulance service - neonatal
0121	general Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
0124	Room charges for semi-private rooms -	0550	Skilled nursing - general
0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0582	Other visits (home health) - hourly charge
0139	Room charges for semi-private - 3/4 beds - rooms - other	0583	Other visits (home health) - assessment
0140	Room charges for private (deluxe) rooms - general	0589	Other visits (home health) - other
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms - medical/surgical/GYN	0614	Magnetic Resonance Technology (MRT) - MRI - other

0152	Room charges for ward rooms - obstetrics	0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0153	Room charges for ward rooms - pediatric	0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms -	0618	Magnetic Resonance Technology (MRT) - MRA – other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self-administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
0182	Room charges for LOA - patient convenience-charges billable	0645	Home IV therapy services - training patient/caregiver, central line
0183	Room charges for LOA - therapeutic leave	0646	Home IV therapy services - training, disabled patient, central line
0185	Room charges for LOA – nursing home (for hospitalization)	0647	Home IV therapy services - training, patient/caregiver, peripheral
0189	Room charges for LOA - other	0648	Home IV therapy services - training, disabled patient, peripheral
0190	Room charges for subacute care - general	0649	Home IV therapy services - other
0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
0193	Room charges for subacute care - Level III (complex care)	0652	Hospice services - continuous home care
0194	Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)
0200	Room charges for intensive care - general	0657	Hospice services - physician services
0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
0202	Room charges for intensive care - medical	0659	Hospice services - other
0203	Room charges for intensive care - pediatric	0660	Respite care - general
0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
0208	Room charges for intensive care - trauma	0669	Respite care - other
0209	Room charges for intensive care - other	0670	Outpatient special residence - general
0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted

0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
0219	Room charges for coronary care - other	0683	Trauma response - level III
			•
0220	Special charges - general	0684	Trauma response - level IV
0221	Special charges - admission charge	0689	Trauma response - other
0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
0235	Incremental nursing care - hospice	0710	Recovery Room services - general
0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
0250	Pharmacy - general	0730	EKG/ECG services - general
	, ,		S .
0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
0256	Pharmacy - experimental drugs	0760	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	15 1	0790	
	IV Therapy - drug/supply delivery		Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
0270	Medical surgical supplies and devices -	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	general Medical surgical supplies and devices -	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal
0272	nonsterile Medical surgical supplies and devices -	0804	dialysis (CAPD) Inpatient renal dialysis services - continuous cycling peritoneal dialysis
	sterile		(CAPD)
0273	Medical surgical supplies and devices - take-home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
	•	0821	
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies

0292	DME - purchase of new	0823	Hemodialysis - outpatient or home - home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME	0825	Hemodialysis - outpatient or home - support services
0200	effectiveness	0000	TY 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home – home supplies
0304	Laboratory – non-routine dialysis	0833	Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834 0835	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology		Peritoneal dialysis - outpatient or home - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies
0312	Laboratory pathological - histology	0843	CAPD - outpatient or home – home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or	0860	Magnetoencephalography (MEG) - General
	chemotherapy administration - chemotherapy - oral		
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0901	Behavior health treatments/services - electroshock
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
0349	Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less intensive
0362	Operating room services - organ transplant other than kidney	0913	Behavior health treatment/services - partial hospitalization - intensive
0367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback

0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921 0922	Other diagnostic services - peripheral vascular lab Other diagnostic services - electromyogram
0381 0382	Blood - packed red cells Blood - whole blood	0922	Other diagnostic services - electromyogram Other diagnostic services - pap smear
0382	Blood - plasma	0923	Other diagnostic services - pap sinear Other diagnostic services - allergy test
0383	Blood - platelets	0924	Other diagnostic services - anergy test Other diagnostic services - pregnancy test
0385	Blood - leukocytes	0929	Other diagnostic services - pregnancy test Other diagnostic services - other
0386	Blood - other components	0931	Medical rehabilitation day program - half day
0387	Blood - other derivatives	0932	Medical rehabilitation day program - full day
0389	(cryoprecipitate) Blood - other	0940	Other therapeutic services - general
0390	Blood and blood component	0941	Other therapeutic services - recreational therapy
	administration, storage and processing - general		
0391	Blood and blood component administration, storage and processing -	0942	Other therapeutic services - education/training
	administration		
0392	Blood and blood component administration, storage and processing –	0943	Other therapeutic services - cardiac rehabilitation
	processing and storage		
0399	Blood and blood component administration, storage and processing -	0944	Other therapeutic services - drug rehabilitation
0.400	other	0045	04 4 2 1 1 1 1 1 1 1 1 2 2
0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
0404	Other imaging services - PET	0949	Other therapeutic services - other
0409	Other imaging services - other	0951	Other therapeutic services – athletic training
0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical dependency (drug and alcohol)
0413	Respiratory services - hyperbaric oxygen therapy	0960	Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA) Professional fees - other
0423 0424	Physical therapy - group rate Physical therapy - evaluation or	0969 0971	Professional fees - other Professional fees - laboratory
0424	reevaluation	09/1	Fioressional ices - laboratory
0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
0439	Occupational therapy - other	0978	Professional fees - occupational therapy
0440	Speech-language pathology - general	0979	Professional fees - speech therapy
0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
0443	Speech-language pathology - group rate	0983	Professional fees - clinic
0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
0449	Speech-language pathology - other	0985	Professional fees - EKG
0450	Emergency room - general	0986	Professional fees - EEG
0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
0459	Emergency room - other	0990	Patient convenience items - general
0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
0469	Pulmonary function - other	0992	Patient convenience items - private linen service

