

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2022

TABLE OF CONTENTS

BACKGROUND	3
TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES	3
DATA PROCESSING AND QUALITY	6
PATIENT/PHYSICIAN CONFIDENTIALITY	7
RESTRICTIONS ON DATA USE	9
DATA LIMITATIONS	10
HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE	12
CITATION	13
DATA DICTIONARY	14
INPATIENT BASE DATA #1 FILE	14
INPATIENT BASE DATA #2 FILE	33
INPATIENT CHARGES DATA FILE	45
INPATIENT GROUPER DATA FILE	53
OUTPATIENG BASE DATA FILE	57
OUTPATIENG CHARGES DATA FILE	74
OUTPATIENT CLASSIFICATION DATA FILE	82
OUTPATIENT GROUPER DATA FILE	86
FACILITY TYPE DATA FILE	88
DATA FILE LAYOUTS	92
Inpatient Base Data #1 File	92
Inpatient Base Data #2 File	96
Inpatient Charges Data File	99
Inpatient Grouper Data File	100
Outpatient Base Data File	101
Outpatient Classification File	104
Outpatient Charges Data File	104
Facility Type Data File	107

BACKGROUND

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

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

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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

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

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

TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES

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

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

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	3	Last Updated: February, 2023

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

The ED PUDF contains:

- Inpatient (IP) Base Data #1 File This file contains the required data elements. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; Diagnosis Related Group; Type of Admission; Source of Admission; Length of Stay; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code, Patient Status, Primary Payment Source and other data used for most research topics.
- IP Base Data #2 File This file contains most of the situationally required data elements and some calculated fields. For example, codes regarding: Condition Code; Value Code; Occurrence Code, Occurrence Day, Charge amounts for Service Pay Groups; and other information that may be useful regarding the inpatient stay research.
- IP Charges File This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- IP Grouper File This file contains groupers variables that were previously included in the IP base #1 file as well as their dynamic counterparts. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the 3M grouper variables, such as FROZEN_MS_DRG, FROZEN_RISK_MORTALITY, MS_DRG, and RISK_MORTALITY. Any variables with the suffix "frozen" are those previously included in the IP base #1 file; variables without the suffix "frozen" are the dynamic groupers newly added for 2022 and beyond.
- Outpatient (OP) Base Data File This file contains the required data elements. For example, codes regarding: Facility Identifier; Diagnoses; External Cause of Injury; Procedures; Diagnosis Related Group; Charge amounts for Service Pay Groups; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code; Patient Status, Source of Admission; Primary Payment Source, and other data used for most research topics.

- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains Enhanced Ambulatory Patient Grouping codes and Ambulatory Payment Classification information.
- 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 Grouper File This file contains groupers variables that were previously included in the OP charges and classification files. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the 3M grouper variables, such as FROZEN_EAPG_GRP_VER, FROZEN_APC_WEIGHT, EAPG_GRP_VER, and APC_WEIGHT. Any variables with the suffix "frozen" are those previously included in the OP charges and classification files; variables without the suffix "frozen" are the dynamic groupers newly added for 2022 and beyond.
- Facility Type Data File -This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

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

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

The 2021 ED PUDF is available in seven fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges, and Facility Type Data files. The sizes of the files are as follows:

First quarter, 841 facilities:

IP Base Data #1	411,804 records	156 variables	Fixed field format	305 MB	Tab-delimited	158 MB
IP Base Data #2	411,804 records	99 variables	Fixed field format	255 MB	Tab-delimited	109 MB
IP Charges	9,635,114 records	13 variables	Fixed field format	753 MB	Tab-delimited	462 MB
IP Grouper	411,804 records	21 variables	Fixed field format	26 MB	Tab-delimited	34 MB
OP Base Data	2,733,951 records	128 variables	Fixed field format	2,307 MB	Tab-delimited	1,083 MB
OP Classification Data	2,733,951 records	51 variables	Fixed field format	623 MB	Tab-delimited	281 MB
OP Charges	23,109,921 records	13 variables	Fixed field format	1,807 MB	Tab-delimited	1,187 MB
OP Grouper	23,109,921 records	18 variables	Fixed field format	2,535 MB	Tab-delimited	2,450 MB
Facility Type Data	841 records	33 variables	Fixed field format	85 KB	Tab-delimited	68 KB

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

DATA PROCESSING AND QUALITY

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

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

Finally, DSHS builds a final inpatient encounter and separate outpatient event file that includes all data for those datasets, including the corrected data submitted by the hospitals and FEMCFs. DSHS staff checks and adjusts for

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	6	Last Updated: February, 2023

missing values and invalid codes in this file before the ED PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes, and to read accompanying notes, comments, and other descriptive text.

PATIENT/PHYSICIAN CONFIDENTIALITY

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

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

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

diagnosis codes indicating an HIV-STD diagnosis, alcohol use, or drug use.

• Race is changed to 'Other' and ethnicity is suppressed if a hospital, an ASC, or an FEMCF has fewer than ten discharges of a particular race code.

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

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

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

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

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

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

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

RESTRICTIONS ON DATA USE

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

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

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital, or FEMCF stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
- The licensee will not release nor permit others to release any information that identifies patients, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;

- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

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

- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

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

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

DATA LIMITATIONS

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

- THSC Section <u>108.009(h)</u> requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected from the THCIC 837 format (a modified version of the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, 837, ASC X12N 837 and Professional, ASC X12N, and the addenda).
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	10	Last Updated: February, 2023

volume and percentage calculations for diagnoses and procedures not being complete.

- Gender is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, or an HIV-STD diagnosis. Suppression of this data element is applied separately within inpatient and outpatient data sets.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code. The entire ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, an HIV-STD diagnosis, or if a hospital, or an FEMCF has fewer than five discharges of a particular gender, including `unknown'. ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If the ZIP code is changed to '88888' the state abbreviation is changed to 'ZZ'. Suppression of the ZIP code is applied separately within inpatient and outpatient data sets.
- Patient race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities directly from the patient and may be subjectively captured and reported by the facilities.
- Inaccuracies in the data and incompleteness of the data would be addressed in the hospital, or FEMCF's comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Diagnosis present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long-term care hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not required and therefore not available for outpatient data.
- Admission Source as reported by hospitals and FEMCFs is suppressed, as recommended by the previous THCIC Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Comparability of inpatient length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix,

market areas and hospital ownership, affiliation or teaching status. Any analysis of inpatient LOS at the hospital level should consider the above factors.

- Any analysis of mortality should note that the data reflect only patients who died in the hospital, or FEMCF and not those who died after discharge from the hospital, or FEMCF.
- The data are a snapshot in time. Hospitals, and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, and FEMCFs' collection and billing cycles, not all inpatient discharge encounters from ED visits or outpatient ED visits may have been billed or reported during the particular quarter the patient received the services. Those services may appear in the following quarter's data. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid, Medicare, or other payment sources.
- Updates to PUDF records, if any, are available through the THCIC website, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update will be posted on it.
- DSHS collects data from all hospitals, and FEMCFs in the state not specifically exempted (and not owned by the United States of America). Some hospitals may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods.
- The healthcare facility patient mix (the types of patients treated at healthcare facilities vary, due to the healthcare facility's interest and specialty services availability) should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

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

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

CITATION

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

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



Texas Department of State Health Services

Texas Emergency Department Data Set

DATA DICTIONARY

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

Field	Unique, abbreviated name of the data element.
Description	Brief explanation of the data element. Descriptions of data elements are taken from specifications manuals
Data 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 "back quote" value ` (Backtick, Back quote, Grave accent mark). Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

INPATIENT BASE DATA #1 FILE

Field 1:	RECORD_ID				
Description:	Record Identification Number. Unique number assigned to identify the record. T				
			ot linkable to the Record_ID in the ED		
	Outpatient PUDF or ED	Research Data Fil	es (RDFs).		
Beginning Position:	1	Data Source:	Assigned		
Length:	12	Туре:	Alphanumeric		
Field 2:	DISCHARGE				
Description:	Discharge Quarter. Year a	nd quarter of discha	rge. yyyyQn.		
Beginning Position:	13	Data Source:	Assigned		
Length:	6	Туре:	Alphanumeric		
Field 3:	THCIC_ID				
DSHS/THCIC		Page	DSHS Document #25-15013		
www.dshs.texas.gov	THCIC	14	Last Updated: February, 2023		