	0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
	0470	Audiology - general Audiology - diagnostic	0993	Patient convenience items - telephone/telegraphi Patient convenience items - TV/radio
	0472	Audiology - treatment	0995	Patient convenience items - 1 (7) addo
	0479	Audiology - other	0996	Patient convenience items - late discharge charge
	0480	Cardiology - general	0997	Patient convenience items - admission kits
	0481	Cardiology - cardiac cath lab	0998	Patient convenience items - beauty shop/barber
	0482	Cardiology - stress test	0999	Patient convenience items - other
	0483	Cardiology - echocardiology	1000	Behavior health accommodations - general
	0489 0490	Cardiology - other Ambulatory surgical care - general	1001 1002	Behavior health accommodations - residential treatment - psychiatric Behavior health accommodations - residential treatment - chemical
	0470	Amountainy surgicul cure - general	1002	dependency
	0499	Ambulatory surgical care - other	1003	Behavior health accommodations - supervised living
	0500	Outpatient services - general	1004	Behavior health accommodations - halfway house
	0509	Outpatient services - other	1005	Behavior health accommodations - group home
	0510	Clinic - general	2100	Alternative therapy services - general
	0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
	0512 0513	Clinic - dental Clinic - psychiatric	2102 2103	Alternative therapy services - acupressure Alternative therapy services - massage
	0513	Clinic - psychiatric Clinic - OB/GYN	2103	Alternative therapy services - massage Alternative therapy services - reflexology
	0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
	0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
	0517	Clinic - family practice	2109	Alternative therapy services - other
	0519	Clinic - other	3101	Adult day care, medical and social - hourly
	0520	Freestanding Clinic - general	3102	Adult day care, social - hourly
	0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC	y 3103	Adult day care, medical and social - daily
	0522	Freestanding Clinic - Home Visit by	y 3104	Adult day care, social - daily
	0022	RHC/FQHC Practitioner	, 510.	Tradit day cuts, section daily
	0523	Freestanding Clinic - family practic	ee 3105	Adult foster care - daily
	0524	Freestanding Clinic - Visit by	3109	Adult foster care - other
		RHC/FQHC Practitioner to a Meml	ber in	
	0525	a Covered Part A Stay at SNF		
	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Meml	her in	
		a SNF (not Covered Part A Stay) or		
		or ICF MR or Other Residential Fac		
	0526	Freestanding Clinic - urgent care	·	
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Field 3: Length: Field 4: Length: Field 5: Coding Scheme: Length: Field 6:	REV Assig 3 HCP HCF.2 HCP Healt code A lin For a https 5 MOI Ident the p 22 23	ENUE_CODE_SEQUENCE gnment of numbers to indicate Type: Alphanumeric PCS_QUALIFIER A Common Procedure Coding Type: Alphanumeric PCS_PROCEDURE_CODE th Care Financing Administrati applicable to ancillary services k is provided at this site for po additional information see: ://www.cms.gov/medicare/cod Type: Alphanumeric DIFIER_1 tifies a special circumstance rel rovider needs to convey addition Increased procedural services Unusual Anesthesia	NUMBER the order of su Data Source System (HCP Data Source ton (HCFA) H s or accommon st 2020 file up ing/hcpcsrelea Data Source lated to the per onal clarificati	ubmission of the revenue codes e: Assigned PCS) Codes Indicator e: Claim Realthcare Common Procedure Coding System (HCPCS) dations. pdates. assecdesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp e: Claim rformance of the HCPCS-coded service. Required when ion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life P5 A moribund patient who is not expected to survive without the operation
Field 3: Length: Field 4: Length: Field 5: Coding Scheme: Length: Field 6:	REV Assig 3 HCP HCF 2 HCP Healt code A lin For a https 5 MOI Ident the p 22	ENUE_CODE_SEQUENCE gnment of numbers to indicate Type: Alphanumeric PCS_QUALIFIER A Common Procedure Coding Type: Alphanumeric PCS_PROCEDURE_CODE th Care Financing Administrati applicable to ancillary services k is provided at this site for po additional information see: ://www.cms.gov/medicare/cod Type: Alphanumeric DIFIER_1 tifies a special circumstance rel rovider needs to convey addition Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management	NUMBER the order of su Data Source System (HCP Data Source tion (HCFA) H s or accommon st 2020 file up ing/hcpcsrelea Data Source tated to the per onal clarification	ubmission of the revenue codes e: Assigned PCS) Codes Indicator e: Claim Healthcare Common Procedure Coding System (HCPCS) dations. pdates. assecdesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp e: Claim rformance of the HCPCS-coded service. Required when ion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life P5 A moribund patient who is not expected to survive without the operation P6 A declared brain-dead patient whose organs are being
Field 3: Length: Field 4: Length: Field 5: Coding Scheme: Length: Field 6:	REV Assig 3 HCP HCF.2 HCP Healt code A lin For a https 5 MOI Ident the p 22 23	ENUE_CODE_SEQUENCE gnment of numbers to indicate Type: Alphanumeric PCS_QUALIFIER A Common Procedure Coding Type: Alphanumeric PCS_PROCEDURE_CODE th Care Financing Administrati applicable to ancillary services k is provided at this site for po additional information see: ://www.cms.gov/medicare/cod Type: Alphanumeric DIFIER_1 tifies a special circumstance rel rovider needs to convey addition Increased procedural services Unusual Anesthesia Unrelated Evaluation and Manageme Same Physician or Other Qualified E	NUMBER the order of su Data Source System (HCP Data Source ton (HCFA) H s or accommon st 2020 file up ing/hcpcsrelea Data Source ated to the per onal clarification	ubmission of the revenue codes e: Assigned PCS) Codes Indicator e: Claim Realthcare Common Procedure Coding System (HCPCS) dations. pdates. assecdesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp e: Claim rformance of the HCPCS-coded service. Required when ion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life P5 A moribund patient who is not expected to survive without the operation
Field 3: Length: Field 4: Length: Field 5: Coding Scheme: Length: Field 6:	REV Assig 3 HCP HCF.2 HCP Healt code A lin For a https 5 MOI Ident the p 22 23	ENUE_CODE_SEQUENCE gnment of numbers to indicate Type: Alphanumeric PCS_QUALIFIER A Common Procedure Coding Type: Alphanumeric PCS_PROCEDURE_CODE th Care Financing Administrati applicable to ancillary services k is provided at this site for po additional information see: ://www.cms.gov/medicare/cod Type: Alphanumeric DIFIER_1 tifies a special circumstance rel rovider needs to convey addition Increased procedural services Unusual Anesthesia Unrelated Evaluation and Management	NUMBER the order of su Data Source System (HCP Data Source Ion (HCFA) H s or accommod st 2020 file up ing/hcpcsrelea Data Source ated to the per onal clarification ent Service by the lealth Care Period	ubmission of the revenue codes e: Assigned PCS) Codes Indicator e: Claim Healthcare Common Procedure Coding System (HCPCS) dations. pdates. assecdesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp e: Claim rformance of the HCPCS-coded service. Required when ion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life P5 A moribund patient who is not expected to survive without the operation P6 A declared brain-dead patient whose organs are being
Field 3: Length: Field 4: Length: Field 5: Coding Scheme: Length: Field 6:	REV Assig 3 HCP HCF.2 HCP Health code A lin For a https 5 MOI Ident the p 22 23 24	ENUE_CODE_SEQUENCE gnment of numbers to indicate Type: Alphanumeric CS_QUALIFIER A Common Procedure Coding Type: Alphanumeric CS_PROCEDURE_CODE th Care Financing Administrati applicable to ancillary services k is provided at this site for po additional information see: ://www.cms.gov/medicare/cod Type: Alphanumeric DIFIER_1 :ifies a special circumstance rel rovider needs to convey addition Increased procedural services Unusual Anesthesia Unrelated Evaluation and Manageme Same Physician or Other Qualified E Professional during a Postoperative E Significant, Separately Identifiable E Management Service by the Same Ph Same Physicies by the Same Ph	NUMBER the order of st Data Source System (HCP Data Source fon (HCFA) H s or accommod st 2020 file up ing/hcpcsrelea Data Source ated to the per onal clarification ent Service by the dealth Care Period Evaluation and hysician or Other	ubmission of the revenue codes e: Assigned PCS) Codes Indicator e: Claim Healthcare Common Procedure Coding System (HCPCS) dations. pdates. Assecdesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp e: Claim rformance of the HCPCS-coded service. Required when ion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life P5 A moribund patient who is not expected to survive without the operation e: P6 A declared brain-dead patient whose organs are being removed for donor purposes E1 Upper left eyelid
Field 3: Length: Field 4: Length: Field 5: Coding Scheme: Length: Field 6:	REV Assig 3 HCP HCF.2 HCP Health code A lin For a https 5 MOI Ident the p 22 23 24	ENUE_CODE_SEQUENCE gnment of numbers to indicate Type: Alphanumeric CS_QUALIFIER A Common Procedure Coding Type: Alphanumeric CS_PROCEDURE_CODE th Care Financing Administrati applicable to ancillary services k is provided at this site for po additional information see: ://www.cms.gov/medicare/cod Type: Alphanumeric DIFIER_1 :ifies a special circumstance rel rovider needs to convey addition Increased procedural services Unusual Anesthesia Unrelated Evaluation and Manageme Same Physician or Other Qualified E Professional during a Postoperative E Significant, Separately Identifiable E Management Service by the Same Ph Qualified Health Care Professional or	NUMBER the order of st Data Source System (HCP Data Source fon (HCFA) H s or accommod st 2020 file up ing/hcpcsrelea Data Source ated to the per onal clarification ent Service by the dealth Care Period Evaluation and hysician or Other	ubmission of the revenue codes e: Assigned PCS) Codes Indicator e: Claim Healthcare Common Procedure Coding System (HCPCS) dations. pdates. Assecdesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp e: Claim rformance of the HCPCS-coded service. Required when ion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life P5 A moribund patient who is not expected to survive without the operation e: P6 A declared brain-dead patient whose organs are being removed for donor purposes E1 Upper left eyelid
Field 3: Length: Field 4: Length: Field 5: Coding Scheme: Length: Field 6:	REV Assig 3 HCP HCF. 2 HCP Healt code A lin For a https 5 MOI Ident the p 22 23 24	ENUE_CODE_SEQUENCE gnment of numbers to indicate Type: Alphanumeric CS_QUALIFIER A Common Procedure Coding Type: Alphanumeric CS_PROCEDURE_CODE th Care Financing Administrati applicable to ancillary services k is provided at this site for po additional information see: ://www.cms.gov/medicare/cod Type: Alphanumeric DIFIER_1 tifies a special circumstance rel rovider needs to convey addition Increased procedural services Unusual Anesthesia Unrelated Evaluation and Manageme Same Physician or Other Qualified Frofessional during a Postoperative I Significant, Separately Identifiable E Management Service by the Same PP Qualified Health Care Professional o the Procedure or Other Service	NUMBER the order of st Data Source System (HCP Data Source fon (HCFA) H s or accommod st 2020 file up ing/hcpcsrelea Data Source ated to the per onal clarification ent Service by the dealth Care Period Evaluation and hysician or Other	ubmission of the revenue codes e: Assigned PCS) Codes Indicator e: Claim Realthcare Common Procedure Coding System (HCPCS) dations. odates. Resected Stredirect hcpcsreleasecodesets/anhcpcs/list.asp e: Claim rformance of the HCPCS-coded service. Required when ion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life P5 A moribund patient who is not expected to survive without the operation e P6 A declared brain-dead patient whose organs are being removed for donor purposes E1 Upper left eyelid
Field 3: Length: Field 4: Length: Field 5: Coding Scheme: Length: Field 6: Coding Scheme:	REV Assig 3 HCP HCF.2 HCP Health code A lin For a https 5 MOI Ident the p 22 23 24	ENUE_CODE_SEQUENCE gnment of numbers to indicate Type: Alphanumeric CS_QUALIFIER A Common Procedure Coding Type: Alphanumeric CS_PROCEDURE_CODE th Care Financing Administrati applicable to ancillary services k is provided at this site for po additional information see: ://www.cms.gov/medicare/cod Type: Alphanumeric DIFIER_1 :ifies a special circumstance rel rovider needs to convey addition Increased procedural services Unusual Anesthesia Unrelated Evaluation and Manageme Same Physician or Other Qualified E Professional during a Postoperative E Significant, Separately Identifiable E Management Service by the Same Ph Qualified Health Care Professional or	NUMBER the order of st Data Source System (HCP Data Source fon (HCFA) H s or accommod st 2020 file up ing/hcpcsrelea Data Source ated to the per onal clarification ent Service by the dealth Care Period Evaluation and hysician or Other	ubmission of the revenue codes e: Assigned PCS) Codes Indicator e: Claim Healthcare Common Procedure Coding System (HCPCS) dations. pdates. Assecdesets?redirect=/hcpcsreleasecodesets/anhcpcs/list.asp e: Claim rformance of the HCPCS-coded service. Required when ion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life P5 A moribund patient who is not expected to survive without the operation e: P6 A declared brain-dead patient whose organs are being removed for donor purposes E1 Upper left eyelid
Field 3: Length: Field 4: Length: Field 5: Coding Scheme: Length: Field 6:	REV Assig 3 HCP HCF. 2 HCP Healt code A lin For a https 5 MOI Ident the p 22 23 24	ENUE_CODE_SEQUENCE gnment of numbers to indicate Type: Alphanumeric CS_QUALIFIER A Common Procedure Coding Type: Alphanumeric CS_PROCEDURE_CODE th Care Financing Administrati applicable to ancillary services k is provided at this site for po additional information see: ://www.cms.gov/medicare/cod Type: Alphanumeric DIFIER_1 tifies a special circumstance rel rovider needs to convey additional increased procedural services Unusual Anesthesia Unrelated Evaluation and Manageme Same Physician or Other Qualified He Professional during a Postoperative I Significant, Separately Identifiable E Management Service by the Same Pt Qualified Health Care Professional of the Procedure or Other Service Professional Component	NUMBER the order of st Data Source System (HCP Data Source fon (HCFA) H s or accommod st 2020 file up ing/hcpcsrelea Data Source ated to the per onal clarification ent Service by the dealth Care Period Evaluation and hysician or Other	ubmission of the revenue codes e: Assigned PCS) Codes Indicator e: Claim Realthcare Common Procedure Coding System (HCPCS) dations. odates. Resected Stredirect hcpcsreleasecodesets/anhcpcs/list.asp e: Claim rformance of the HCPCS-coded service. Required when ion for the associated procedure code. P4 A patient with severe systemic disease that is a constant threat to life P5 A moribund patient who is not expected to survive without the operation e P6 A declared brain-dead patient whose organs are being removed for donor purposes E1 Upper left eyelid

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	27	Multiple Outpatient Hospital E/M Encounters on the Same Date	E3	Upper right eyelid
	32	Mandated Services	E4	Lower right eyelid
	33	Preventive Service	F1	Left hand, second digit
	47	Anesthesia by Surgeon	F2	Left hand, third digit
	50	Bilateral Procedure	F3	Left hand, fourth digit
	51	Multiple Procedures	F4	Left hand, fifth digit
	52	Reduced Services	F5	Right hand, thumb
	53	Discontinued Procedure	F6	Right hand, second digit
	54	Surgical Care Only	F7	Right hand, third digit
	55	Postoperative Management Only	F8	Right hand, fourth digit
	56	Preoperative Management Only	F9	Right hand, fifth digit
	57	Decision for Surgery	FA	Left hand, thumb
	58	Staged or Related Procedure or Service by the Same	GG	Performance and payment of a screening mammography
		Physician or Other Qualified Health Care Professional		and diagnostic mammography on same patient, same day.
		During the Postoperative Period		
	59	Distinct Procedural Service	GH	Diagnostic mammogram converted from screening
				mammogram on same day
	62	Two Surgeons	LC	Left circumflex coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	66	Surgical Team	LM	Left main coronary artery
	73	Discontinued Outpatient Hospital/Ambulatory Surgery	LT	Left side of the body procedure
	, 5	Center (ASC) Procedure prior to the Administration of Anesthesia		20101010 01 1110 0001, prootonic
	74	Discontinued Outpatient Hospital/Ambulatory Surgery	QM	Ambulance service provided under arrangement by a
		Center (ASC) Procedure after Administration of	Ç	provider of services
		Anesthesia		
	76	Repeat Procedure by Same Physician or Other Qualified	QN	Ambulance service furnished directly by a provider of
		Health Care Professional		services
	77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	RC	Right coronary artery
	78	Unplanned Return to the Operating/Procedure Room by	RI	Ramus intermedius coronary artery
		the Same Physician or Other Qualified Health Care		
		Professional Following Initial Procedure for a Related		
		Procedure During the Postoperative Period		
	79	Unrelated Procedure or Service by the Same Physician or	RT	Right side of the body procedure
		Other Qualified Health Care Professional During the		
		Postoperative Period		
	80	Assistant Surgeon	T1	Left foot, second digit
	81	Minimum Assistant Surgeon	T2	Left foot, third digit
	82	Repeat procedure by same physician	T3	Left foot, fourth digit
	90	Reference (Outside) Laboratory	T4	Left foot, fifth digit
	91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
	92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
	95	Synchronous Telemedicine Service Rendered Via a Real-	T7	Right foot, third digit
		Time Interactive Audio and Video Telecommunications		
		System		
	99	Multiple Modifiers	T8	Right foot, fourth digit
	1P	Performance Measure Exclusion Modifier due to Medical	T9	Right foot, fifth digit
	2.0	Reasons		T 0.0
	2P	Performance Measure Exclusion Modifier due to Patient	TA	Left foot, great toe
	2 D	Reasons	VE	S
	3P	Performance Measure Exclusion Modifier due to System Reasons	XE	Separate Encounter
	8P	Performance Measure Reporting Modifier- Action not	XS	Separate Structure
	01	performed, reason not otherwise specified	715	Separate Structure
	P1	A normal healthy patient	XP	Separate Practitioner
	P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
	P3	A patient with severe systemic disease		
Length:	2	Type: Alphanumeric Data Source:	C	Claim
Field 7:		DIFIER 2		_
1 1CIU / •		tifies a second special circumstance related to the	norfo.	mana of the HCDCS and advances Dagwing
~ ~ -		the provider needs to convey additional clarific	ation fo	or the associated procedure code.
Coding Scheme:		e as MODIFIER_1		
Length:	2	Type: Alphanumeric Data Source:	C	Claim
Field 8:	MOI	DIFIER 3		

Field 8: MODIFIER_3

Identifies a third special circumstance related to the performance of the HCPCS-coded service. Required when the provider needs to convey additional clarification for the associated procedure code.

Last Updated: December 2025

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Coding Scheme: Same as MODIFIER 1

Length: 2 Type: Alphanumeric Data Source: Claim

Field 9: MODIFIER_4

Identifies a fourth special circumstance related to the performance of the HCPCS-coded service. Required

when the provider needs to convey additional clarification for the associated procedure code.

Coding Scheme: Same as MODIFIER_1

Length: 2 Type: Alphanumeric Data Source: Claim

Field 10:	UNIT_MEASUREMENT_CODE					
	Code specifying the units in which a value is being expressed or a manner in which a measurement would					
	be taken.					
Coding Scheme:	DA Days					
	F2 International unit UN Unit					
Length:	2 Type: Alphanu	meric Data Source:	Claim			
Field 11:	UNITS OF SERVICE					
	Numeric value of quantity					
Length:	7 Type: Numeric		Claim			
Field 12:	UNIT RATE					
	Rate per unit.					
Length:	12 Type: Numeric	Data Source:	Claim			
Field 13:	CHRGS LINE ITEM					
	Total amount of the charge	e.				
Length:	14 Type: Alphanu	meric Data Source:	Assigned			
Field 14:	CHRGS_NON_COV					
	Total non-covered amount	of the charge.				
Length:	14 Type: Alphanu	meric Data Source:	Assigned			
Field 15:	PROCEDURE_DATE					
	Date the procedure began	on generally is the same as "	Statement_Period_From" (STMT_PERIOD_FROM)			
	date.					
Length:	8 Type: Alphanu	meric Data Source:	Claim			
Field 16:	PROCEDURE_DATE_T					
			s the "Statement_Period_Thru"			
	(STMT_PERIOD_THRU)					
Length:	8 Type: Alphanu		Claim			
Field 17:	SERVICE_FACILITY_					
			e different codes. An institutional provider refers to a			
			home health agency, hospice or another similar			
			. Professional providers are non-institutional			
			ips), other clinical professionals, freestanding			
	-		durable medical equipment suppliers.			
Length:	2 Type: Alphanu	meric Data Source:	Claim			

OUTPATIENT FACILITY TYPE INDICATOR FILE

A facility is a hospital or ambulatory surgical center required to report under the Health and Safety Code, Chapter 108, Facility type indicators are provided by the facilities. A facility type indicator provides information to the data use as to the type of facility or the primary health services delivered at that that facility (e.g., Hospital-based Ambulatory Surgical Unit, Hospitals with an Emergency Dept, or Ambulatory Surgical Centers) A facility may have more than one indicator.

Field 1:	THCIC_ID			
	Provider ID. Unique	e identifier assigned to th	e provider by THC	TC.
Length:	6 Type:	Alphanumeric	Data Source:	Assigned
Field 2:	PROVIDER_NAM	Œ		
	Hospital name provi	ided by the hospital.		
Length:	55 Type:	Alphanumeric	Data Source:	Provider
Field 3:	PROVIDER_ADD	R		
	Hospital address pro	ovided by the hospital.		
Length:	50 Type:	Alphanumeric	Data Source:	Provider
Field 4:	PROVIDER_CITY			
	Hospital city provid	ed by the hospital.		
Length:	20 Type:	Alphanumeric	Data Source:	Provider
Field 5:	PROVIDER_STAT			
	Hospital state provid			
Length:	2 Type:	Alphanumeric	Data Source:	Provider
Field 6:	PROVIDER_ZIP			
	Hospital ZIP code p	rovided by the hospital.		
Length:	9 Type:	Alphanumeric	Data Source:	Provider
Field 7:	FAC_TEACHING	_IND		
	Teaching facility inc	dicator.		
Coding Scheme:		l of Teaching Hospitals		
Length:	X Teaching facility 1 Type:	Alphanumeric	Data Source:	Provider
Field 8:	FAC PSYCH IND		Data Source.	Tiovidei
riciu o.	Psychiatric facility t			
Length:	1 Type:	Alphanumeric	Data Source:	Provider
Field 9:	FAC REHAB INI	<u> </u>	Data Source.	Tiovidei
riciu 7.	Rehabilitation facility			
Length:	1 Type:	Alphanumeric	Data Source:	Provider
Field 10:	FAC ACUTE CA		Data Source.	Tiovidei
riciu iv.	Acute care facility to			
Length:	1 Type:	Alphanumeric	Data Source:	Provider
Field 11:	FAC SNF IND	Tupnanumerie	Data Source.	Tiovidei
riciu 11.		ity type indicator Hospi	tal facility type ind	licator provided by the hospital.
Length:	1 Type:	Alphanumeric	Data Source:	Provider
Field 12:	FAC_LONG_TER		Data Soute.	TIOVIGEI
riciu 12.		e facility type indicator.		
	1 Type:	Alphanumeric	Data Source:	Provider
Length:				

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Field 13:	FAC_OTHER_LTC_IND		
I angth:	Other long term care facility type indicator. 1 Type: Alphanumeric	Data Sauras	Provider
Length:	<u> </u>	Data Source:	Provider
Field 14:	FAC_PEDS_IND Pediatric facility type indicator.		
Coding Scheme:	C Member, Council of Teaching Hospitals		
Coung Scheme.	X Facility also treats children		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 15:	FAC CARDIOVASCULAR IND		
	Cardiovascular facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 16:	FAC CHIROPRACTIC IND		
	Chiropractic care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 17:	FAC_ENDOSCOPY_IND		
	Endoscopy facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 18:	FAC_FOOT_IND		
	Foot care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 19:	FAC_GASTROENTEROLOGY_IND		
	Gastroenterology facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 20:	FAC_GENERAL_IND		
	General care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 21:	FAC_NEUROLOGICAL_IND		
	Neurological care facility type indicator.		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 22:	FAC_OB_GYN_IND		
	Obstetrics and gynecology facility type indi-		
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 23:	FAC_OPTHAMOLOGY_IND		
	Ophthalmology facility type indicator.	.	- · · ·
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 24:	FAC_ORAL_IND		
	Oral health care facility type indicator.	.	- · · ·
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 25:	FAC_ORTHOPEDIC_IND		
T 41	Orthopedic care facility type indicator.	D 4 C	D 11
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 26:	FAC_OTOLARYNGOLOGY_IND		
T4h	Otolaryngology facility type indicator.	Data Carres	D
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 27:	FAC_PAIN_MNGMT_IND		
I anath:	Pain management facility type indicator.	Data Carrer	Duaridan
Length:	1 Type: Alphanumeric	Data Source:	Provider
Field 28:	FAC_PLASTIC_IND Plastic surgery facility type indicator		
Length:	Plastic surgery facility type indicator. 1 Type: Alphanumeric	Data Source:	Provider
Field 29:	FAC THORACIC IND	Data Source:	1 IOVIGO
rielu 29;	Thoracic care facility type indicator.		
Langth	* * * *	Data Source:	Provider
Length: Field 30:	1 Type: Alphanumeric FAC_UROLOGY_IND	Data Source:	TIOVIGE
riela 30:	Urology care facility type indicator.		
	Grotogy care facility type indicator.		
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Length:	1	Type:		phanumeric	Dat	a Source:	Provider	
Field 31:		AC_OTHER_						
		ther facility ty	-		_	_		
Length:	1	Type:		phanumeric	Dat	a Source:	Provider	
Field 32:	POA_PROVIDER_INDICATOR Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) code						4.1 · · · (DOA) 1	
								121.9(e)) identifies the
								nt: Critical Access Hospitals spitals, Children's or
				Long Term Car			is, Calicel fior	spitals, Children's of
Coding Scheme:	M	Mixed (Facil	lity has sed	ctions that would be	e exempted fi	s. rom reporting PO	A for those patien	ts)
coung seneme.	R	Required	•		1	1 0	•	
	X	Exempt Invalid						
Length:	1	Type:	Δ1	phanumeric	Dat	a Source:	Assigned	
Field 33:		VIDER COU		phanamerie	Dat	a Source.	7 Issigned	
riciu 33.		code of provid		t				
<i>c</i>		•		•				
Coding scheme:	001	Anderson	129	Donley	257	Kaufman	385	Real
	003	Andrews	131	Duval	259	Kendall	387	Red River
	005	Angelina	133	Eastland	261	Kenedy	389	Reeves
	007	Aransas	135	Ector	263	Kent Kerr	391	Refugio
	009 011	Archer	137 139	Edwards Ellis	265 267	Kerr Kimble	393 395	Roberts Robertson
	011	Armstrong Atascosa	139	Ell Paso	269	King	393 397	Rockwall
	015	Austin	141	Erath	271	Kinney	397	Runnels
	017	Bailey	145	Falls	273	Kleberg	401	Rusk
	019	Bandera	147	Fannin	275	Knox	403	Sabine
	021	Bastrop	149	Fayette	283	La Salle	405	San Augustine
	023	Baylor	151	Fisher	277	Lamar	407	San Jacinto
	025	Bee	153	Floyd	279	Lamb	409	San Patricio
	027	Bell	155	Foard	281	Lampasas	411	San Saba
	029	Bexar	157	Fort Bend	285	Lavaca	413	Schleicher
	031	Blanco	159	Franklin	287	Lee	415	Scurry
	033	Borden	161	Freestone	289	Leon	417	Shackelford
	035	Bosque	163	Frio	291	Liberty	419	Shelby
	037	Bowie	165	Gaines	293	Limestone	421	Sherman
	039	Brazoria	167	Galveston	295	Lipscomb	423	Smith
	041	Brazos	169	Garza	297	Live Oak	425 427	Somervell
	043 045	Brewster Briscoe	171 173	Gillespie Glasscock	299 301	Llano Loving	427 429	Starr Stephens
	043	Brooks	175	Goliad	303	Lubbock	431	Sterling
	049	Brown	177	Gonzales	305	Lynn	433	Stonewall
	051	Burleson	179	Gray	307	McCulloch	435	Sutton
	053	Burnet	181	Grayson	309	McLennan	437	Swisher
	055	Caldwell	183	Gregg	311	McMullen	439	Tarrant
	057	Calhoun	185	Grimes	313	Madison	441	Taylor
	059	Callahan	187	Guadalupe	315	Marion	443	Terrell
	061	Cameron	189	Hale	317	Martin	445	Terry
	063	Camp	191	Hall	319	Mason	447	Throckmorton
	065	Carson	193	Hamilton	321	Matagorda	449	Titus
	067	Cass	195	Hansford	323	Maverick	451	Tom Green
	069	Castro	197	Hardeman	325	Medina	453	Travis
	071	Chambers	199	Hardin	327	Menard	455 457	Trinity
	073 075	Cherokee Childress	201	Harrison	329 331	Midland Milam	457 459	Tyler
	073	Clay	203 205	Harrison Hartley	331 333	Milam Mills	439 461	Upshur Upton
	077	Cochran	207	Haskell	335	Mitchell	463	Uvalde
	0.7		207		555		103	3.50