Suppression:	Hospitals a hospita	D. Unique identifier assigned to the with fewer than 50 discharges have has fewer than 5 discharges of a pa	been aggregated in	
Beginning Position: Length:	is '99999 19 6	י. Data Source: Type:	Assigned Alphanumeric	
Field 4:	-	F_ADMISSION		
Description:		icating the type of admission		
Coding Scheme:	1	Emergency		
y	2	Jrgent		
	3	lective		
	4	lewborn		
	5	rauma		
	9	nformation not available		
Beginning Position:	25	nvalid Data Source:	Claim	
Length:	1	Type:	Alphanumeric	
Field 5:		OF_ADMISSION	Aphanamene	
Description:		icating source of the admission.		
Coding Scheme:	1	Ion-Healthcare Facility Point of Origin (Be	ainnina July 1 2010)	
county seneme.	2	Clinic or Physician's Office	gg sal, 1, 2010)	
	4	ransfer from a hospital		
	5	ransfer from a skilled nursing facility, inte	ermediate care facility	or assisted living facility
	6 8	ransfer from another health care facility		
	8 9	Court/Law Enforcement nformation not available		
	D	ransfer from One Distinct Unit of the Hos	pital to another Disting	t Unit of the Same Hospital
		sesulting in a Separate Claim to the Payer		
	E	ransfer from Ambulatory Surgery Center		
	F	ransfer from a Hospice Facility		
	If Type 4	nvalid Admission=4 (Newborn)		
	5 11 Type C	Born inside this hospital		
	6	Born outside this hospital		
Beginning Position:	26	Data Source:	Claim	
Length:	1	Туре:	Alphanumeric	
Field 6:	SPEC_U	NIT_1		
Description:		 Units in which most days during 	g stay occurred b	ased on number of days b
	Type of	Bill or Revenue Code.		
Coding Scheme:	С	Coronary Care Unit	P	Pediatric Unit
	D I	Detoxification Unit Intensive Care Unit	Y R	Psychiatric Unit Rehabilitation Unit
	I H	Hospice Unit	R U	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
	0	Oncology Unit		
Beginning Position:	27	Data Source:	Calculated	
Length:		Туре:	Alphanumeric	
Field 7:	SPEC_U			d bened an average of the
Description:	Special	[,] Units in which 2 nd most days du	iring stay occurre	a based on number of da
•				
	by Type	of Bill or Revenue Code.		
Coding Scheme:	by Type Same as	SPEC_UNIT_1.	Colouist	
Coding Scheme: Beginning Position:	by Type Same as 28	SPEC_UNIT_1. Data Source:	Calculated	
Coding Scheme: Beginning Position: Length:	by Type Same as 28 1	SPEC_UNIT_1. Data Source: Type:	Calculated Alphanumeric	
Coding Scheme: Beginning Position: Length: Field 8:	by Type Same as 28 1 SPEC_U	SPEC_UNIT_1. Data Source: Type: NIT_3	Alphanumeric	
Coding Scheme: Beginning Position:	by Type Same as 28 1 SPEC_U Specialt	SPEC_UNIT_1. Data Source: Type: NIT_3 v Units in which 3 rd most days du	Alphanumeric	d based on number of day
Coding Scheme: Beginning Position: Length: Field 8: Description:	by Type Same as 28 1 SPEC_U Specialt by Type	SPEC_UNIT_1. Data Source: Type: NIT_3 ' Units in which 3 rd most days du of Bill or Revenue Code.	Alphanumeric	d based on number of day
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme:	by Type Same as 28 1 SPEC_I Specialt by Type Same as	SPEC_UNIT_1. Data Source: Type: NIT_3 ' Units in which 3 rd most days du of Bill or Revenue Code. SPEC_UNIT_1.	Alphanumeric Iring stay occurre	d based on number of day
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position:	by Type Same as 28 1 SPEC_I Specialt by Type Same as 29	SPEC_UNIT_1. Data Source: Type: NIT_3 V Units in which 3 rd most days du of Bill or Revenue Code. SPEC_UNIT_1. Data Source:	Alphanumeric Iring stay occurre Calculated	d based on number of day
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length:	by Type Same as 28 1 Specialt by Type Same as 29 1	SPEC_UNIT_1. Data Source: Type: NIT_3 V Units in which 3 rd most days du of Bill or Revenue Code. SPEC_UNIT_1. Data Source: Type:	Alphanumeric Iring stay occurre	d based on number of day
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9:	by Type Same as 28 1 SPEC_U Specialt by Type Same as 29 1 SPEC_U	SPEC_UNIT_1. Type: NIT_3 V Units in which 3 rd most days du of Bill or Revenue Code. SPEC_UNIT_1. Data Source: Type: NIT_4	Alphanumeric Iring stay occurre Calculated Alphanumeric	
Coding Scheme: Beginning Position: Length: Field 8: Description:	by Type Same as 28 1 SPEC_I Specialt by Type Same as 29 1 SPEC_I Specialt	SPEC_UNIT_1. Data Source: Type: NIT_3 V Units in which 3 rd most days du of Bill or Revenue Code. SPEC_UNIT_1. Data Source: Type: NIT_4 V Units in which 4 th most days du	Alphanumeric Iring stay occurre Calculated Alphanumeric	
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description:	by Type Same as 28 1 Specialt by Type Same as 29 1 SPEC_U Specialt by Type	SPEC_UNIT_1. Type: NIT_3 V Units in which 3 rd most days du of Bill or Revenue Code. SPEC_UNIT_1. Data Source: Type: NIT_4 V Units in which 4 th most days du of Bill or Revenue Code.	Alphanumeric Iring stay occurre Calculated Alphanumeric	
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:	by Type Same as 28 1 SPEC_U Specialt by Type Same as 29 1 SPEC_U Specialt by Type Same as	SPEC_UNIT_1. Type: NIT_3 V Units in which 3 rd most days du of Bill or Revenue Code. SPEC_UNIT_1. Data Source: Type: NIT_4 V Units in which 4 th most days du of Bill or Revenue Code. SPEC_UNIT_1.	Alphanumeric Iring stay occurre Calculated Alphanumeric Iring stay occurre	
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position:	by Type Same as 28 1 Specialt by Type Same as 29 1 SPEC_U Specialt by Type	SPEC_UNIT_1. Data Source: Type: NIT_3 V Units in which 3 rd most days du of Bill or Revenue Code. SPEC_UNIT_1. Data Source: Type: NIT_4 V Units in which 4 th most days du of Bill or Revenue Code. SPEC_UNIT_1. Data Source: Data Source:	Alphanumeric ring stay occurre Calculated Alphanumeric ring stay occurre Calculated	d based on number of day
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:	by Type Same as 28 1 SPEC_U Specialt by Type Same as 29 1 SPEC_U Specialt by Type Same as	SPEC_UNIT_1. Type: NIT_3 V Units in which 3 rd most days du of Bill or Revenue Code. SPEC_UNIT_1. Data Source: Type: NIT_4 V Units in which 4 th most days du of Bill or Revenue Code. SPEC_UNIT_1.	Alphanumeric ring stay occurre Calculated Alphanumeric ring stay occurre Calculated	

		SPEC_UNIT_5	Туре:		Alphanumeric		
Field 10: Description				st dave dur	ing stay occurred	hased on	number of day
Cochption	•	by Type of Bill c			ing stay occurred	Daseu on	number of day
Coding Sch	eme:	Same as SPEC_U					
Beginning I		31		Source:	Calculated		
ength:		1	Туре:		Alphanumeric		
ield 11:		PAT_STATE					
Description):				exas and contigue	ous states	. Standard 2-
Coding Sch	omo	character Posta AR Arkansas	Service addrev	lation.			
Journy Sch	enie.	LA Louisiana					
		NM New Mexico OK Oklahoma					
		TX Texas					
			s and American Terr	ritories			
		FC Foreign countr XX Foreign countr					
Beginning I	Position:	32		Source:	Claim		
ength:		2	Туре:		Alphanumeric		
ield 12:		PAT_ZIP					
Description		Patient's five-di			family the 20 di		TC shalls sound a
Suppressio					fewer than 30 di als 'FC' (foreign d		
					e or an HIV-STD (
					rug use or an HIV		
					Part 2 rules) the		
					than fifty dischard		
		If a hospital has	fewer than 5 d	lischarges o	of a particular ger	, nder, inclu	ding `unknown'
		the ZIP Code is	blank.				
					Claim		
	Position:	34		Source:			
Beginning Length: Field 13:	Position:	5	Туре:		Alphanumeric		
Length: Field 13:		5 PAT_COUNTRY	Туре: Г	<u> </u>	Alphanumeric	the Inter	national
Length: Field 13:		5 PAT_COUNTRY Country of patie	Type: f ent's residential	address. L	Alphanumeric ist maintained by		
ength: ield 13:		5 PAT_COUNTRY Country of patie Organization for	Type: f ent's residential Standardizatio	address. L n (ISO). If	Alphanumeric ist maintained by ICD-10-CM indica	ates alcoh	ol or drug use o
ength:		5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi	Type: f ent's residential Standardizatio s (patients cove	address. L n (ISO). If ered by 42	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar	ates alcoh	ol or drug use o
ength: field 13: Description Suppressio	.: n:	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few	Type: f ent's residential r Standardizatio s (patients cove eported as "`" (er than 5 patients	address. L n (ISO). If ered by 42 back quote s from one c	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e).	ates alcoh	ol or drug use o
ength: Field 13: Description Suppressio Coding sch	n: eme:	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org	Type: f ent's residential r Standardizatio s (patients cove eported as "`" (er than 5 patients for complete list.	address. L n (ISO). If ered by 42 back quote s from one c	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry.	ates alcoh	ol or drug use o
ength: ield 13: Description Suppressio Coding scho Beginning I	n: eme:	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39	Type: f ent's residential r Standardizatio s (patients cove eported as "`" (er than 5 patients for complete list. Data	address. L n (ISO). If ered by 42 back quote s from one c Source:	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim	ates alcoh	ol or drug use o
ength: ield 13: Description Suppressio Coding sch Beginning I ength:	n: eme:	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2	Type: f ent's residential r Standardizatio s (patients cove eported as "`" (er than 5 patients for complete list.	address. L n (ISO). If ered by 42 back quote s from one c Source:	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry.	ates alcoh	ol or drug use o
ength: Field 13: Description Coding sch Beginning I Length: Field 14:	n: eme: Position:	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39	Type: f ent's residential r Standardizatio s (patients cove eported as ``` (er than 5 patients for complete list. Data Type:	address. L n (ISO). If ered by 42 back quote s from one c Source:	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim	ates alcoh	ol or drug use o
ength: Field 13: Description Coding sch Beginning I ength: Field 14: Description	n: eme: Position:	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY	Type: f ent's residential r Standardizatio s (patients cove eported as ``` (er than 5 patients for complete list. Data Type:	address. L n (ISO). If ered by 42 back quote s from one c Source:	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim	ates alcoh	ol or drug use o
Eength: Field 13: Description Coding sche Beginning I Eength: Field 14: Description Coding sche	n: eme: Position: eme: Anderson	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie	Type: Ty	address. L n (ISO). If ered by 42 back quote s from one c Source:	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee	ates alcoh nd 42 CFR	ol or drug use o Part 2 rules), Culberson
Suppressio Coding sch Beginning I Coding th: Field 14: Description Coding sch 001 003	n: eme: Position: : eme: Anderson Andrews	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039	Type: Ty	address. L n (ISO). If ered by 42 back quote from one c Source: 073 075	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress	ates alcoh nd 42 CFR 109 111	ol or drug use o Part 2 rules), Culberson Dallam
Eength: Field 13: Description Coding sch Beginning I Eength: Field 14: Description Coding sch 001 003 005	n: eme: Position: : eme: Anderson Andrews Angelina	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041	Type: Ty	address. L n (ISO). If ered by 42 back quote from one c Source: 073 075 077	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay	109 111 113	ol or drug use o Part 2 rules), Culberson Dallam Dallas
Eength: Field 13: Description Coding scho Beginning I Eength: Field 14: Description Coding scho 001 003 005 007	n: eme: Position: : eme: Anderson Andrews Angelina Aransas	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043	Type: Ty	address. Lin (ISO). If ered by 42 back quote from one c Source: 073 075 077 079	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran	109 111 113 115	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson
Eield 13: Description Coding sch Beginning I Eield 14: Description Coding sch 001 003 005 007 009	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045	Type: Ty	address. Lin (ISO). If ered by 42 back quote from one c Source: 073 075 077 079 081	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke	109 111 113 115 117	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith
Eield 13: Description Coding sch Beginning I Ength: Field 14: Description Coding sch 001 003 005 007 009 011	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer Armstrong	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047	Type: Ty	address. Lin (ISO). If ered by 42 back quote from one c Source: 073 075 077 079 081 083	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman	109 111 113 115 117 119	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta
Eength: Field 13: Description Coding sch Beginning I Eength: Field 14: Description Coding sch 001 003 005 007 009 011 013	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa	PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049	Type: Ty	address. Lin (ISO). If ered by 42 back quote from one c Source: 073 075 077 079 081 083 085	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin	109 111 113 115 117 119 121	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton
Suppressio Coding sch Beginning I Seginning Segin Segin I Segin I Segi	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin	PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049 051	Type: Ty	address. Lin (ISO). If ered by 42 back quote from one c Source: 073 075 077 079 081 083 085 087	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth	109 111 113 115 117 119 121 123	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt
Suppressio Coding sch Beginning I ength: Field 14: Description Coding sch 001 003 005 007 009 011 013	n: eme: Position: : eme: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa	PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049	Type: Ty	address. Lin (ISO). If ered by 42 back quote from one c Source: 073 075 077 079 081 083 085	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin	109 111 113 115 117 119 121	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton
Suppressio Coding sch Beginning I Seginning Segin Segin I Segin I	n: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049 051 053	Type: Ty	address. Lin (ISO). If ered by 42 back quote from one c Source: 073 075 077 079 081 083 085 087 089	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado	109 111 113 115 117 119 121 123 125	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens
Suppressio Coding sche Beginning I Bescription Coding sche Beginning I Bescription Coding sche Coding sche Coding sche O01 003 005 007 009 011 013 015 017 019	n: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049 051 053 055	Type: Ty	address. Lin (ISO). If ered by 42 back quote from one c Source: 073 075 077 079 081 083 085 087 089 091	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal	109 111 113 115 117 119 121 123 125 127	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit
ength: Field 13: Description Goding sche Beginning I ength: Field 14: Description Coding sche Goding sche Coding sche O01 003 005 007 009 011 013 015 017 019 021 023 025	n: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is ra Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049 051 053 055 057	Type: Ty	address. Lin (ISO). If ered by 42 back quote from one c Source: 073 075 077 079 081 083 085 087 089 091 093	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comanche Concho Cooke	109 111 113 115 117 119 121 123 125 127 129 131 133	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Devitt Dickens Dimmit Donley
ength: Field 13: Description Goding scha Beginning I ength: Field 14: Description Coding scha Goding scha Field 14: Description Coding scha 001 003 005 007 009 011 013 015 017 019 021 023 025 027	n: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is ra Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049 051 053 055 057 059 061 063	Type: Ty	address. Lin (ISO). If ered by 42 back quote from one c Source: 073 075 077 079 081 083 085 087 089 091 093 095 097 099	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comanche Concho Cooke Concho Cooke Coryell	109 111 113 115 117 119 121 123 125 127 129 131 133 135	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval Eastland Ector
ength: Field 13: Description Goding scha Beginning I ength: Field 14: Description O01 O03 005 007 009 011 013 015 017 019 021 023 025 027 029	n: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is ra Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049 051 053 055 057 059 061 063 065	Type: Ty	address. Lin (ISO). If ered by 42 back quotes from one c Source: 073 075 077 079 081 083 085 087 089 091 093 095 097 099 101	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comanche Concho Cooke Concho Cooke Coryell Cottle	109 111 113 115 117 119 121 123 125 127 129 131 133 135 137	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval Eastland Ector Edwards
ength: Field 13: Description Goding scha Beginning I ength: Field 14: Description O01 O03 O05 O07 O09 011 013 015 017 019 021 023 025 027 029 031	n: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049 051 053 055 057 059 061 063 065 067	Type: Ty	address. Lin (ISO). If ered by 42 back quotes from one c Source: 073 075 077 079 081 083 085 087 089 091 093 095 097 099 101 103	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comanche Concho Cooke Concho Cooke Coryell Cottle Crane	109 111 113 115 117 119 121 123 125 127 129 131 133 135 137 139	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval Eastland Ector Edwards Ellis
ength: Field 13: Description Coding sch Seginning I ength: Field 14: Description Coding sch Going sch Seginning I ength: Field 14: Description Coding sch 001 003 005 007 009 011 013 015 017 019 021 023 025 027 029 031 033	r: eme: Position: Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049 051 053 055 057 059 061 063 065 067 069	Type: Ty	address. Lin (ISO). If ered by 42 back quotes from one c Source: 073 075 077 079 081 083 085 087 089 091 093 095 097 099 101 103 105	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comanche Concho Cooke Concho Cooke Coryell Cottle Crane Crockett	109 111 113 115 117 119 121 123 125 127 129 131 133 135 137 139 141	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval Eastland Ector Edwards Ellis El Paso
ength: Field 13: Description Goding scha Beginning I ength: Field 14: Description O01 O03 O05 O07 O09 011 013 015 017 019 021 023 025 027 029 031	R: eme: Position: Anderson Andrews Angelina Aransas Archer Aranstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Borden Bosque	5 PAT_COUNTRY Country of patie Organization for an HIV diagnosi the country is re Suppressed if few See www.ISO.org 39 2 PAT_COUNTY FIPS code of patie 037 039 041 043 045 047 049 051 053 055 057 059 061 063 065 067	Type: Ty	address. Lin (ISO). If ered by 42 back quotes from one construction Source: 073 075 077 079 081 083 085 087 089 091 093 095 097 099 101 103 105 107	Alphanumeric ist maintained by ICD-10-CM indica USC §290dd-2 ar e). ountry. Claim Alphanumeric Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comanche Concho Cooke Coryell Cottle Crane Crockett Crosby	109 111 113 115 117 119 121 123 125 127 129 131 133 135 137 139 141 143	ol or drug use o Part 2 rules), Culberson Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Dimmit Donley Duval Eastland Ector Edwards Ellis