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	081	Coke	209	Hays	337	Montague	465	Val Verde
	083	Coleman	211	Hemphill	339	Montgomery	467	Van Zandt
	085	Collin	213	Henderson	341	Moore	469	Victoria
	087	Collingswort	h 215	Hidalgo	343	Morris	471	Walker
	089	Colorado	217	Hill	345	Motley	473	Waller
	091	Comal	219	Hockley	347	Nacogdoches	475	Ward
	093	Comanche	221	Hood	349	Navarro	477	Washington
	095	Concho	223	Hopkins	351	Newton	479	Webb
	097	Cooke	225	Houston	353	Nolan	481	Wharton
	099	Coryell	227	Howard	355	Nueces	483	Wheeler
	101	Cottle	229	Hudspeth	357	Ochiltree	485	Wichita
	103	Crane	231	Hunt	359	Oldham	487	Wilbarger
	105	Crockett	233	Hutchinson	361	Orange	489	Willacy
	107	Crosby	235	Irion	363	Palo Pinto	491	Williamson
	109	Culberson	237	Jack	365	Panola	493	Wilson
	111	Dallam	239	Jackson	367	Parker	495	Winkler
	113	Dallas	241	Jasper	369	Parmer	497	Wise
	115	Dawson	243	Jeff Davis	371	Pecos	499	Wood
	117	Deaf Smith	245	Jefferson	373	Polk	501	Yoakum
	119	Delta	247	Jim Hogg	375	Potter	503	Young
	121	Denton	249	Jim Wells	377	Presidio	505	Zapata
	123	Dewitt	251	Johnson	379	Rains	507	Zavala
	125	Dickens	253	Jones	381	Randall		
	127	Dimmit	255	Karnes	383	Reagan	4	Invalid
Length:	3	Type:	Alphanum	eric	Data Source:	_	ned, based or er ZIP code	n
Field 34:	F	AC EMER	GENCY I	DEPARTI	MENT IND			
						ıding Hospital-ov	wned FEM	CFs, starting with
		he 4th Quarte				<i>C</i> 1		, 2
		Note:		7 - 7 F -				
			names are	available a	at https://dshs.te	exas.gov/thcic/ (d	lownloadab	le Excel sheet
								e provider names
						it than the ones in		
						2020, the facilit		
		or mo mot qu	1111	r	on, in Quarter	, 1401111	,	

Data Source:

Provider

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data due to implementation timing. Type: Length:

FAC_ONCOLOGY_IND

Oncology facility indicator.

Length: Type: Alphanumeric **Data Source:** Provider

Alphanumeric

Field 35:

OUTPATIENT GROUPER FILE

Field 1:	RECORD_ID					
	Record Identification Number. Unique number to identify the record within the research data file.					
	There will be a Record Identification Number for each claim associated with a patient's visit. I					
	not match or link to Public Use Data File (PUDF) Record ID. Does match with RECORD_ID in					
	other Inpatient and Outpatient RDFs (Research Data Files).					
Length:	12 Type: Alphanumeric Data Source: Assigned					
Field 2:	REVENUE_CODE_SEQUENCE_NUMBER					
	Assignment of numbers to indicate the order of submission of the revenue codes.					
Length:	3 Type: Alphanumeric Data Source: Assigned					
Field 3:	FROZEN_EAPG_GRP_VER					
	Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs are					
	logical groups of services put together for classification, payment, and reporting. A grouper refers					
	to software or methodology to classify patients into groups for classification, payment, and					
	analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient					
	Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers					
	(Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated					
Lanatha	annually.					
Length:	12 Type: Alphanumeric Data Source: Assigned					
Field 4:	FROZEN_FINAL_EAPG_CAT_CODE Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG					
	Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic					
	Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology					
	developed by 3M designed to reflect the resources used in an ambulatory visit and classify patients with similar clinical characteristics. It is a proprietary product of the company 3M.					
	A grouper refers to software or methodology to classify patients into groups for classification,					
	payment and analyzing i.e., 3M Groupers include Inpatient Groupers (3M APR DRG					
	Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and					
	Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The					
	calculation for this field is updated annually.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 5:	FROZEN FINAL EAPG TYPE CODE					
	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper.					
	The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 –					
	Significant Procedure and 3 – Medical ¹¹ Not available 4Q09. The calculation for this field is					
	updated annually.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 6:	FROZEN FINAL EAPG					
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available					
	4Q09. The calculation for this field is updated annually.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 7:	FROZEN ADJUSTED EAPG WEIGHT					
	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each					
	EAPG code has an assigned relative weight reflecting the average resource use for a patient in					
	that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The					
	calculation for this field is updated annually.					
Length:	10 Type: Alphanumeric Data Source: Assigned					
Field 8:	FROZEN APC GRP VER					
	Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available					
	4Q09. The calculation for this field is updated annually.					
	•					
Length:	12 Type: Alphanumeric Data Source: Assigned					
2025						
/11/3						

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Field 9:	FROZEN_APC_PROCEDURE_CODE					
	Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper,					
	the 3M version of the Medicare APC Grouper. The APC is used to define groupings of					
	outpatient services under OPPS (Outpatient Prospective Payment System). Not available					
Length:	4Q09. The calculation for this field is updated annually. 5 Type: Alphanumeric Data Source: Assigned					
Field 10:	FROZEN_APC_PX_STATUS_IND_CODE					
riciu iv.	Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC					
	Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation					
	for this field is updated annually.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 11:	FROZEN_APC_WEIGHT					
	Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the					
	3M version of the Medicare APC. Not available 4Q09. The calculation for this field is					
	updated annually.					
Length:	9 Type: Alphanumeric Data Source: Assigned					
Field 12:	FROZEN_APC_PAYMENT_CODE					
	APCs or "Ambulatory Payment Classifications" are the government's method of paying					
	facilities for outpatient services for the Medicare program. The calculation for this field is					
Longth	updated annually. 5 Type: Alphanumeric Data Source: Assigned					
Length:						
Field 13:	EAPG_GRP_VER					
	Final Enhanced Ambulatory Patient Group (EAPG) as assigned by 3M EAPG Grouper. EAPGs ar					
	logical groups of services put together for classification, payment, and reporting. A grouper refers					
	to software or methodology to classify patients into groups for classification, payment, and					
	analysis i.e., 3M Groupers include Inpatient Groupers (3M APR DRG Software), Outpatient					
	Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and Population Health Groupers					
	(Clinical Risk Groups), among others. Not available 4Q09. The calculation for this field is updated					
Length:	quarterly. 12 Type: Alphanumeric Data Source: Assigned					
Field 14:	FINAL EAPG CAT CODE					
riciu 14.	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG					
	Grouper. The category code is a broad group (1 of 61 categories), i.e., 15 – Radiologic					
	Procedures. The 3M Enhanced Ambulatory Patient Grouping System is a methodology					
	developed by 3M designed to reflect the resources used in an ambulatory visit and classify					
	patients with similar clinical characteristics. It is a proprietary product of the company 3M.					
	A grouper refers to software or methodology to classify patients into groups for classification,					
	payment and analyzing i.e., 3M Groupers include Inpatient Groupers (3M APR DRG					
	Software), Outpatient Groupers (3M Enhanced Ambulatory Patient Groups – EAPGs) and					
	Population Health Groupers (Clinical Risk Groups), among others. Not available 4Q09. The					
T 41	calculation for this field is updated quarterly.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 15:	FINAL_EAPG_TYPE_CODE					
	Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG grouper.					
	The type of code is a broader group code (1 of 13 types) describing the encounter, such as 2 – Significant Procedure and 3 – Medical ¹¹ Not available 4Q09. The calculation for this field is					
	updated quarterly.					
Length:	2 Type: Alphanumeric Data Source: Assigned					
Field 16:	FINAL EAPG					
raciu 10.	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG. Not available					
	4Q09. The calculation for this field is updated quarterly.					
Length:	5 Type: Alphanumeric Data Source: Assigned					
Field 17:	ADJUSTED EAPG WEIGHT					
I ICIU I / ·	Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Each					
	EAPG code has an assigned relative weight reflecting the average resource use for a patient in					
	and the particular of the particular and an elago loss also for a particular in					
2025	Page 100 Lost Undated: December 2025					

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	EMERGENCY DEPARTMENT RESEARCH DATA FILE
Length: Field 18:	that 3M EAPG relative to a subset of common ambulatory services Not available 4Q09. The calculation for this field is updated quarterly. 10 Type: Alphanumeric Data Source: Assigned APC_GRP_VER Ambulatory Payment Classification (APC) as assigned by 3M APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	12 Type: Alphanumeric Data Source: Assigned
Field 19:	APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. The APC is used to define groupings of outpatient services under OPPS (Outpatient Prospective Payment System). Not available 4Q09. The calculation for this field is updated quarterly.
Length:	5 Type: Alphanumeric Data Source: Assigned
Field 20:	APC_PX_STATUS_IND_CODE Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC Grouper, the 3M version of the Medicare APC Grouper. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	2 Type: Alphanumeric Data Source: Assigned
Field 21:	APC_WEIGHT Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper, the 3M version of the Medicare APC. Not available 4Q09. The calculation for this field is updated quarterly.
Length:	9 Type: Alphanumeric Data Source: Assigned
Field 22:	APC_PAYMENT_CODE APCs or "Ambulatory Payment Classifications" are the government's method of paying facilities for outpatient services for the Medicare program. The calculation for this field is updated quarterly.
Length:	5 Type: Alphanumeric Data Source: Assigned

INPATIENT BASE DATA FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Charges Files)	12	Alphanumeric
2	PAT UNIQUE INDEX	10	Alphanumeric
3	THCIC_ID	6	Alphanumeric
4	SPEC_UNIT_1	1	Alphanumeric
5	SPEC_UNIT_2	1	Alphanumeric
6	SPEC_UNIT_3	1	Alphanumeric
7	SPEC_UNIT_4	1	Alphanumeric
8	SPEC_UNIT_5	1	Alphanumeric
9	ENCOUNTER_INDICATOR	2	Alphanumeric
10	SEX_CODE	1	Alphanumeric
11	BIRTH_DATE	8	Alphanumeric
12	PAT_AGE_GROUP	2	Alphanumeric
13	PAT_AGE_YEARS	3	Alphanumeric
14	PAT_AGE_DAYS	5	Alphanumeric
15	RACE	1	Alphanumeric
16	ETHNICITY	1	Alphanumeric
17	PAT ADDR CENSUS BLOCK GROUP	14	Alphanumeric
18	PAT_ADDR_CENSUS_BLOCK	5	Alphanumeric
19	PAT_CITY	30	Alphanumeric
20	PAT_STATE	2	Alphanumeric
21	PAT_ZIP	9	Alphanumeric
22	PAT_COUNTRY	2	Alphanumeric
23	PAT_COUNTY	3	Alphanumeric
24	PUBLIC HEALTH REGION	2	Alphanumeric
25	TYPE OF ADMISSION	1	Alphanumeric
26	SOURCE_OF_ADMISSION	1	Alphanumeric
27	FIRST_PAYMENT_SRC	2	Alphanumeric
28	FIRST_PAYER_ID	10	Alphanumeric
29	FIRST_PAYER_NAME	35	Alphanumeric
30	SECONDARY_PAYMENT_SRC	2	Alphanumeric
31	SECONDARY PAYER ID	10	Alphanumeric
32	SECONDARY PAYER NAME	35	Alphanumeric
33	ADMIT START OF CARE	8	Alphanumeric
34	ADMIT_WEEKDAY	1	Alphanumeric
35	ADMIT_HOUR	2	Alphanumeric
36	STMT_PERIOD_FROM	8	Alphanumeric
37	STMT_PERIOD_THRU	8	Alphanumeric
38	LENGTH OF STAY	4	Alphanumeric
39	PAT_STATUS	2	Alphanumeric
40	DISCHARGE HOUR	2	Alphanumeric
41	TYPE OF BILL	3	Alphanumeric
42	ADMITTING DIAGNOSIS	7	Alphanumeric
43	PRINC_DIAG_CODE	7	Alphanumeric
44	POA_PRINC_DIAG_CODE	1	Alphanumeric
45	OTH_DIAG_CODE_1	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
46	POA OTH DIAG CODE 1	1	Alphanumeric
47	OTH DIAG CODE 2	7	Alphanumeric
48	POA OTH DIAG CODE 2	1	Alphanumeric
49	OTH DIAG CODE 3	7	Alphanumeric
50	POA OTH DIAG CODE 3	1	Alphanumeric
51	OTH_DIAG_CODE_4	7	Alphanumeric
52	POA_OTH_DIAG_CODE_4	1	Alphanumeric
53	OTH_DIAG_CODE_5	7	Alphanumeric
54	POA OTH DIAG CODE 5	1	Alphanumeric
55	OTH DIAG CODE 6	7	Alphanumeric
56	POA OTH DIAG CODE 6	1	Alphanumeric
57	OTH_DIAG_CODE_7	7	Alphanumeric
58	POA OTH DIAG CODE 7	1	Alphanumeric
59	OTH_DIAG_CODE_8	7	Alphanumeric
60	POA_OTH_DIAG_CODE_8	1	Alphanumeric
61	OTH_DIAG_CODE_9	7	Alphanumeric
62	POA OTH DIAG CODE 9	1	Alphanumeric
63	OTH DIAG CODE 10	7	Alphanumeric
64	POA OTH DIAG CODE 10	1	Alphanumeric
65	OTH DIAG CODE 11	7	Alphanumeric
66	POA_OTH_DIAG_CODE_11	1	Alphanumeric
67	OTH_DIAG_CODE_12	7	Alphanumeric
68	POA OTH DIAG CODE 12	1	Alphanumeric
69	OTH DIAG CODE 13	7	Alphanumeric
70	POA OTH DIAG CODE 13	1	Alphanumeric
71	OTH DIAG CODE 14	7	Alphanumeric
72	POA OTH DIAG CODE 14	1	Alphanumeric
73	OTH DIAG CODE 15	7	Alphanumeric
74	POA_OTH_DIAG_CODE_15	1	Alphanumeric
75	OTH_DIAG_CODE_16	7	Alphanumeric
76	POA OTH DIAG CODE 16	1	Alphanumeric
77	OTH DIAG CODE 17	7	Alphanumeric
78	POA OTH DIAG CODE 17	1	Alphanumeric
79	OTH DIAG CODE 18	7	Alphanumeric
80	POA_OTH_DIAG_CODE_18	1	Alphanumeric
81	OTH_DIAG_CODE_19	7	Alphanumeric
82	POA_OTH_DIAG_CODE_19	1	Alphanumeric
83	OTH_DIAG_CODE_20	7	Alphanumeric
84	POA_OTH_DIAG_CODE_20	1	Alphanumeric
85	OTH DIAG CODE 21	7	Alphanumeric
86	POA OTH DIAG CODE 21	1	Alphanumeric
87	OTH DIAG CODE 22	7	Alphanumeric
88	POA_OTH_DIAG_CODE_22	1	Alphanumeric
89	OTH_DIAG_CODE_23	7	Alphanumeric
90	POA_OTH_DIAG_CODE_23	1	Alphanumeric
91	OTH DIAG CODE 24	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
92	POA OTH DIAG CODE 24	1	Alphanumeric
93	E_CODE_1	7	Alphanumeric
94	POA E CODE 1	1	Alphanumeric
95	E CODE 2	7	Alphanumeric
96	POA E CODE 2	1	Alphanumeric
97	E_CODE_3	7	Alphanumeric
98	POA_E_CODE_3	1	Alphanumeric
99	E_CODE_4	7	Alphanumeric
100	POA_E_CODE_4	1	Alphanumeric
101	E_CODE_5	7	Alphanumeric
102	POA E CODE 5	1	Alphanumeric
103	E_CODE_6	7	Alphanumeric
104	POA_E_CODE_6	1	Alphanumeric
105	E_CODE_7	7	Alphanumeric
106	POA_E_CODE_7	1	Alphanumeric
107	E_CODE_8	7	Alphanumeric
108	POA E CODE 8	1	Alphanumeric
109	E_CODE_9	7	Alphanumeric
110	POA E CODE 9	1	Alphanumeric
111	E_CODE_10	7	Alphanumeric
112	POA_E_CODE_10	1	Alphanumeric
113	PRINC_SURG_PROC_CODE	7	Alphanumeric
114	PRINC SURG PROC DATE	8	Alphanumeric
115	PRINC SURG PROC DAY	4	Alphanumeric
116	OTH SURG PROC CODE 1	7	Alphanumeric
117	OTH SURG PROC DATE 1	8	Alphanumeric
118	OTH SURG PROC DAY 1	4	Alphanumeric
119	OTH SURG PROC CODE 2	7	Alphanumeric
120	OTH_SURG_PROC_DATE_2	8	Alphanumeric
121	OTH_SURG_PROC_DAY_2	4	Alphanumeric
122	OTH SURG PROC CODE 3	7	Alphanumeric
123	OTH SURG PROC DATE 3	8	Alphanumeric
124	OTH SURG PROC DAY 3	4	Alphanumeric
125	OTH SURG PROC CODE 4	7	Alphanumeric
126	OTH_SURG_PROC_DATE_4	8	Alphanumeric
127	OTH_SURG_PROC_DAY_4	4	Alphanumeric
128	OTH_SURG_PROC_CODE_5	7	Alphanumeric
129	OTH_SURG_PROC_DATE_5	8	Alphanumeric
130	OTH_SURG_PROC_DAY_5	4	Alphanumeric
131	OTH SURG PROC CODE 6	7	Alphanumeric
132	OTH SURG PROC DATE 6	8	Alphanumeric
133	OTH SURG PROC DAY 6	4	Alphanumeric
134	OTH_SURG_PROC_CODE_7	7	Alphanumeric
135	OTH_SURG_PROC_DATE_7	8	Alphanumeric
136	OTH_SURG_PROC_DAY_7	4	Alphanumeric
137	OTH SURG PROC CODE 8	7	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
138	OTH SURG PROC DATE 8	8	Alphanumeric
139	OTH SURG PROC DAY 8	4	Alphanumeric
140	OTH SURG PROC CODE 9	7	Alphanumeric
141	OTH SURG PROC DATE 9	8	Alphanumeric
142	OTH SURG PROC DAY 9	4	Alphanumeric
143	OTH_SURG_PROC_CODE_10	7	Alphanumeric
144	OTH SURG PROC DATE 10	8	Alphanumeric
145	OTH_SURG_PROC_DAY_10	4	Alphanumeric
146	OTH SURG PROC CODE 11	7	Alphanumeric
147	OTH_SURG_PROC_DATE_11	8	Alphanumeric
148	OTH_SURG_PROC_DAY_11	4	Alphanumeric
149	OTH_SURG_PROC_CODE_12	7	Alphanumeric
150	OTH SURG PROC DATE 12	8	Alphanumeric
151	OTH_SURG_PROC_DAY_12	4	Alphanumeric
152	OTH_SURG_PROC_CODE_13	7	Alphanumeric
153	OTH SURG PROC DATE 13	8	Alphanumeric
154	OTH SURG PROC DAY 13	4	Alphanumeric
155	OTH SURG PROC CODE 14	7	Alphanumeric
156	OTH_SURG_PROC_DATE_14	8	Alphanumeric
157	OTH_SURG_PROC_DAY_14	4	Alphanumeric
158	OTH_SURG_PROC_CODE_15	7	Alphanumeric
159	OTH_SURG_PROC_DATE_15	8	Alphanumeric
160	OTH SURG PROC DAY 15	4	Alphanumeric
161	OTH SURG PROC CODE 16	7	Alphanumeric
162	OTH SURG PROC DATE 16	8	Alphanumeric
163	OTH SURG PROC DAY 16	4	Alphanumeric
164	OTH SURG PROC CODE 17	7	Alphanumeric
165	OTH SURG PROC DATE 17	8	Alphanumeric
166	OTH_SURG_PROC_DAY_17	4	Alphanumeric
167	OTH_SURG_PROC_CODE_18	7	Alphanumeric
168	OTH SURG PROC DATE 18	8	Alphanumeric
169	OTH_SURG_PROC_DAY_18	4	Alphanumeric
170	OTH SURG PROC CODE 19	7	Alphanumeric
171	OTH SURG PROC DATE 19	8	Alphanumeric
172	OTH_SURG_PROC_DAY_19	4	Alphanumeric
173	OTH_SURG_PROC_CODE_20	7	Alphanumeric
174	OTH_SURG_PROC_DATE_20	8	Alphanumeric
175	OTH_SURG_PROC_DAY_20	4	Alphanumeric
176	OTH_SURG_PROC_CODE_21	7	Alphanumeric
177	OTH SURG PROC DATE 21	8	Alphanumeric
178	OTH SURG PROC DAY 21	4	Alphanumeric
179	OTH SURG PROC CODE 22	7	Alphanumeric
180	OTH_SURG_PROC_DATE_22	8	Alphanumeric
181	OTH_SURG_PROC_DAY_22	4	Alphanumeric
182	OTH_SURG_PROC_CODE_23	7	Alphanumeric
183	OTH SURG PROC DATE 23	8	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
184	OTH_SURG_PROC_DAY_23	4	Alphanumeric
185	OTH SURG PROC CODE 24	7	Alphanumeric
186	OTH SURG PROC DATE 24	8	Alphanumeric
187	OTH SURG PROC DAY 24	4	Alphanumeric
188	ATTENDING PHYSICIAN UNIF ID	10	Alphanumeric
189	OPERATING_PHYSICIAN_UNIF_ID	10	Alphanumeric
190	OCCUR_CODE_1	2	Alphanumeric
191	OCCUR_DATE_1	8	Alphanumeric
192	OCCUR_DAY_1	4	Alphanumeric
193	OCCUR_CODE_2	2	Alphanumeric
194	OCCUR_DATE_2	8	Alphanumeric
195	OCCUR_DAY_2	4	Alphanumeric
196	OCCUR CODE 3	2	Alphanumeric
197	OCCUR_DATE_3	8	Alphanumeric
198	OCCUR_DAY_3	4	Alphanumeric
199	OCCUR_CODE_4	2	Alphanumeric
200	OCCUR DATE 4	8	Alphanumeric
201	OCCUR_DAY_4	4	Alphanumeric
202	OCCUR_CODE_5	2	Alphanumeric
203	OCCUR_DATE_5	8	Alphanumeric
204	OCCUR_DAY_5	4	Alphanumeric
205	OCCUR_CODE_6	2	Alphanumeric
206	OCCUR DATE 6	8	Alphanumeric
207	OCCUR_DAY_6	4	Alphanumeric
208	OCCUR CODE 7	2	Alphanumeric
209	OCCUR_DATE_7	8	Alphanumeric
210	OCCUR_DAY_7	4	Alphanumeric
211	OCCUR CODE 8	2	Alphanumeric
212	OCCUR_DATE_8	8	Alphanumeric
213	OCCUR_DAY_8	4	Alphanumeric
214	OCCUR CODE 9	2	Alphanumeric
215	OCCUR DATE 9	8	Alphanumeric
216	OCCUR_DAY_9	4	Alphanumeric
217	OCCUR CODE 10	2	Alphanumeric
218	OCCUR_DATE_10	8	Alphanumeric
219	OCCUR_DAY_10	4	Alphanumeric
220	OCCUR_CODE_11	2	Alphanumeric
221	OCCUR_DATE_11	8	Alphanumeric
222	OCCUR_DAY_11	4	Alphanumeric
223	OCCUR CODE 12	2	Alphanumeric
224	OCCUR_DATE_12	8	Alphanumeric
225	OCCUR DAY 12	4	Alphanumeric
226	OCCUR_SPAN_CODE_1	2	Alphanumeric
227	OCCUR_SPAN_FROM_1	8	Alphanumeric
228	OCCUR_SPAN_THRU_1	8	Alphanumeric
229	OCCUR SPAN CODE 2	2	Alphanumeric