<u>th:</u>					Type:		Alphanumeric		
	Position:	41			Data Source		Assigned; based on	patient Z	IP code
237	Jack		331	Milam	42	25	Somervell		
235	Irion		329	Midland	42		Smith		
233	Hutchinson		327	Menard	42		Sherman		
231	Hunt		325	Medina	41		Shelby		
229	Hudspeth		323	Maverick	41		Shackelford	`	Invalid
227	Howard		321	Matagorda	41		Scurry		
225	Houston		319	Mason	41		Schleicher	507	Zavala
223	Hopkins		317	Martin	41	.1	San Saba	505	Zapata
221	Hood		315	Marion	40	9	San Patricio	503	Young
219	Hockley		313	Madison	40)7	San Jacinto	501	Yoakum
217	Hill		311	McMullen	40)5	San Augustine	499	Wood
215	Hidalgo		309	McLennan	40)3	Sabine	497	Wise
213	Henderson		307	McCulloch	40)1	Rusk	495	Winkler
211	Hemphill		305	Lynn	39	9	Runnels	493	Wilson
209	Hays		303	Lubbock	39)7	Rockwall	491	Williamson
207	Haskell		301	Loving	39	95	Robertson	489	Willacy
205	Hartley		299	Llano	39	3	Roberts	487	Wilbarger
203	Harrison		297	Live Oak	39	91	Refugio	485	Wichita
201	Harris		295	Lipscomb	38		Reeves	483	Wheeler
199	Hardin		293	Limestone	38		Red River	481	Wharton
197	Hardeman		291	Liberty	38		Real	479	Webb
195	Hansford		289	Leon	38		Reagan	477	Washington
193	Hamilton		287	Lee	38		Randall	475	Ward
191	Hall		285	Lavaca	37		Rains	473	Waller
189	Hale		281	Lampasas	37		Presidio	471	Walker
187	Guadalupe		279	Lamb	37		Potter	469	Victoria
185	Grimes		205	Lamar	37		Polk	467	Van Zandt
181	Gregg		275	La Salle	30		Pecos	465	Val Verde
179	Grayson		275	Knox	36		Parmer	461	Uvalde
179	Gray		271	Kleberg	36		Parker	459	Upton
175	Gonzales		209	Kinney	36		Panola	459	Upshur
175	Goliad		267	King	36		Palo Pinto	455	Tyler
171	Glasscock		265 267	Kerr Kimble	35		Orange	453 455	Trinity
169 171	Garza Gillespie		263 265	Kent Kerr	35 35		Ochiltree Oldham	451 453	Tom Green Travis
167	Galveston		261	Kenedy	35		Nueces	449	Titus Tom Groon
165	Gaines		259	Kendall	35		Nolan	447	Throckmorton
163	Frio		257	Kaufman	35		Newton	445	Terry
161	Freestone		255	Karnes	34		Navarro	443	Terrell
159	Franklin		253	Jones	34		Nacogdoches	441	Taylor
157	Fort Bend		251	Johnson	34		Motley	439	Tarrant
155	Foard		249	Jim Wells	34		Morris	437	Swisher
153	Floyd		247	Jim Hogg	34		Moore	435	Sutton
151	Fisher		245	Jefferson	33		Montgomery	433	Stonewall
149	Fayette		243	Jeff Davis	33		Montague	431	Sterling
147	Fannin		241	Jasper	33		Mitchell	429	Stephens
145	Falls		239	Jackson	33	3	Mills	427	Starr

Beginning Position: Length:	41 3	Data Source: Type:	Assigned; based on patient ZIP code Alphanumeric
Field 15:	PUBLIC_HEALTH_I	REGION	
Description:	Public Health Region	of patient's address.	
Coding Scheme:	Smith, Dickens, Do Hutchinson, King, I Randall, Roberts, S 2 Archer, Baylor, Bro Hardeman, Haskell Stephens, Stonewa 3 Collin, Cooke, Dalla	onley, Floyd, Garza, Gray, H Lamb, Lipscomb, Lubbock, Sherman, Swisher, Terry, W own, Callahan, Clay, Colems , Jack, Jones, Kent, Knox, all, Taylor, Throckmorton, V	an, Comanche, Cottle, Eastland, Fisher, Foard, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Nichita, Wilbarger, Young counties nnin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro,
DSHS/THCIC		Page	DSHS Document #25-15013
www.dshs.texas.gov/	THCIC	17	Last Updated: February, 2023

	4	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
	5	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
	6	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
	7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
	8	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
	9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
	10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
	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
		Invalid
Beginning Position:	44	Data Source: Assigned
Length:	2	Type: Alphanumeric
Elald A.C.	DAT	

 Length:
 2
 Type:
 Alphanumeric

 Field 16:
 PAT_STATUS

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

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

Coding Scheme:

David Truck

- 01 Discharged to home or self-care (routine discharge)
- 02 Discharged to other short term general hospital
- 03 Discharged to skilled nursing facility
- 04 Discharged to intermediate care facility
- 05 Discharged/transferred to a Designated Cancer Center or Children's Hospital
- 06 Discharged to care of home health service
- 07 Left against medical advice
- 08 Discharged to care of Home IV provider
- 09 Admitted as inpatient to this hospital
- 20 Expired
- 21 Discharged/transferred to Court/Law Enforcement
- 30 Still patient
- 40 Expired at home
- 41 Expired in a medical facility
- 42 Expired, place unknown
- 43 Discharged/transferred to federal health care facility
- 50 Discharged to hospice-home
- 51 Discharged to hospice-medical facility
- 61 Discharged/transferred within this institution to Medicare-approved swing bed
- 62 Discharged/transferred to inpatient rehabilitation facility
- 63 Discharged/transferred to Medicare-certified long term care hospital
- 64 Discharged/transferred to Medicaid-certified nursing facility
- 65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to Critical Access Hospital (CAH)

69	Discharged/Transferred to a designated disaster
	alternate care (effective 10-1-2013)

- 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 71 Discharged/transferred to other outpatient service
- 72 Discharged/transferred to institution outpatient
- 81 Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 82 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 83 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

DSHS/THCIC	Page
www.dshs.texas.gov/THCIC	18

DSHS Document #25-15013	
Last Updated: February, 2023	

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

Beginning Position:		
Length: Field 17:	2 Type: Alphanumeric	
Description:	SEX_CODE	
Suppression:	Gender of the patient as recorded at date of admission or start of care.	
Suppression:	Code is suppressed if an ICD-10-CM code indicates drug or alcohol use of	
	STD diagnosis. If ICD-10-CM indicates alcohol or drug use or an HIV diag	
	(patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the Ger patient is reported as "U" (Unknown). If a hospital has fewer than 5 pati	
	particular gender, including unknown, Provider ID is '999998' and Hospita	
	Patient ZIP Code are blank for those patients.	
Coding Scheme:	M Male	
coung senemer	F Female	
	U Unknown	
	` Invalid	
Beginning Position:	48 Data Source: Claim	
Length:	1 Type: Alphanumeric	
Field 18:	RACE	
Description:	Code indicating the patient's race.	
Suppression:	If a hospital has fewer than ten patients of one race that race is changed	to 'Other'
	(code equals 5).	
Coding Scheme:	1 American Indian/Eskimo/Aleut	
	2 Asian or Pacific Islander 3 Black	
	4 White	
	5 Other	
	` Invalid	
Beginning Position:	49 Data Source: Claim	
Length:	1 Type: Alphanumeric	
Field 19:	ETHNICITY	
Description:	Code indicating the Hispanic origin of the patient.	
Suppression:	If a hospital has fewer than ten patients of one race the ethnicity of patie	nts of that
	race is suppressed (code is blank).	
Coding Scheme:	1 Hispanic Origin	
	2 Not of Hispanic Origin	
Designing Desitions	` Invalid	
Beginning Position: Length:	50Data Source:Claim1Type:Alphanumeric	
Field 20:	ADMIT_WEEKDAY	
Description:	Code indicating day of week patient is admitted	
Coding Scheme:	1 Monday 5 Friday	
	2 Tuesday 6 Saturday	
	3 Wednesday 7 Sunday	
	4 Thursday ` Invalid	
Beginning Position:	5	
Length:	1 Type: Alphanumeric LENGTH_OF_STAY	
Field 21:		