Data Dictionary #	RDF Field Name	Length	Field Type
230	OCCUR SPAN FROM 2	8	Alphanumeric
231	OCCUR SPAN THRU 2	8	Alphanumeric
232	OCCUR SPAN CODE 3	2	Alphanumeric
233	OCCUR SPAN FROM 3	8	Alphanumeric
234	OCCUR SPAN THRU 3	8	Alphanumeric
235	OCCUR SPAN_CODE_4	2	Alphanumeric
236	OCCUR SPAN FROM 4	8	Alphanumeric
237	OCCUR SPAN_THRU_4	8	Alphanumeric
238	CONDITION CODE 1	2	Alphanumeric
239	CONDITION CODE 2	2	Alphanumeric
240	CONDITION CODE 3	2	Alphanumeric
241	CONDITION_CODE_4	2	Alphanumeric
242	CONDITION CODE 5	2	Alphanumeric
243	CONDITION_CODE_6	2	Alphanumeric
244	CONDITION_CODE_7	2	Alphanumeric
245	CONDITION_CODE_8	2	Alphanumeric
246	VALUE CODE 1	2	Alphanumeric
247	VALUE AMOUNT_1	9	Numeric
248	VALUE CODE 2	2	Alphanumeric
249	VALUE AMOUNT 2	9	Numeric
250	VALUE_CODE_3	2	Alphanumeric
251	VALUE_AMOUNT_3	9	Numeric
252	VALUE CODE 4	2	Alphanumeric
253	VALUE AMOUNT 4	9	Numeric
254	VALUE CODE 5	2	Alphanumeric
255	VALUE_AMOUNT_5	9	Numeric
256	VALUE CODE 6	2	Alphanumeric
257	VALUE AMOUNT 6	9	Numeric
258	VALUE_CODE_7	2	Alphanumeric
259	VALUE_AMOUNT_7	9	Numeric
260	VALUE CODE 8	2	Alphanumeric
261	VALUE AMOUNT 8	9	Numeric
262	VALUE CODE 9	2	Alphanumeric
263	VALUE_AMOUNT_9	9	Numeric
264	VALUE_CODE_10	2	Alphanumeric
265	VALUE_AMOUNT_10	9	Numeric
266	VALUE_CODE_11	2	Alphanumeric
267	VALUE_AMOUNT_11	9	Numeric
268	VALUE_CODE_12	2	Alphanumeric
269	VALUE_AMOUNT_12	9	Numeric
270	PRIVATE_AMOUNT	12	Numeric
271	SEMI PRIVATE AMOUNT	12	Numeric
272	WARD_AMOUNT	12	Numeric
273	ICU_AMOUNT	12	Numeric
274	CCU_AMOUNT	12	Numeric
275	OTHER AMOUNT	12	Numeric

Data Dictionary #	RDF Field Name	Length	Field Type
276	PHARM AMOUNT	12	Numeric
277	MEDSURG AMOUNT	12	Numeric
278	DME AMOUNT	12	Numeric
279	USED DME AMOUNT	12	Numeric
280	PT AMOUNT	12	Numeric
281	OT AMOUNT	12	Numeric
282	SPEECH AMOUNT	12	Numeric
283	IT AMOUNT	12	Numeric
284	BLOOD AMOUNT	12	Numeric
285	BLOOD ADM AMOUNT	12	Numeric
286	OR AMOUNT	12	Numeric
287	LITH AMOUNT	12	Numeric
288	CARD AMOUNT	12	Numeric
289	ANES AMOUNT	12	Numeric
290	LAB AMOUNT	12	Numeric
291	RAD AMOUNT	12	Numeric
292	MRI AMOUNT	12	Numeric
293	OP AMOUNT	12	Numeric
294	ER AMOUNT	12	Numeric
295	AMBULANCE AMOUNT	12	Numeric
296	PRO_FEE_AMOUNT	12	Numeric
297	ORGAN_AMOUNT	12	Numeric
298	ESRD_AMOUNT	12	Numeric
299	CLINIC_AMOUNT	12	Numeric
300	TOTAL_CHARGES	12	Numeric
301	TOTAL_NON_COV_CHARGES	12	Numeric
302	TOTAL CHARGES ACCOMM	12	Numeric
303	TOTAL NON COV CHARGES ACCOMM	12	Numeric
304	TOTAL_CHARGES_ANCIL	12	Numeric
305	TOTAL NON_COV_CHARGES_ANCIL	12	Numeric
306	INBOUND INDICATOR	1	Alphanumeric
307	EMERGENCY DEPT FLAG	1	Alphanumeric
308	DISCHARGE	6	Alphanumeric

INPATIENT CHARGES FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	REVENUE_CODE	4	Alphanumeric
3	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
4	HCPCS_QUALIFIER	2	Alphanumeric
5	HCPCS_PROCEDURE_CODE	5	Alphanumeric
6	MODIFIER_1	2	Alphanumeric
7	MODIFIER_2	2	Alphanumeric
8	MODIFIER_3	2	Alphanumeric
9	MODIFIER_4	2	Alphanumeric
10	UNIT_MEASUREMENT_CODE	2	Alphanumeric
11	UNITS_OF_SERVICE	7	Numeric
12	UNIT_RATE	12	Numeric
13	CHRGS_LINE_ITEM	14	Numeric
14	CHRGS_NON_COV	14	Alphanumeric

INPATIENT FACILITY TYPE INDICATOR FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	THCIC_ID	6	Alphanumeric
2	PROVIDER_NAME	55	Alphanumeric
3	PROVIDER_ADDR	50	Alphanumeric
4	PROVIDER_CITY	20	Alphanumeric
5	PROVIDER_STATE	2	Alphanumeric
6	PROVIDER_ZIP	9	Alphanumeric
7	FAC_TEACHING_IND	1	Alphanumeric
8	FAC_PSYCH_IND	1	Alphanumeric
9	FAC_REHAB_IND	1	Alphanumeric
10	FAC_ACUTE_CARE_IND	1	Alphanumeric
11	FAC_SNF_IND	1	Alphanumeric
12	FAC_LONG_TERM_AC_IND	1	Alphanumeric
13	FAC_OTHER_LTC_IND	1	Alphanumeric
14	FAC_PEDS_IND	1	Alphanumeric
15	POA_PROVIDER_INDICATOR	1	Alphanumeric
16	PROVIDER_COUNTY	3	Alphanumeric

INPATIENT GROUPER FILE

Data Dictionary #	RDF Field Name	Length	Field Type
1	RECORD_ID (DOES NOT match to RECORD_ID in PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	FROZEN_MS_DRG	3	Alphanumeric
3	FROZEN_MS_MDC	2	Alphanumeric
4	FROZEN_MS_GROUPER_VERSION_NBR	5	Alphanumeric
5	FROZEN_MS_GROUPER_ERROR_CODE	2	Alphanumeric
6	FROZEN_APR_DRG	4	Alphanumeric
7	FROZEN_RISK_MORTALITY	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	1	Alphanumeric
9	FROZEN_APR_MDC	2	Alphanumeric
10	FROZEN_APR_GROUPER_ VERSION_NBR	5	Alphanumeric
11	FROZEN_ APR_GROUPER_ERROR_CODE	2	Alphanumeric
12	MS_DRG	3	Alphanumeric
13	MS_MDC	2	Alphanumeric
14	MS_GROUPER_VERSION_NBR	5	Alphanumeric
15	MS_GROUPER_ERROR_CODE	2	Alphanumeric
16	APR_DRG	4	Alphanumeric
17	RISK_MORTALITY	1	Alphanumeric
18	ILLNESS_SEVERITY	1	Alphanumeric
19	APR_MDC	2	Alphanumeric
20	APR_GROUPER_ VERSION_NBR	5	Alphanumeric
21	APR_GROUPER_ERROR_CODE	2	Alphanumeric