Description:		jth of stay in days <i>eq</i> ission/start of care d				h of stay	vis 1	day. The maximum is
		9 days.			ann ierige		, 13 1	
Beginning Position:	52		Data S	ource:	Calculat			
ength:	4		Type:		Alphanu	meric		
ield 22:	PAT	_AGE						
Description:	Code	e indicating age of pa	atient in	ı days or	years or	n date of	f discl	
Coding Scheme:	00	1-28 days	10				20	85-89
	01	29-365 days 1-4 years	11	40-44 45-49			21	90+
	02	1-4 years	12	45-49			п	V-STD and drug/alcohol use patients:
	03	5-9	13	50-54			22	0-17
	04	10-14	14	55-59			23	18-44
	05	15-17	15				24	45-64
	06 07	18-19 20-24	16 17	65-69 70-74			25 26	65-74 75+
	07	25-29	17	75-79			20	Invalid
	09	30-34	19	80-84				1
Beginning Position:	56		Data S	Source:	Assigned	d		
.ength:	2		Type:		Alphanu	meric		
ield 23:		ST_PAYMENT_SRC						
Description:	Code	e indicating the expe			urce of p	ayment.		
Coding Scheme:	09	Self Pay (Removed from		,	HM	Health M	ainten	ance Organization
	10	beginning 2Q2 Central Certification	012 data))	LI	Liability		
	11	Other Non-federal Progra	ams		LM	Liability	Medica	I
	12	Preferred Provider Organ	nization (P	PPO)	MA	Medicare		
	13 14	Point of Service (POS) Exclusive Provider Organ	vization (F		MB MC	Medicare Medicaid		3
	15	Indemnity Insurance		_FO)	TV	Title V		
	16	Health Maintenance Orga	anization	(HMO)	OF	Other Fe	deral P	Program
		Medicare Risk				Mahaman	A	
	AM BL	Automobile Medical Blue Cross/Blue Shield			VA WC			istration Plan ensation Health Claim
	CH	CHAMPUS			ZZ	Charity,	Indige	nt or Unknown
	CI	Commercial Insurance			• • •		and Z	ZZ, combined for 2004 & 200
	DS	Disability Insurance			, ,	Invalid		
Beginning Position:	58 ว			ource:	Claim	morio		
<u>ength:</u> Field 24:	2	ONDARY_PAYMEN	Type:		Alphanu	menc		
Description:		e indicating the expe		condary	source o	fnavmo	nt	
Coding Scheme:	Same	e as field FIRST_PAYME	NT SRC			i payine		
Beginning Position:	60			Source:	Claim			
ength:	2		Type:		Alphanu	meric		
ield 25:	ΤΥΡ	E_OF_BILL						
Description:		ates the specific type o						
Coding Scheme:		git–Type of Facility		digit–Type				ligit-Sequence of claim
	1	Hospital	1	Inpatient, Part A	including	Medicare	0	Non-payment/Zero claim
	2	Skilled nursing	2		Medicare	Part B	1	Admit through discharge
		-		only				claim
		Home health	3	Outpatien			2	Interim-first claim
		Religious non-medical health care-Hospital	4	Outpatien Part B onl	t Other, Me	edicare	3	Interim-continuing claim
		Religious non-medical	5		y ate Care-L	evel I	4	Interim-last claim
		health care-Extended care						
		Intermediate care	6		ate Care-L		5	Late charge(s) only claim
	7	Clinic	7	Sub-acute III	e inpatient	- Level	6	Adjustment of prior claim (Not used by Medicare)
	8	Special facility	8	Swing be	ł		7	Replacement of prior claim
			_	-			8	Void/cancel of prior claim
Beginning Position:	62			ource:	Claim			
ength: ield 26:	3		Type:		Alphanu	meric		
		AL_CHARGES					الحما	abanaaa araillara
Description:		of accommodation of			vered ac	commod	ation	charges, ancillary
Reginning Desition		ges, non-covered an			Claim			
Beginning Position:	65 12		Type:	ource:	Numeric			
enath:								
-ength: DSHS/THCIC	12		Page				ייסת	IS Document #25-15013

	TOTAL_NON_COV_CH	ARGES	
Field 27: Description:			arges, non-covered ancillary charges.
Beginning Position:	77	Data Source:	Claim
Length:	12	Type:	Numeric
Field 28:	TOTAL_CHARGES_ACC	ОММ	
Description:	Sum of covered and non		modation charges
Beginning Position:	89	Data Source:	Claim
Length:	12	Type:	Numeric
Field 29:	TOTAL_NON_COV_CH		
Description:	Sum of non-covered acc	_	
Beginning Position:	101	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 30:	TOTAL_CHARGES_AN		
Description:	Sum of covered and non	-covered ancilla	ry charges.
Beginning Position:	113	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 31:	TOTAL_NON_COV_CH		
Description:	Sum of non-covered and	, 5	
Beginning Position:	125	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 32:	ADMITTING_DIAGNO		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	137 7	Data Source:	Claim
Length: Field 33:	PRINC_DIAG_CODE	Туре:	Alphanumeric
Description:		da far tha princi	nal diagnosis including the 4th Eth 6th and
Description			pal diagnosis, including the 4th, 5th, 6th and diagnosis, including the third character.
Beginning Position:	144	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 34:	POA_PRINC_DIAG_CO		Aphanamene
Description:			nosis code was present at the time the
•	patient was admitted to		
Coding Scheme:	Y Yes		
-	N No		
	U Unknown		
	W Clinically Undetermin		
	1 Space (1 st & 2 nd Qtr.		
Beginning Position:	1 Space (1 st & 2 nd Qtr. Invalid	2012 only)	Claim
Beginning Position: Length:	1 Space (1 st & 2 nd Qtr. invalid 151	2012 only) Data Source:	Claim Alphanumeric
Beginning Position: Length: Field 35:	1 Space (1 st & 2 nd Qtr. Invalid 151 1	2012 only)	Claim Alphanumeric
Length:	1 Space (1 st & 2 nd Qtr. invalid 151 1 OTH_DIAG_CODE_1	2012 only) Data Source: Type:	Alphanumeric
Length: Field 35:	1 Space (1 st & 2 nd Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co	2012 only) Data Source: Type: de, including the	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 35: Description:	1 Space (1 st & 2 nd Qtr. invalid 151 1 OTH_DIAG_CODE_1	2012 only) Data Source: Type: de, including the	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 35:	1 Space (1 st & 2 nd Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow	2012 only) Data Source: Type: de, including the ing the third ch	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 35: Description: Beginning Position:	1 Space (1 st & 2 nd Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152	2012 only) Data Source: Type: de, including the ving the third chi Data Source: Type:	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 35: Description: Beginning Position: Length:	1 Space (1 st & 2 nd Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD	2012 only) Data Source: Type: de, including the ving the third chi Data Source: Type: E_1	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 35: Description: Beginning Position: Length: Field 36:	1 Space (1 st & 2 nd Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD	2012 only) Data Source: Type: de, including the ving the third chi Data Source: Type: E_1 r Oth_Diag_Cod	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme:	1 Space (1 st & 2 nd Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis con Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe	2012 only) Data Source: Type: de, including the ving the third ch Data Source: Type: E_1 r Oth_Diag_Cod pital	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position:	1 Space (1 st & 2 nd Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis con Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos	2012 only) Data Source: Type: de, including the ving the third ch Data Source: Type: E_1 r Oth_Diag_Cod pital	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length:	1 Space (1st & 2nd Qtr. Invalid 151 1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 1	2012 only) Data Source: Type: de, including the ving the third che Data Source: Type: E_1 r Oth_Diag_Cod pital _DIAG_CODE	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37:	Space (1st & 2nd Qtr. Invalid Invalid Is1 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2	2012 only) Data Source: Type: de, including the ving the third chi Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type:	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length:	Space (1st & 2 nd Qtr. Invalid Invalid Isi OTH_DIAG_CODE_1 ICD-10-CM diagnosis co- Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co-	2012 only) Data Source: Type: de, including the ving the third chi Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type: de, including the	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description:	Space (1st & 2nd Qtr. Invalid Invalid Isi OTH_DIAG_CODE_1 ICD-10-CM diagnosis co- Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co- Decimal is implied follow	2012 only) Data Source: Type: de, including the ing the third cha Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type: de, including the ing the third cha	Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position:	Space (1st & 2nd Qtr. Invalid Invalid Isi OTH_DIAG_CODE_1 ICD-10-CM diagnosis condecimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis condecimal is implied follow 160	2012 only) Data Source: Type: de, including the ing the third cha Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source:	Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length:	Space (1st & 2nd Qtr. Invalid Invalid Isi OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 I OTH_DIAG_CODE_2 ICD-10-CM diagnosis co Decimal is implied follow 160 7	2012 only) Data Source: Type: de, including the ving the third chi Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type: de, including the ving the third chi Data Source: Type:	Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length: Field 38:	Space (1st & 2nd Qtr. Invalid Invalid Isi OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co Decimal is implied follow 160 7 POA_OTH_DIAG_COD	2012 only) Data Source: Type: de, including the ving the third chi Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type: de, including the ving the third chi Data Source: Type: E_2	Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length:	Space (1st & 2 nd Qtr. Invalid Invalid Invalid If I OTH_DIAG_CODE_1 ICD-10-CM diagnosis condecimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 I OTH_DIAG_CODE_2 ICD-10-CM diagnosis condecimal is implied follow 160 7 POA_OTH_DIAG_COD Code identifying whethe	2012 only) Data Source: Type: de, including the ing the third chi Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type: de, including the ing the third chi Data Source: Type: E_2 r Oth_Diag_Cod	Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length: Field 38:	Space (1st & 2nd Qtr. Invalid Invalid Isi OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 1 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co Decimal is implied follow 160 7 POA_OTH_DIAG_COD	2012 only) Data Source: Type: de, including the ing the third chi Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type: de, including the ing the third chi Data Source: Type: E_2 r Oth_Diag_Cod	Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length: Field 38:	Space (1st & 2 nd Qtr. Invalid Invalid Invalid If I OTH_DIAG_CODE_1 ICD-10-CM diagnosis condecimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 I OTH_DIAG_CODE_2 ICD-10-CM diagnosis condecimal is implied follow 160 7 POA_OTH_DIAG_COD Code identifying whethe	2012 only) Data Source: Type: de, including the ing the third chi Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type: de, including the ing the third chi Data Source: Type: E_2 r Oth_Diag_Cod pital	Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 35: Description: Beginning Position: Length: Field 36: Description: Coding Scheme: Beginning Position: Length: Field 37: Description: Beginning Position: Length: Field 38: Description:	Space (1st & 2 nd Qtr. Invalid Invalid Invalid If I OTH_DIAG_CODE_1 ICD-10-CM diagnosis condition Decimal is implied follow 152 7 POA_OTH_DIAG_COD Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ 159 I OTH_DIAG_CODE_2 ICD-10-CM diagnosis condition Code identifying whethe was admitted to the hos Code identifying whethe was admitted to the hos Same as Field POA_PRINC_ IS9 I OTH_DIAG_CODE_2 ICD-10-CM diagnosis condition Code identifying whethe was admitted to the hos Same admitted to the hos Is9 I	2012 only) Data Source: Type: de, including the ing the third chi Data Source: Type: E_1 r Oth_Diag_Cod pital DIAG_CODE Data Source: Type: de, including the ing the third chi Data Source: Type: E_2 r Oth_Diag_Cod	Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_1 code was present at the time the patient Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_2 code was present at the time the patient

Coding Scheme: Beginning Position:	Same as Field POA_PRINC 167	Data Source:	Claim
Length: Field 39:		Туре:	Alphanumeric
Description:	OTH_DIAG_CODE_3 ICD-10-CM diagnosis co Decimal is implied follow		e 4th, 5th, 6th and 7th digits if applicable. aracter
Beginning Position: Length:	168 7	Data Source: Type:	Claim Alphanumeric
Field 40:	POA_OTH_DIAG_COL		
Description:		er Oth_Diag_Cod	e_3 code was present at the time the patient
Coding Scheme: Beginning Position:	Same as Field POA_PRINC 175	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 41:	OTH_DIAG_CODE_4		
Description:	Decimal is implied follow	wing the third ch	
Beginning Position:	176	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 42:	POA_OTH_DIAG_COD		
Description:	was admitted to the hos	spital	e_4 code was present at the time the patient
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	183	Data Source:	Claim
Length: Field 43:		Туре:	Alphanumeric
	OTH_DIAG_CODE_5	de la chesteratione de	All The Changed The disite if southealth
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	-	
Beginning Position:	184	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 44:	POA_OTH_DIAG_COD		
Description:	was admitted to the hos	spital	e_5 code was present at the time the patient
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	191	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 45:	OTH_DIAG_CODE_6		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	192	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 46:	POA_OTH_DIAG_COD		
Description:	was admitted to the hos	spital	e_6 code was present at the time the patient
Coding Scheme:	Same as Field POA_PRINC		Claim
Beginning Position:	199	Data Source:	Claim
Length: Field 47:		Туре:	Alphanumeric
	OTH_DIAG_CODE_7	ala ta ale d'a set l	
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	200	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 48:	POA_OTH_DIAG_COD		
Description:	was admitted to the hos	spital	e_7 code was present at the time the patient
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	207	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 49:	OTH_DIAG_CODE_8		
Description:	ICD-10-CM diagnosis co Decimal is implied follow		e 4th, 5th, 6th and 7th digits if applicable. aracter.
DSHS/THCIC		Page	DSHS Document #25-15013
	THCIC	-	
www.dshs.texas.gov/	Inclu	22	Last Updated: February, 2023

Beginning Position:	208	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 50:	POA_OTH_DIAG_COD	E_8	
Description:	Code identifying whether	Oth_Diag_Cod	e_8 code was present at the time the patient
	was admitted to the hos		
Coding Scheme:	Same as Field POA_PRINC_	DIAG_CODE	
Beginning Position:	215	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 51:	OTH_DIAG_CODE_9		
Description:	ICD-10-CM diagnosis coo	de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third cha	aracter.
Beginning Position:	216	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 52:	POA_OTH_DIAG_COD	E_9	
Description:	Code identifying whether	· Oth_Diag_Cod	e_9 code was present at the time the patient
	was admitted to the hosp	oital	
Coding Scheme:	Same as Field POA_PRINC_	DIAG_CODE	
Beginning Position:	223	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 53:	OTH_DIAG_CODE_10		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third cha	aracter.
Beginning Position:	224	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 54:	POA_OTH_DIAG_COD		
Description:	Code identifying whether	· Oth_Diag_Cod	e_10 code was present at the time the
	patient was admitted to	the hospital	
Coding Scheme:	Same as Field POA_PRINC_	DIAG_CODE	
Beginning Position:	231	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 55:	OTH_DIAG_CODE_11		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third cha	aracter.
	232	Data Source:	Claim
Beginning Position: Length:	7	Туре:	Claim Alphanumeric
Length: Field 56:	7 POA_OTH_DIAG_COD	Туре: Е_11	Alphanumeric
Length:	7 POA_OTH_DIAG_COD Code identifying whether	Type: E_11 Oth_Diag_Cod	
Length: Field 56: Description:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to	Type: E_11 Oth_Diag_Cod the hospital	Alphanumeric
Length: Field 56: Description: Coding Scheme:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE	Alphanumeric e_11 code was present at the time the
Length: Field 56: Description: Coding Scheme: Beginning Position:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source:	Alphanumeric e_11 code was present at the time the Claim
Length: Field 56: Description: Coding Scheme: Beginning Position: Length:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE	Alphanumeric e_11 code was present at the time the
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type:	Alphanumeric e_11 code was present at the time the Claim Alphanumeric
Length: Field 56: Description: Coding Scheme: Beginning Position: Length:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis coo	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description:	7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis coor Decimal is implied follow	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position:	7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis coor Decimal is implied follow 240	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source:	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length:	7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis coor Decimal is implied follow 240 7	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type:	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58:	7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODE	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position:	7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODE Code identifying whether	Type: E_11 Oth_Diag_Code the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description:	7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis coor Decimal is implied follow 240 7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to	Type: E_11 Oth_Diag_Code the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code the hospital	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_	Type: E_11 Oth_Diag_Code the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code the hospital DIAG_CODE	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position:	7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247	Type: E_11 Oth_Diag_Code the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code the hospital DIAG_CODE Data Source: Data Source: Data Source: DAG_CODE Data Source: Data Sour	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the Claim
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length:	7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODE Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247 1	Type: E_11 Oth_Diag_Code the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code the hospital DIAG_CODE	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247 1 OTH_DIAG_CODE_13	Type: E_11 Oth_Diag_Code the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code DAG_CODE Data Source: Type: Type: DAG_CODE Data Source: Type: DAG_CODE DAG	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code Data Source: Type: Data Source: Type: de, including the de, including the	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod Decimal is implied follow	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code Data Source: Type: Data Source: Type: de, including the ing the third cha	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod Decimal is implied follow 248	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code Data Source: Type: de, including the ing the third cha DAG_CODE Data Source: Type: de, including the ing the third cha Data Source:	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod Decimal is implied follow 248 7	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code Data Source: Type: de, including the ing the third cha Data Source: Type: de, including the ing the third cha Data Source: Type:	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod Decimal is implied follow 248 7 POA_OTH_DIAG_CODI	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Code Data Source: Type: de, including the ing the third cha Data Source: Type: de, including the ing the third cha Data Source: Type: E_13	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod Decimal is implied follow 248 7 POA_OTH_DIAG_CODI Code identifying whether	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_13 Oth_Diag_Cod	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod Decimal is implied follow 248 7 POA_OTH_DIAG_CODI	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_13 Oth_Diag_Cod	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 56: Description: Coding Scheme: Beginning Position: Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Coding Scheme: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 59: Description: Beginning Position: Length: Field 60:	7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 239 1 OTH_DIAG_CODE_12 ICD-10-CM diagnosis cod Decimal is implied follow 240 7 POA_OTH_DIAG_CODI Code identifying whether patient was admitted to Same as Field POA_PRINC_ 247 1 OTH_DIAG_CODE_13 ICD-10-CM diagnosis cod Decimal is implied follow 248 7 POA_OTH_DIAG_CODI Code identifying whether	Type: E_11 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_12 Oth_Diag_Cod the hospital DIAG_CODE Data Source: Type: de, including the ing the third cha Data Source: Type: E_13 Oth_Diag_Cod	Alphanumeric e_11 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e_12 code was present at the time the Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric

Coding Scheme: Beginning Position:	Same as Field POA_PRINC_ 255	_DIAG_CODE Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 61:	OTH_DIAG_CODE_14		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
-	Decimal is implied follow		
Beginning Position:	256	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 62:	POA_OTH_DIAG_COD		
Description:			le_14 code was present at the time the
	patient was admitted to		ie_1 i code was present de the time the
Coding Scheme:	Same as Field POA PRINC		
Beginning Position:	263	Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 63:	OTH_DIAG_CODE_15		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
Description	Decimal is implied follow		
Beginning Position:	264	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 64:	POA_OTH_DIAG_COD	/1	Aphanamene
Description:			le_15 code was present at the time the
	patient was admitted to		ic_10 code was present at the time the
Coding Schomo	Same as Field POA_PRINC		
Coding Scheme: Beginning Position:	271	DIAG_CODE Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 65:	OTH_DIAG_CODE_16		Aphanamene
Description:			e Ath 5th 6th and 7th digits if applicable
bescription.	Decimal is implied follow	ving the third ch	e 4th, 5th, 6th and 7th digits if applicable.
Poginning Desition	272	5	
Beginning Position:	272 7	Data Source:	Claim
Length: Field 66:		Type:	Alphanumeric
Description:	POA_OTH_DIAG_COD		la 16 codo was present at the time the
Description:			le_16 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC 279		Claim
Beginning Position: Length:	1	Data Source: Type:	Claim Alphanumeric
Field 67:			Alphandmenc
Description:	OTH_DIAG_CODE_17		e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Paginning Desition			
Beginning Position: Length:	280 7	Data Source:	Claim Alphanumeric
Field 68:	POA_OTH_DIAG_COD	Type:	
			la 17 codo was present at the time the
Description:			le_17 code was present at the time the
Coding Color	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC		Claim
Beginning Position:	287 1	Data Source:	Claim
Length: Field 69:		Туре:	Alphanumeric
	OTH_DIAG_CODE_18		a Ath Eth Cth and 7th disits if any list it
Description:			e 4th, 5th, 6th and 7th digits if applicable.
Dealers Dealer	Decimal is implied follow		
Beginning Position:	288	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 70:	POA_OTH_DIAG_COD		la 10 anda was average state 11 - 11
Description:			le_18 code was present at the time the
• • • •	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC		
Beginning Position:	295	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 71:	OTH_DIAG_CODE_19		
Description:			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ving the third ch	aracter.
Delle		De	DOLLO D
DSHS/THCIC www.dshs.texas.gov	-	Page	DSHS Document #25-15013
		24	Last Updated: February, 2023