OUTPATIENT BASE DATA FILE

Number	OP RDF Field Name	Length	Field Type
1	SERVICE QUARTER	6	Alphanumeric
2	RECORD_ID (DOES NOT match to RECORD_ID in		
	PUDF. Does match with RDF Charges Files)	12	Alphanumeric
3	PAT_UNIQUE_INDEX	10	Alphanumeric
4	THCIC_ID	6	Alphanumeric
5	SPEC_UNIT_1	1	Alphanumeric
6	SPEC UNIT 2	1	Alphanumeric
7	SPEC_UNIT_3	1	Alphanumeric
8	SPEC_UNIT_4	1	Alphanumeric
9	SPEC_UNIT_5	1	Alphanumeric
10	ENCOUNTER INDICATOR	2	Alphanumeric
11	SEX_CODE	1	Alphanumeric
12	BIRTH DATE	8	Alphanumeric
13	PAT_AGE_GROUP	2	Alphanumeric
14	PAT_AGE_YEARS	3	Alphanumeric
15	PAT_AGE_DAYS	5	Alphanumeric
16	RACE	1	Alphanumeric
17	ETHNICITY	1	Alphanumeric
18	PAT ADDR CENSUS BLOCK GROUP	14	Alphanumeric
19	PAT ADDR CENSUS BLOCK	5	Alphanumeric
20	PAT CITY	30	Alphanumeric
21	PAT STATE	2	Alphanumeric
22	PAT ZIP	9	Alphanumeric
23	PAT COUNTRY	2	Alphanumeric
24	PAT COUNTY	3	Alphanumeric
25	PUBLIC HEALTH REGION	2	Alphanumeric
26	TYPE OF ADMISSION	1	Alphanumeric
27	SOURCE OF ADMISSION	1	Alphanumeric
28	FIRST PAYMENT SRC	2	Alphanumeric
29	FIRST PAYER ID	10	Alphanumeric
30	FIRST PAYER NAME	35	Alphanumeric
31	SECONDARY PAYMENT SRC	2	Alphanumeric
32	SECONDARY PAYER ID	10	Alphanumeric
33	SECONDARY PAYER NAME	35	Alphanumeric
34	STMT PERIOD FROM	8	Alphanumeric
35	STMT PERIOD THRU	8	Alphanumeric
36	LENGTH OF SERVICE	4	Alphanumeric
37	PAT STATUS	2	Alphanumeric
<i>J</i> 1	TAI_SIAIUS		Aiphanumeric

Number	OP RDF Field Name	Length	Field Type
38	TYPE_OF_BILL	3	Alphanumeric
39	PAT REASON FOR VISIT	7	Alphanumeric
40	PRINC_DIAG_CODE	7	Alphanumeric
41	OTH DIAG CODE 1	7	Alphanumeric
42	OTH DIAG CODE 2	7	Alphanumeric
43	OTH_DIAG_CODE_3	7	Alphanumeric
44	OTH_DIAG_CODE_4	7	Alphanumeric
45	OTH DIAG CODE 5	7	Alphanumeric
46	OTH_DIAG_CODE_6	7	Alphanumeric
47	OTH DIAG CODE 7	7	Alphanumeric
48	OTH DIAG CODE 8	7	Alphanumeric
49	OTH_DIAG_CODE_9	7	Alphanumeric
50	OTH_DIAG_CODE_10	7	Alphanumeric
51	OTH DIAG CODE 11	7	Alphanumeric
52	OTH_DIAG_CODE_12	7	Alphanumeric
53	OTH DIAG CODE 13	7	Alphanumeric
54	OTH DIAG CODE 14	7	Alphanumeric
55	OTH_DIAG_CODE_15	7	Alphanumeric
56	OTH_DIAG_CODE_16	7	Alphanumeric
57	OTH DIAG CODE 17	7	Alphanumeric
58	OTH_DIAG_CODE_18	7	Alphanumeric
59	OTH DIAG CODE 19	7	Alphanumeric
60	OTH DIAG CODE 20	7	Alphanumeric
61	OTH_DIAG_CODE_21	7	Alphanumeric
62	OTH_DIAG_CODE_22	7	Alphanumeric
63	OTH DIAG CODE 23	7	Alphanumeric
64	OTH_DIAG_CODE_24	7	Alphanumeric
65	RELATED CAUSE CODE 1	2	Alphanumeric
66	RELATED CAUSE CODE 2	2	Alphanumeric
67	RELATED_CAUSE_CODE_3	2	Alphanumeric
68	E_CODE_1	7	Alphanumeric
69	E CODE 2	7	Alphanumeric
70	E_CODE_3	7	Alphanumeric
71	E CODE 4	7	Alphanumeric
72	E CODE 5	7	Alphanumeric
73	E_CODE_6	7	Alphanumeric
74	E_CODE_7	7	Alphanumeric
75	E CODE 8	7	Alphanumeric
76	E_CODE_9	7	Alphanumeric
77	E CODE 10	7	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
78	PROC_CODE_1	5	Alphanumeric
79	PROC_CODE_2	5	Alphanumeric
80	PROC_CODE_3	5	Alphanumeric
81	PROC CODE 4	5	Alphanumeric
82	PROC_CODE_5	5	Alphanumeric
83	PROC_CODE_6	5	Alphanumeric
84	PROC_CODE_7	5	Alphanumeric
85	PROC CODE 8	5	Alphanumeric
86	PROC_CODE_9	5	Alphanumeric
87	PROC_CODE_10	5	Alphanumeric
88	PROC_CODE_11	5	Alphanumeric
89	PROC_CODE_12	5	Alphanumeric
90	PROC_CODE_13	5	Alphanumeric
91	PROC CODE 14	5	Alphanumeric
92	PROC_CODE_15	5	Alphanumeric
93	PROC CODE 16	5	Alphanumeric
94	PROC_CODE_17	5	Alphanumeric
95	PROC_CODE_18	5	Alphanumeric
96	PROC_CODE_19	5	Alphanumeric
97	PROC CODE 20	5	Alphanumeric
98	PROC_CODE_21	5	Alphanumeric
99	PROC_CODE_22	5	Alphanumeric
100	PROC CODE 23	5	Alphanumeric
101	PROC_CODE_24	5	Alphanumeric
102	PROC_CODE_25	5	Alphanumeric
103	PHYSICIAN1 INDEX NUMBER	10	Alphanumeric
104	PHYSICIAN2_INDEX_NUMBER	10	Alphanumeric
105	OCCUR CODE 1	2	Alphanumeric
106	OCCUR DATE 1	8	Alphanumeric
107	OCCUR_DAY_1	4	Alphanumeric
108	OCCUR_CODE_2	2	Alphanumeric
109	OCCUR DATE 2	8	Alphanumeric
110	OCCUR_DAY_2	4	Alphanumeric
111	OCCUR CODE 3	2	Alphanumeric
112	OCCUR DATE 3	8	Alphanumeric
113	OCCUR_DAY_3	4	Alphanumeric
114	OCCUR_CODE_4	2	Alphanumeric
115	OCCUR DATE 4	8	Alphanumeric
116	OCCUR_DAY_4	4	Alphanumeric
117	OCCUR CODE 5	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
118	OCCUR_DATE_5	8	Alphanumeric
119	OCCUR DAY 5	4	Alphanumeric
120	OCCUR_CODE_6	2	Alphanumeric
121	OCCUR DATE 6	8	Alphanumeric
122	OCCUR DAY 6	4	Alphanumeric
123	OCCUR_CODE_7	2	Alphanumeric
124	OCCUR_DATE_7	8	Alphanumeric
125	OCCUR DAY 7	4	Alphanumeric
126	OCCUR_CODE_8	2	Alphanumeric
127	OCCUR DATE 8	8	Alphanumeric
128	OCCUR DAY 8	4	Alphanumeric
129	OCCUR_CODE_9	2	Alphanumeric
130	OCCUR_DATE_9	8	Alphanumeric
131	OCCUR DAY 9	4	Alphanumeric
132	OCCUR_CODE_10	2	Alphanumeric
133	OCCUR_DATE_10	8	Alphanumeric
134	OCCUR_DAY_10	4	Alphanumeric
135	OCCUR_CODE_11	2	Alphanumeric
136	OCCUR_DATE_11	8	Alphanumeric
137	OCCUR DAY 11	4	Alphanumeric
138	OCCUR_CODE_12	2	Alphanumeric
139	OCCUR_DATE_12	8	Alphanumeric
140	OCCUR DAY 12	4	Alphanumeric
141	OCCUR_SPAN_CODE_1	2	Alphanumeric
142	OCCUR_SPAN_FROM_1	8	Alphanumeric
143	OCCUR SPAN THRU 1	8	Alphanumeric
144	OCCUR_SPAN_CODE_2	2	Alphanumeric
145	OCCUR SPAN FROM 2	8	Alphanumeric
146	OCCUR SPAN THRU 2	8	Alphanumeric
147	OCCUR_SPAN_CODE_3	2	Alphanumeric
148	OCCUR_SPAN_FROM_3	8	Alphanumeric
149	OCCUR SPAN THRU 3	8	Alphanumeric
150	OCCUR_SPAN_CODE_4	2	Alphanumeric
151	OCCUR SPAN FROM 4	8	Alphanumeric
152	OCCUR SPAN THRU 4	8	Alphanumeric
153	CONDITION_CODE_1	2	Alphanumeric
154	CONDITION_CODE_2	2	Alphanumeric
155	CONDITION CODE 3	2	Alphanumeric
156	CONDITION_CODE_4	2	Alphanumeric
157	CONDITION CODE 5	2	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
158	CONDITION_CODE_6	2	Alphanumeric
159	CONDITION CODE 7	2	Alphanumeric
160	CONDITION_CODE_8	2	Alphanumeric
161	VALUE CODE 1	2	Alphanumeric
162	VALUE AMOUNT_1	9	Numeric
163	VALUE_CODE_2	2	Alphanumeric
164	VALUE_AMOUNT_2	9	Numeric
165	VALUE CODE 3	2	Alphanumeric
166	VALUE_AMOUNT_3	9	Numeric
167	VALUE CODE 4	2	Alphanumeric
168	VALUE AMOUNT 4	9	Numeric
169	VALUE_CODE_5	2	Alphanumeric
170	VALUE_AMOUNT_5	9	Numeric
171	VALUE CODE_6	2	Alphanumeric
172	VALUE_AMOUNT_6	9	Numeric
173	VALUE CODE 7	2	Alphanumeric
174	VALUE_AMOUNT_7	9	Numeric
175	VALUE_CODE_8	2	Alphanumeric
176	VALUE_AMOUNT_8	9	Numeric
177	VALUE CODE 9	2	Alphanumeric
178	VALUE_AMOUNT_9	9	Numeric
179	VALUE CODE_10	2	Alphanumeric
180	VALUE AMOUNT_10	9	Numeric
181	VALUE_CODE_11	2	Alphanumeric
182	VALUE_AMOUNT_11	9	Numeric
183	VALUE CODE 12	2	Alphanumeric
184	VALUE_AMOUNT_12	9	Numeric
185	OTHER AMOUNT	12	Numeric
186	PHARM AMOUNT	12	Numeric
187	MEDSURG_AMOUNT	12	Numeric
188	DME_AMOUNT	12	Numeric
189	USED DME AMOUNT	12	Numeric
190	PT_AMOUNT	12	Numeric
191	OT AMOUNT	12	Numeric
192	SPEECH AMOUNT	12	Numeric
193	IT_AMOUNT	12	Numeric
194	BLOOD_AMOUNT	12	Numeric
195	BLOOD ADM AMOUNT	12	Numeric
196	OR_AMOUNT	12	Numeric
197	LITH AMOUNT	12	Numeric