Beginning Position: Length:	296 7	Data Source: Type:	Claim Alphanumeric
Field 72:	POA OTH DIAG COD		Alphanameric
Description:			le_19 code was present at the time the
Description	patient was admitted to		ie_19 code was present at the time the
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position:	303	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 73:	OTH_DIAG_CODE_20		
Description:	ICD-10-CM diagnosis co	de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third ch	aracter.
Beginning Position:	304	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 74:	POA_OTH_DIAG_COD		
Description:			le_20 code was present at the time the
	patient was admitted to		
Coding Scheme: Beginning Position:	Same as Field POA_PRINC_ 311	DIAG_CODE Data Source:	Claim
Length:	1	Type:	Alphanumeric
Field 75:	OTH_DIAG_CODE_21	Typer	Aphanamene
Description:		de, includina the	e 4th, 5th, 6th and 7th digits if applicable.
e	Decimal is implied follow		
Beginning Position:	312	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 76:	POA_OTH_DIAG_COD		
Description:	Code identifying whethe	r Oth_Diag_Cod	le_21 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position:	319	Data Source:	Claim
Length: Field 77:	1 OTH_DIAG_CODE_22	Туре:	Alphanumeric
Description:		de including th	e 4th, 5th, 6th and 7th digits if applicable.
Description	Decimal is implied follow		
Beginning Position:	320	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 78:	POA_OTH_DIAG_COD		
Description:			le_22 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC_		
Beginning Position: Length:	327 1	Data Source: Type:	Claim Alphanumeric
Field 79:	OTH_DIAG_CODE_23	туре.	Alphandmenc
Description:		de includina the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	328	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 80:	POA_OTH_DIAG_COD		
Description:			le_23 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC_		Claim
Beginning Position:	335 1	Data Source:	Claim
Length: Field 81:	OTH_DIAG_CODE_24	Туре:	Alphanumeric
Description:		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
· / · · ·	Decimal is implied follow		
Beginning Position:	336	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 82:	POA_OTH_DIAG_COD		
Description:			le_24 code was present at the time the
	patient was admitted to		
Coding Scheme:	Same as Field POA_PRINC_	DIAG_CODE	
DSHS/THCIC		Page	DSHS Document #25-15013
www.dshs.texas.gov/	/THCIC	$\frac{1}{25}$	Last Updated: February, 2023
		<u> </u>	Lust optition i obituity, 2025

Beginning Position: Length:	343 1	Data Source: Type:	Claim Alphanumeric
Field 83:	E_CODE_1	- 7	
Description:		se of injury code	e, including the 4th, 5th, 6th and 7th digits if
-			e of injury. A decimal is implied following the
Beginning Position: Length:	344 7	Data Source: Type:	Claim Alphanumeric
Field 84:	POA_E_CODE_1		
Description:	time the patient was adr	nitted to the ho	ernal cause of injury code was present at the spital
Coding Scheme: Beginning Position: Length:	Same as Field POA_PRINC_ 351 1	DIAG_CODE Data Source: Type:	Claim Alphanumeric
Field 85:	E_CODE_2	Type:	Alphanamene
Description:	ICD-10-CM external cause applicable, of an addition third character.	nal external cau	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position:	352	Data Source:	Claim
ength: Field 86:	7 POA_E_CODE_2	Туре:	Alphanumeric
Coding Scheme:		nitted to the ho	of injury E_Code_2 code was present at the spital
Beginning Position:	359	Data Source:	Claim
ength:	1	Туре:	Alphanumeric
Field 87:	E_CODE_3		
Description:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
	tillitu tilaiattei.		
Beginning Position:	360	Data Source:	Claim
ength:	360 7	Data Source: Type:	Claim Alphanumeric
ength: Field 88:	360 7 POA_E_CODE_3	Туре:	Alphanumeric
Length: Field 88: Description:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adm	Type: r E_Code_3 extension nitted to the ho	Alphanumeric ernal cause of injury code was present at the
ength: field 88: Description: Coding Scheme:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_	Type: r E_Code_3 extended nitted to the ho DIAG_CODE	Alphanumeric ernal cause of injury code was present at the spital
ength: Field 88: Description: Coding Scheme: Beginning Position:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367	Type: r E_Code_3 extended nitted to the ho DIAG_CODE Data Source:	Alphanumeric ernal cause of injury code was present at the spital Claim
Length: Field 88: Description: Coding Scheme: Beginning Position: Length:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1	Type: r E_Code_3 extended nitted to the ho DIAG_CODE	Alphanumeric ernal cause of injury code was present at the spital
Beginning Position: Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause	Type: r E_Code_3 extended nitted to the ho DIAG_CODE Data Source: Type: se of injury code	Alphanumeric ernal cause of injury code was present at the spital Claim
ength: Field 88: Description: Coding Scheme: Beginning Position: ength: Field 89: Description:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition	Type: r E_Code_3 extended nitted to the ho DIAG_CODE Data Source: Type: se of injury code	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if
Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7	Type: r E_Code_3 extended nitted to the ho DIAG_CODE Data Source: Type: se of injury code nal external cause	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length: Field 90:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4	Type: r E_Code_3 extention DIAG_CODE Data Source: Type: se of injury codential external cause Data Source: Type:	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric
Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length: Field 90: Description:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adr	Type: r E_Code_3 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury codent nal external cause Data Source: Type: r E_Code_4 extended mitted to the ho	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
ength: Field 88: Description: Coding Scheme: Beginning Position: ength: Field 89: Description: Beginning Position: ength: Field 90: Description: Coding Scheme:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether	Type: r E_Code_3 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury codent nal external cause Data Source: Type: r E_Code_4 extended mitted to the ho	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
ength: Field 88: Description: Coding Scheme: Beginning Position: Ength: Field 89: Description: Beginning Position: Ength: Field 90: Description: Coding Scheme: Beginning Position: Ength:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 375 1	Type: r E_Code_3 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury codent nal external cause Data Source: Type: r E_Code_4 extended mitted to the ho DIAG_CODE	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital
Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5	Type: r E_Code_3 extentited to the ho DIAG_CODE Data Source: Type: se of injury codential nal external cause Data Source: Type: r E_Code_4 extentited to the ho DIAG_CODE Data Source: Type:	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric
Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition	Type: r E_Code_3 extention DIAG_CODE Data Source: Type: se of injury codential codential external cause Data Source: Type: r E_Code_4 extentiated to the ho DIAG_CODE Data Source: Type: se of injury codential Data Source: Type: Se of injury codential	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim
Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Beginning Position:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause	Type: r E_Code_3 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury code nal external cause Data Source: Type: r E_Code_4 extended DIAG_CODE Data Source: Type: se of injury code nal external cause Data Source: Type: se of injury code nal external cause Data Source:	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim
Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Beginning Position:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7	Type: r E_Code_3 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury code nal external cause Data Source: Type: r E_Code_4 extended DIAG_CODE Data Source: Type: se of injury code nal external cause	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92: Description:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7 POA_E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7 POA_E_CODE_5 Code identifying whether time the patient was adr	Type: r E_Code_3 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury code nal external cause Data Source: Type: r E_Code_4 extended DIAG_CODE Data Source: Type: se of injury code nal external cause Data Source: Type: se of injury code nal external cause Source: Type: se of injury code nal external cause Source: Type: se of injury code se of injury cod	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the
Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92: Description: Coding Scheme: Beginning Position: Length: Field 92: Description: Coding Scheme:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external caus applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external caus applicable, of an addition third character. 376 7 POA_E_CODE_5 ICD-10-CM external caus applicable, of an addition third character. 376 7 POA_E_CODE_5 Code identifying whether time the patient was adr Same as Field POA_PRINC_	Type: r E_Code_3 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury code nal external cause Data Source: Type: r E_Code_4 extended DIAG_CODE Data Source: Type: se of injury code nal external cause Data Source: Type: r E_Code_5 extended DIAG_CODE	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital
Length: Field 88: Description: Coding Scheme: Beginning Position: Length: Field 89: Description: Beginning Position: Length: Field 90: Description: Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92:	360 7 POA_E_CODE_3 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 367 1 E_CODE_4 ICD-10-CM external cause applicable, of an addition third character. 368 7 POA_E_CODE_4 Code identifying whether time the patient was adr Same as Field POA_PRINC_ 375 1 E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7 POA_E_CODE_5 ICD-10-CM external cause applicable, of an addition third character. 376 7 POA_E_CODE_5 Code identifying whether time the patient was adr	Type: r E_Code_3 extended mitted to the ho DIAG_CODE Data Source: Type: se of injury code nal external cause Data Source: Type: r E_Code_4 extended DIAG_CODE Data Source: Type: se of injury code nal external cause Data Source: Type: se of injury code nal external cause Source: Type: se of injury code nal external cause Source: Type: se of injury code se of injury cod	Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the spital Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the Claim Alphanumeric ernal cause of injury code was present at the

Length: Field 93:	1 E_CODE_6	Туре:	Alphanumeric
Description:	ICD-10-CM external cau		e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	384 7	Data Source: Type:	Claim Alphanumeric
Field 94:	POA_E_CODE_6		
Description: Coding Scheme:	Code identifying whethe time the patient was ad Same as Field POA_PRINC	mitted to the hos	ernal cause of injury code was present at the spital
Beginning Position:	391	Diata Source:	Claim
Length:	1	Type:	Alphanumeric
Field 95:	E_CODE_7		
Description:	applicable, of an additio third character.	nal external caus	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	392 7	Data Source: Type:	Claim Alphanumeric
Field 96:	POA_E_CODE_7		
Description: Coding Scheme:	Code identifying whethe time the patient was ad Same as Field POA_PRINC_	mitted to the hos	ernal cause of injury code was present at the spital
Beginning Position:	399	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 97:	E_CODE_8		
Description:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	400 7	Data Source: Type:	Claim Alphanumeric
Field 98:	POA_E_CODE_8		·
Description: Coding Scheme:	Code identifying whethe time the patient was ad Same as Field POA_PRINC_	mitted to the hos	ernal cause of injury code was present at the spital
Beginning Position:	407	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 99: Description:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position:	408	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 100: Description: Coding Scheme:	POA_E_CODE_9 Code identifying whether time the patient was ad Same as Field POA_PRINC_	mitted to the ho	ernal cause of injury code was present at the spital
Beginning Position:	415	Data Source:	Claim
Length:	1	Туре:	Alphanumeric
Field 101:	E_CODE_10		
Description:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	416 7	Data Source: Type:	Claim Alphanumeric
Field 102:	POA_E_CODE_10		
Description: Coding Scheme:	Code identifying whethe the time the patient was Same as Field POA_PRINC_	s admitted to the	ternal cause of injury code was present at hospital
Beginning Position:	423 1	Diada_CODE Data Source: Type:	Claim Alphanumeric
	-		· · · p. · un un un un un u
Length:		D.	DOLLO D
	THOLO	Page 27	DSHS Document #25-15013 Last Updated: February, 2023

Field 103:	PRINC_SURG_PROC_C	CODE				
Description:	Code for the principal su bill. ICD-10-PCS code.	rgical or other E	3 performed during the period covered by the			
Beginning Position: Length:	424 7	Data Source: Type:	Claim Alphanumeric			
Field 104:			Alphandmenc			
	PRINC_SURG_PROC_DAY Day of principal surgical or other procedure <i>equals</i> Principal Surgical Procedure Date					
Description:	minus Admission/Start o		ure equais Principal Surgical Procedure Date			
Beginning Position:	431	Data Source:	Calculated			
Length:	4	Туре:	Alphanumeric			
Field 105:	OTH_SURG_PROC_CO	DE_1				
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.					
	5 1	,				
Beginning Position:	435	Data Source:	Claim			
Length:	7	Туре:	Alphanumeric			
ield 106:	OTH_SURG_PROC_DA					
Description:	Day of other surgical or of Admission/Start of Care		equals Other Surgical Procedure Date minu.			
Beginning Position:	442	Data Source:	Calculated			
Length:	4	Type:	Alphanumeric			
Field 107:	OTH_SURG_PROC_CO					
Description:			er than the principal procedure performed			
	during the period covere					
Beginning Position:	446	Data Source:	Claim			
Length:	7	Type:	Alphanumeric			
Field 108:	OTH_SURG_PROC_DA		Aphanamene			
Description:			equals Other Surgical Procedure Date minu.			
Jeschption	Admission/Start of Care		equals other Surgical Procedure Date minu.			
Beginning Position:	453	Data Source:	Calculated			
Length:	4 4	Type:	Alphanumeric			
Field 109:	OTH_SURG_PROC_CO		Alphandmenc			
Description:			er than the principal procedure performed			
Description	during the period covere					
Beginning Position:	457	Data Source:	Claim			
Length:	7					
		Туре: У З	Alphanumeric			
Field 110:	OTH_SURG_PROC_DA	Y_3				
Field 110:	OTH_SURG_PROC_DA Day of other surgical or o	Y_3 other procedure				
Field 110: Description:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care	Y_3 other procedure Date	equals Other Surgical Procedure Date minus			
Field 110: Description: Beginning Position:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464	Y_3 other procedure Date Data Source:	e equals Other Surgical Procedure Date minus Calculated			
Field 110: Description: Beginning Position: Length:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4	Y_3 other procedure Date Data Source: Type:	equals Other Surgical Procedure Date minus			
Field 110: Description: Beginning Position: Length: Field 111:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO	Y_3 other procedure Date Data Source: Type: DE_4	e equals Other Surgical Procedure Date minus Calculated Alphanumeric			
Field 110: Description: Beginning Position: Length: Field 111:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed			
Field 110: Description: Beginning Position: Length: Field 111: Description:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code.			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source:	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position: Length:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type:	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code.			
Field 110: Description: <u>Length:</u> Field 111: Description: Beginning Position: <u>Length:</u> Field 112:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric			
Field 110: Description: <u>Length:</u> Field 111: Description: Beginning Position: <u>Length:</u> Field 112:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position: Length: Field 112: Description:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source:	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated			
Field 110: Description: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type:	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO Code for surgical or othe	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113: Description:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code.			
Field 110: Description: Description: Description: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 479	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source:	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 479 7	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type:	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code.			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 479 7 OTH_SURG_PROC_DA	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 479 7 OTH_SURG_PROC_DA Day of other surgical or othe during the period covere	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5 other procedure	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric			
Field 110: Description: Beginning Position: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114: Description:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 479 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5 other procedure Date	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus			
Field 110: Description: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114: Description: Beginning Position:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 479 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 479 7	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5 other procedure Date Data Source: Type: Y_5 other procedure Date Data Source:	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Calculated			
Field 110: Description: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114: Description: Beginning Position: Length: Field 114: Description:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 479 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 486 4	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5 other procedure Date Data Source: Type: Y_5 other procedure Date Data Source: Type:	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric			
Field 110: Description: Length: Field 111: Description: Beginning Position: Length: Field 112: Description: Beginning Position: Length: Field 113: Description: Beginning Position: Length: Field 114: Description: Beginning Position:	OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 464 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 468 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 475 4 OTH_SURG_PROC_CO Code for surgical or othe during the period covere 479 7 OTH_SURG_PROC_DA Day of other surgical or of Admission/Start of Care 479 7	Y_3 other procedure Date Data Source: Type: DE_4 r procedure oth d by the bill. IC Data Source: Type: Y_4 other procedure Date Data Source: Type: DE_5 r procedure oth d by the bill. IC Data Source: Type: Y_5 other procedure Date Data Source: Type: Y_5 other procedure Date Data Source: Type:	e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Alphanumeric er than the principal procedure performed D-10-PCS code. Claim Alphanumeric e equals Other Surgical Procedure Date minus Calculated Calculated			

during the period covered by the bill, ICD-10-PCS code. Beginning Position: Priel 116: OTH_SURG_PROC_OAV_6 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 497 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 501 Description: Data Source: Calulated Data Source: Calulated Data Source: Calulated Data Source: Calulated Data Source: Calulated Data Source: Calulated Data Source: Calulated Data Source: Calulated Description: Code for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: Sol Description: Code for surgical or other procedure other than the principal procedure Date minus Admission/Start of Care Date Beginning Position: Sol Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: Data Source: Calulated Description: Code for surgical or other procedure equals Other Surgical Procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: Data Source: Caluated Description: Code for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: Sol Description: Code for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: Sol Data Source: Code for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: Sol Data Source: Code for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: Sol Data Source: Code for surgical or other procedure equals Other Surgical Proced	Description:			er than the principal procedure performed
Length: 7 Type: Alphanumeric Field 116: OTH_SURG_PROC_ON_6 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 497 Data Source: Calculated Beginning Position: 507 Data Source: Calculated Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 501 Data Source: Calculated Beginning Position: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 508 Data Source: Calculated Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Caluated Beginning Position: 512 Data Source:				
Field 116: OTH_SURG_PROC_DAY_6 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 4 Type: Alphanumeric Field 117: OTH_SURG_PROC_CODE_7 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. (DC)-D-CS code. Beginning Position: 501 Data Source: Calculated Beginning Position: Daty of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: Code for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: Code for surgical or other procedure ether than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: S12 Data Source: Calculated Beginning Position: S12 Data Source: Calculated Length: 7 Type: Alphanumeric Field 120: OTH_SURG_PROC_DOE_9 Data Source: Calculated Description: Cade for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Positio				
Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 497 Type: Alphanumeric Field 117: OTH_SURG_PROC_CODE_7 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 501 Data Source: Calain Alphanumeric Field 118: OTH_SURG_PROC_DAY_7 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 508 Data Source: Calained Beginning Position: 508 Data Source: Calained Beginning Position: 508 Data Source: Calained Beginning Position: 512 Data Source: Calained Beginning Position: 512 Data Source: Calained Beginning Position: 513 Data Source: Calained Beginning Position: 519 Data Source: Calained Beginning Position: 510 OTH_SURG_PROC_CODE_9 Data Source: <td< th=""><th></th><th></th><th></th><th>Alphanumeric</th></td<>				Alphanumeric
Admission/Start of Care Date Beginning Position: 4 4 7 7 7 bas Source: Calculated 4 7 7 pre: Alphanumeric Field 117: OTH_SURG_PROC_CODE_7 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 501 Description: Code for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 502 Description: Code for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 503 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Calculated Length: 7 Field 119: Daty of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: DTH_SURG_PROC_DAY_8 Description: Daty of other surgical or other procedure other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calue Ength: 7 Field 122: DTH_SURG_PROC_DAY_8 Data Source: Calculated Length: 7 Field 122: DTH_SURG_PROC_DAY_8 Data Source: Calue Surgent Code for surgical or other procedure equals Other Surgical Procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 530 Data Source: Calue Calu				equals Other Surgical Precedure Date minus
Length: 4 Type: Alphanumeric Field 112: OTH_SURG_PROC_CDDE_7 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: S01 Data Source: Calculated Procession Alphanumeric Procession Alphanumeric Field 113: OTH_SURG_PROC_DAY_7 Description: Admission/Start of Care Date Alphanumeric Field 116: OTH_SURG_PROC_CODE_8 Calculated Alphanumeric Tree Field 116: OTH_SURG_PROC_CODE_8 Data Source: Calculated Data Source: Calculated Beginning Position: 512 Data Source: Calculated Data Source: Calculated Length: 7 Type: Alphanumeric Procession/Start of Care Date Data Source: Calculated Length: 7 Type: Alphanumeric Procession/Start of Care Date Data Source: Calculated Length: 7 Type: Alphanumeric Procession/Start of Care Date Data Source: Calculated Data Source: Calculated Data Source		Admission/Start of Care	Date	
Field 117: OTH_SURG_PROC_CODE_7 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 7 Field 118: OTH_SURG_PROC_CODE_7 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 508 Data Source: Calculated Length: 4 Type: Alphanumeric Field 119: OTH_SURG_PROC_CODE_8 Data Source: Calculated Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Calain Beginning Position: 519 Data Source: Calculated Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Description: Code for surgical or other procedure equals Other Surgical Procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Calculated Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_CODE_9 Description: Source: Calculate				
Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 501 Type: Alphanumeric Alphanumeric Field 118: OTH_SURG_PROC_DAY_7 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 508 Data Source: Colculated Caluated Beginning Position: 512 Data Source: Colculated Alphanumeric Field 119: OTH_SURG_PROC_DOTE_8 Description: Eagenning Position: S12 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: S12 Data Source: Caluated Caluated Beginning Position: S12 Data Source: Cale Caluated Caluated Eagent Beginning Position: S12 Data Source: Cale Caluated Caluated Eagent Beginning Position: S19 Data Source: Calculated Caluated Eagent Beginning Position: S23 OTH_SURG_PROC_CODE_9 Data Source: Caluated Caluated Begin				Alphanumeric
during the period covered by the bill. ICD-10-PCS code. Beginning Position: Type: Alphanumeric Field 118: OTH_SURG_PROC_DAY_7 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 512 Description: Day of other surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 512 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: S12 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: S13 Data Source: Calculated Length: 4 Field 122: OTH_SURG_PROC_DAY_8 Description: Day of other surgical or other procedure equals Other Surgical Procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: S23 Data Source: Calculated Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY 9 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: S30 Data Source: Calculated Length: 7 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: S34 Data Source: Calculated Length: 7 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: S45 Data Source: Calculated Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_CODE_1				or than the principal precedure performed
Beginning Position: 501 Data Source: Claim Field 118: OTH_SURG_PROC_DAY_7 Alphanumeric Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Data Source: Calculated Beginning Position: 508 Data Source: Calculated Data Source: Calculated Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Calculated Length: 7 Type: Alphanumeric Field 120: OTH_SURG_PROC_DAY_8 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Data Source: Calculated Description: Code for surgical or other procedure equals Other Surgical Procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Calaim Description: Day of other surgical or other procedure equals Other Surgical	Description			
Length: 7 Type: Alphanumeric Field 118: OTH_SURG_PROC_DAY_7 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 508 Data Source: Calculated Length: 4 Type: Alphanumeric Field 113: OTH_SURG_PROC_CODE_8 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Calculated Length: 7 Type: Alphanumeric Field 120: OTH_SURG_PROC_CODE_9 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Data Source: Calculated Length: 4 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Description: Code for surgical or other procedure equals Other Surgical Procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 530 Data Source: Calculated Length: 7 Type: <th>Reginning Position</th> <th></th> <th></th> <th></th>	Reginning Position			
Field 118: OTH_SURG_PROC_DAY_2 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 508 Data Source: Calculated Description: Cotd for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Description: Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: Day of other surgical or other procedure equals Other Surgical Procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: S23 Data Source: Calculated Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: S23 Data Source: Calaim Field 122: OTH_SURG_PROC_DAY_9 Data Source: Calaim Description: Day of other surgical or other procedure other than the principal procedure performed during the period covered by the bill. IC				
Description: Day of other-surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Calculated Type: Calculated Alphanumeric Beginning Position: 508 Data Source: Alphanumeric Calculated Alphanumeric Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Calculated Calculated Alphanumeric Field 120: OTH_SURG_PROC_DAY_8 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Calculated Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Calculated Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Description: Day of other surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 <th></th> <th></th> <th></th> <th></th>				
Admission/Start of Care Date Calculated Length: 4 Field 119: OTH_SURG_PROC_CODE_8 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Calculated Length: 7 Type: Alphanumeric Field 120: OTH_SURG_PROC_DAY_8 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Admission/Start of Care Date Calculated Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Calculated Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Description: Day of other surgical or other procedure equals Other Surgical Procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Positit	Description:			equals Other Surgical Procedure Date minus
Beginning Position: 508 Data Source: Calculated Length: 4 Type: Alphanumeric Field 119: OTH_SURG_PROC_CODE_8 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Claim Field 120: OTH_SURG_PROC_DAY_8 Description: Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Claimatical Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 122: OTH_SURG_PROC_CODE_9 Data Source: Calculated Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: S10 Data Sou	•		•	
Length: 4 Type: Alphanumeric Field 119: OTH_SURG_PROC_CODE_8 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Claim Length: 7 Type: Alphanumeric Field 120: OTH_SURG_PROC_DAY_8 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Calculated Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_CODE_10 Description: Day of other surgical or other procedure equals Other Surgical Procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 530 Data Source: Calculated Beginning Position: 541 Data Source: <t< th=""><th>Beginning Position:</th><th></th><th></th><th>Calculated</th></t<>	Beginning Position:			Calculated
Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Claim Length: 7 Type: Alphanumeric Field 120: OTH_SURG_PROC_DAY_8 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Claim Field 121: OTH_SURG_PROC_CODY_9 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		4	Туре:	Alphanumeric
during the period covered by the bill. ICD-10-PCS code. Beginning Position: 512 Data Source: Claim Field 120: OTH_SURG_PROC_DAY_8 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Claim Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Data Source: Calculated Length: 7 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.	Field 119:	OTH_SURG_PROC_CO	DE_8	
Beginning Position: 512 Data Source: Claim Length: 7 Type: Alphanumeric Field 120: OTH_SURG_PROC_DAY_8 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Claim Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 50 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CONE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 514 Data Source:	Description:			
Length: 7 Type: Alphanumeric Field 120: OTH_SURG_PROC_DAY_8 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Data Source: Calam Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Calam Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Data Source: Calculated Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calam Length: 4 Type: Alphanumeric Tipe: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Data Source: Calculated Calam Description: Code for surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Data Source:				D-10-PCS code.
Field 120: OTH_SURG_PROC_DAY_8 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Claim Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_COD47_9 Obscription: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_CODE_10 Data Source: Claim Description: Day of				
Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Data Source: Calam Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Field 123: OTH_SURG_PROC_DAY_10 Daso of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10				Alphanumeric
Admission/Start of Care Date Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Interpret of the priod covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Claim Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Data Source: Claim Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Description: Day of other surgical or other procedure equals Other Surgical Procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 541 Data Source: <td< th=""><th></th><th></th><th></th><th></th></td<>				
Beginning Position: 519 Data Source: Calculated Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Alphanumeric Description: 523 Data Source: Claim Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Eaginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 122: OTH_SURG_PROC_CODE_10 Description: Day of other surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 123: OTH_SURG_PROC_DAY_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Ength: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Description: Day of other surgical or other procedure other than the principal procedure performed during the period covered	Description:			equals Other Surgical Procedure Date minus
Length: 4 Type: Alphanumeric Field 121: OTH_SURG_PROC_CODE_9 Other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Claim Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Alphanumeric Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_CODE_10 Data Source: Claim Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Alphanumeric Beginning Position: 541 Data Source: Calculated Length:				
Field 121: OTH_SURG_PROC_CODE_9 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Claim Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 7 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Cod				
Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Claim Image: Procession of the surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Data Source: Calculated Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Daso of ther surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: Other Surgical or other procedure other than the princi				Alphanumeric
during the period covered by the bill. ICD-10-PCS code. Beginning Position: 523 Data Source: Claim Energth: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: </th <th></th> <th></th> <th></th> <th>an then the principal presedure performed</th>				an then the principal presedure performed
Beginning Position: 523 Data Source: Claim Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim	Description:			
Length: 7 Type: Alphanumeric Field 122: OTH_SURG_PROC_DAY_9 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Beginning Position: 552 Data Source	Reginning Position		•	
Field 122: OTH_SURG_PROC_DAY_9 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Pro				
Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 530 Data Source: Alphanumeric Calculated Eength: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Data Source: Calculated Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Iength: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_		OTH SURG PROC DA		
Admission/Start of Care Date. Beginning Position: 530 Data Source:: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Beginning Position: 534 Data Source: Claim Claim Length: 7 Type: Alphanumeric Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Field 126: OTH_SURG_PROC_DAY_11 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data	Description:			equals Other Surgical Procedure Date minus
Beginning Position: 530 Data Source: Calculated Length: 4 Type: Alphanumeric Field 123: OTH_SURG_PROC_CODE_10 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: S34 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Data Source: Calculated Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric 7 Type: Alphanumeric Field 126: Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginnin	•			
Field 123: OTH_SURG_PROC_CODE_10 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Data Source: Calculated Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Claim Start of Care Date. 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_	Beginning Position:			Calculated
Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Data Source: Calculated Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Data Source: Calculated Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Daso of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Beginning Position: 552 Data Source: Calculated				Alphanumeric
during the period covered by the bill. ICD-10-PCS code. Beginning Position: 534 Data Source: Claim Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Data Source: caluing the period covered by the bill. ICD-10-PCS code. Beginning Position: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS Document #25-15013				
Beginning Position: 534 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Data Source: Alphanumeric Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 Data Source: Calculated Length: 4 Type: Alphanumeric Data Source: Calculated Data Source: Calculated Length: 4 Type: Alphanumeric	Description:			
Length: 7 Type: Alphanumeric Field 124: OTH_SURG_PROC_DAY_10 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS Document #25-15013		- .		
Field 124: OTH_SURG_PROC_DAY_10 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013				
Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 541 Data Source: 4 Calculated Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Page Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 Data Source: Calculated DSHS/THCIC Page DSHS Document #25-15013				Alphanumeric
Admission/Start of Care Date. Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013				aguals Other Surgical Presedure Date minus
Beginning Position: 541 Data Source: Calculated Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013				equais other Surgical Procedure Date IIIIIus
Length: 4 Type: Alphanumeric Field 125: OTH_SURG_PROC_CODE_11 Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12	Beginning Position	•		Calculated
Field 125: OTH_SURG_PROC_CODE_11 Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 Data Source: Calculated Length: 4 Type: Alphanumeric Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013				
Description: Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Data Source: equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page				
during the period covered by the bill. ICD-10-PCS code. Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC DSHS Document #25-15013				er than the principal procedure performed
Beginning Position: 545 Data Source: Claim Length: 7 Type: Alphanumeric Field 126: OTH_SURG_PROC_DAY_11 Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Data Source: Calculated Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013	•			
Field 126: OTH_SURG_PROC_DAY_11 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013	Beginning Position:		,	
Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013		7	Туре:	Alphanumeric
Admission/Start of Care Date. Beginning Position: 552 Data Source: Calculated 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013				
Beginning Position: 552 Data Source: Calculated Length: 4 Type: Calculated Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013	Description:			equals Other Surgical Procedure Date minus
Length: 4 Type: Alphanumeric Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013	Beginning Position:	•		Calculated
Field 127: OTH_SURG_PROC_CODE_12 DSHS/THCIC Page DSHS Document #25-15013		4	Туре:	
		OTH_SURG_PROC_CO	DE_12	
www.dshs.texas.gov/THCIC 29 Last Updated: February, 2023			Page	
	www.dshs.texas.gov/	THCIC	29	Last Updated: February, 2023