Number	OP RDF Field Name	Length	Field Type
198	CARD_AMOUNT	12	Numeric
199	ANES AMOUNT	12	Numeric
200	LAB_AMOUNT	12	Numeric
201	RAD AMOUNT	12	Numeric
202	MRI AMOUNT	12	Numeric
203	OP_AMOUNT	12	Numeric
204	ER AMOUNT	12	Numeric
205	AMBULANCE AMOUNT	12	Numeric
206	PRO_FEE_AMOUNT	12	Numeric
207	ORGAN_AMOUNT	12	Numeric
208	ESRD AMOUNT	12	Numeric
209	CLINIC AMOUNT	12	Numeric
210	TOTAL CHARGES	12	Numeric
211	TOTAL NON COV CHARGES	12	Numeric
212	TOTAL CHARGES ANCIL	12	Numeric
213	TOTAL NON COV CHARGES ANCIL	12	Numeric
214	PROCESS DATE	8	Alphanumeric
215	INST PROF INDICATOR (INPUT FORMAT)	1	Alphanumeric
216	INBOUND INDICATOR	1	Alphanumeric
217	EMERGENCY DEPT FLAG	1	Alphanumeric
218	CCSR_PRINC_DIAG_CODE	6	Alphanumeric
219	CCSR_OTH_DIAG_CODE_1	6	Alphanumeric
220	CCSR_OTH_DIAG_CODE_2	6	Alphanumeric
221	CCSR_OTH_DIAG_CODE_3	6	Alphanumeric
222	CCSR_OTH_DIAG_CODE_4	6	Alphanumeric
223	CCSR_OTH_DIAG_CODE_5	6	Alphanumeric
224	CCSR_OTH_DIAG_CODE_6	6	Alphanumeric
225	CCSR_OTH_DIAG_CODE_7	6	Alphanumeric
226	CCSR_OTH_DIAG_CODE_8	6	Alphanumeric
227	CCSR_OTH_DIAG_CODE_9	6	Alphanumeric
228	CCSR_OTH_DIAG_CODE_10	6	Alphanumeric
229	CCSR_OTH_DIAG_CODE_11	6	Alphanumeric
230	CCSR_OTH_DIAG_CODE_12	6	Alphanumeric
231	CCSR_OTH_DIAG_CODE_13	6	Alphanumeric
232	CCSR_OTH_DIAG_CODE_14	6	Alphanumeric
233	CCSR_OTH_DIAG_CODE_15	6	Alphanumeric
234	CCSR_OTH_DIAG_CODE_16	6	Alphanumeric
235	CCSR_OTH_DIAG_CODE_17	6	Alphanumeric
236	CCSR_OTH_DIAG_CODE_18	6	Alphanumeric
237	CCSR_OTH_DIAG_CODE_19	6	Alphanumeric

Number	OP RDF Field Name	Length	Field Type
238	CCSR_OTH_DIAG_CODE_20	6	Alphanumeric
239	CCSR_OTH_DIAG_CODE_21	6	Alphanumeric
240	CCSR_OTH_DIAG_CODE_22	6	Alphanumeric
241	CCSR_OTH_DIAG_CODE_23	6	Alphanumeric
242	CCSR_OTH_DIAG_CODE_24	6	Alphanumeric
243	CCS_PROC_CODE_1	6	Alphanumeric
244	CCS_PROC_CODE_2	6	Alphanumeric
245	CCS_PROC_CODE_3	6	Alphanumeric
246	CCS_PROC_CODE_4	6	Alphanumeric
247	CCS_PROC_CODE_5	6	Alphanumeric
248	CCS_PROC_CODE_6	6	Alphanumeric
249	CCS_PROC_CODE_7	6	Alphanumeric
250	CCS_PROC_CODE_8	6	Alphanumeric
251	CCS_PROC_CODE_9	6	Alphanumeric
252	CCS_PROC_CODE_10	6	Alphanumeric
253	CCS_PROC_CODE_11	6	Alphanumeric
254	CCS_PROC_CODE_12	6	Alphanumeric
255	CCS_PROC_CODE_13	6	Alphanumeric
256	CCS_PROC_CODE_14	6	Alphanumeric
257	CCS_PROC_CODE_15	6	Alphanumeric
258	CCS_PROC_CODE_16	6	Alphanumeric
259	CCS_PROC_CODE_17	6	Alphanumeric
260	CCS_PROC_CODE_18	6	Alphanumeric
261	CCS_PROC_CODE_19	6	Alphanumeric
262	CCS_PROC_CODE_20	6	Alphanumeric
263	CCS_PROC_CODE_21	6	Alphanumeric
264	CCS_PROC_CODE_22	3	Alphanumeric
265	CCS_PROC_CODE_23	3	Alphanumeric
266	CCS_PROC_CODE_24	3	Alphanumeric
267	CCS_PROC_CODE_25	3	Alphanumeric

OUTPATIENT CHARGES DATA FILE

Number	OP RDF Field Name	Length	Field Type
	RECORD_ID (DOES NOT match to RECORD_ID in		
1	PUDF. Does match with RDF Base Files)	12	Alphanumeric
2	REVENUE_CODE	4	Alphanumeric
3	REVENUE CODE SEQUENCE NUMBER	3	Alphanumeric
4	HCPCS_QUALIFIER	2	Alphanumeric
5	HCPCS PROCEDURE CODE	5	Alphanumeric
6	MODIFIER 1	2	Alphanumeric
7	MODIFIER_2	2	Alphanumeric
8	MODIFIER 3	2	Alphanumeric
9	MODIFIER_4	2	Alphanumeric
10	UNIT_MEASUREMENT_CODE	2	Numeric
11	UNITS OF SERVICE	7	Numeric
12	UNIT_RATE	12	Numeric
13	CHRGS_LINE_ITEM	14	Numeric
14	CHRGS NON COV	14	Alphanumeric
15	PROCEDURE DATE	8	Alphanumeric
16	PROCEDURE_DATE_THRU	8	Alphanumeric
17	SERVICE FACILITY CODE	2	Alphanumeric

OUTPATIENT FACILITY TYPE INDICATOR FILE

Number	OP RDF Field Name	Length	Field Type
1	THCIC_ID	6	Alphanumeric
2	PROVIDER_NAME	55	Alphanumeric
3	PROVIDER_ADDR	50	Alphanumeric
4	PROVIDER_CITY	20	Alphanumeric
5	PROVIDER_STATE	2	Alphanumeric
6	PROVIDER_ZIP	9	Alphanumeric
7	FAC_TEACHING_IND	1	Alphanumeric
8	FAC_PSYCH_IND	1	Alphanumeric
9	FAC_REHAB_IND	1	Alphanumeric
10	FAC_ACUTE_CARE_IND	1	Alphanumeric
11	FAC_SNF_IND	1	Alphanumeric
12	FAC_LONG_TERM_AC_IND	1	Alphanumeric
13	FAC_OTHER_LTC_IND	1	Alphanumeric
14	FAC_PEDS_IND	1	Alphanumeric
15	FAC_CARDIOVASCULAR_IND	1	Alphanumeric
16	FAC_CHIROPRACTIC_IND	1	Alphanumeric
17	FAC_ENDOSCOPY_IND	1	Alphanumeric
18	FAC_FOOT_IND	1	Alphanumeric
19	FAC_GASTROENTEROLOGY_IND	1	Alphanumeric
20	FAC_GENERAL_IND	1	Alphanumeric
21	FAC_NEUROLOGICAL_IND	1	Alphanumeric
22	FAC_OB_GYN_IND	1	Alphanumeric
23	FAC_OPTHAMOLOGY_IND	1	Alphanumeric
24	FAC_ORAL_IND	1	Alphanumeric
25	FAC_ORTHOPEDIC_IND	1	Alphanumeric
26	FAC_OTOLARYGOLOGY_IND	1	Alphanumeric
27	FAC_PAIN_MNGMT_IND	1	Alphanumeric
28	FAC_PLASTIC_IND	1	Alphanumeric
29	FAC_THORACIC_IND	1	Alphanumeric
30	FAC_UROOGY_IND	1	Alphanumeric
31	FAC_OTHER_IND	1	Alphanumeric
32	POA_PROVIDER_INDICATOR	1	Alphanumeric
33	PROVIDER_COUNTY	3	Alphanumeric
34	FAC_EMERGENCY_DEPARTMENT_IND	87	Alphanumeric
35	FAC_ONCOLOGY_IND	88	Alphanumeric

OUTPATIENT GROUPER FILE

Number	OP RDF Field Name	Length	Field Type
1	RECORD_ID	12	Alphanumeric
2	REVENUE_CODE_SEQUENCE_NUMBER	3	Alphanumeric
3	FROZEN_EAPG_GRP_VER	12	Alphanumeric
4	FROZEN_FINAL_EAPG_CAT_CODE	2	Alphanumeric
5	FROZEN_FINAL_EAPG_TYPE_CODE	2	Alphanumeric
6	FROZEN_FINAL_EAPG	5	Alphanumeric
7	FROZEN_ADJUSTED_EAPG_WEIGHT	10	Alphanumeric
8	FROZEN_APC_GRP_VER	12	Alphanumeric
9	FROZEN_APC_PROCEDURE_CODE	5	Alphanumeric
10	FROZEN_APC_PX_STATUS_IND_CODE	2	Alphanumeric
11	FROZEN_APC_WEIGHT	9	Alphanumeric
12	FROZEN_APC_PAYMENT_CODE	5	Alphanumeric
13	EAPG_GRP_VER	12	Alphanumeric
14	FINAL_EAPG_CAT_CODE	2	Alphanumeric
15	FINAL_EAPG_TYPE_CODE	2	Alphanumeric
16	FINAL_EAPG	5	Alphanumeric
17	ADJUSTED_EAPG_WEIGHT	10	Alphanumeric
18	APC_GRP_VER	12	Alphanumeric
19	APC_PROCEDURE_CODE	5	Alphanumeric
20	APC_PX_STATUS_IND_CODE	2	Alphanumeric
21	APC_WEIGHT	9	Alphanumeric
22	APC_PAYMENT_CODE	5	Alphanumeric