Description:	Code for surgical or othe	r procedure oth	er than the principal procedure performed
-	during the period covered		
Beginning Position:	556	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 128:	OTH_SURG_PROC_DA		
Description:	Admission/Start of Care		equals Other Surgical Procedure Date minus
Beginning Position:	563	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 129:	OTH_SURG_PROC_CO		and the second
Description:			er than the principal procedure performed
Poginning Desition	during the period covered	Data Source:	Claim
Beginning Position: Length:	7	Type:	Alphanumeric
Field 130:			Alphandmene
Description:			equals Other Surgical Procedure Date minus
Description	Admission/Start of Care		equals other Surgical Procedure Date minus
Beginning Position:	574	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 131:	OTH_SURG_PROC_CO		Aphanamene
Description:			er than the principal procedure performed
•	during the period covered		
Beginning Position:	578	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 132:	OTH_SURG_PROC_DA	Y_14	
Description:	Day of other surgical or o	other procedure	equals Other Surgical Procedure Date minus
	Admission/Start of Care	Date.	
Beginning Position:	585	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 133:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
	during the period covered	,	
Beginning Position:	589	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 134:	OTH_SURG_PROC_DAY		
Description:	Admission/Start of Care		equals Other Surgical Procedure Date minus
Beginning Position:	596	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 135:	OTH_SURG_PROC_CO	DE 16	·
Description:	Code for surgical or othe	r procedure oth	er than the principal procedure performed
Beginning Position:	during the period covered		
Length:	600 7	Data Source: Type:	Claim Alphanumeric
Field 136:	ÓTH_SURG_PROC_DA		Aphanamene
Description:			equals Other Surgical Procedure Date minus
	Admission/Start of Care		
Beginning Position:	607	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 137:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
•	during the period covered		
Beginning Position:	611	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 138:	OTH_SURG_PROC_DA		
Description:	Day of other surgical or of Admission/Start of Care		equals Other Surgical Procedure Date minus
Beginning Position:	618	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 139:	OTH_SURG_PROC_CO	DE_18	
DSHS/THCIC		Page	DSHS Document #25-15013
www.dshs.texas.gov/	/THCIC	30	Last Updated: February, 2023

Description:	Code for surgical or othe	r procedure oth	er than the principal procedure performed
	during the period covered	d by the bill. IC	D-10-PCS code.
Beginning Position:	622	Data Source:	Claim
Length: Field 140:		Туре:	Alphanumeric
	OTH_SURG_PROC_DAY		a sue la Othan Cunsies I Prese duna Data minus
Description:	Admission/Start of Care		equals Other Surgical Procedure Date minus
Beginning Position:	629	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 141:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
	during the period covered	,	
Beginning Position:	633	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 142:	OTH_SURG_PROC_DA		
Description:			equals Other Surgical Procedure Date minus
	Admission/Start of Care		
Beginning Position:	640	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 143:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
	during the period covered		
Beginning Position:	644	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 144:	OTH_SURG_PROC_DA		
Description:			equals Other Surgical Procedure Date minus
	Admission/Start of Care		
Beginning Position:	651	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 145:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
	during the period covered	•	
Beginning Position:	655	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 146:	OTH_SURG_PROC_DA		
Description:	Day of other surgical or of Admission/Start of Care		equals Other Surgical Procedure Date minus
Beginning Position:	662	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 147:	OTH_SURG_PROC_CO		
Description:	Code for surgical or othe during the period covered		er than the principal procedure performed D-10-PCS code.
Beginning Position:	666	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 148:	OTH_SURG_PROC_DA		
Description:			equals Other Surgical Procedure Date minus
	Admission/Start of Care		
Beginning Position:	673	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 149:	OTH_SURG_PROC_CO		
Description:			er than the principal procedure performed
	during the period covered		
Beginning Position:	677	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 150:	OTH_SURG_PROC_DA		
Description:	Day of other surgical or of Admission/Start of Care		equals Other Surgical Procedure Date minus
Beginning Position:	684	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 151:	OTH_SURG_PROC_CO	DE_24	
DSHS/THCIC		Page	DSHS Document #25-15013
www.dshs.texas.gov/	/THCIC	31	Last Updated: February, 2023

	Code for surgical or other procedure other than the principal procedure performed					
	during the period covered by the bill. ICD-10-PCS code.					
Beginning Position:	688 Data Source: Claim					
Length:	7 Type: Alphanumeric					
Field 152:	OTH_SURG_PROC_DAY_24					
Description:	Day of other surgical or other procedure equals Other Surgical Procedure Date minus					
	Admission/Start of Care Date.					
Beginning Position:	695 Data Source: Calculated					
Length:	4 Type: Alphanumeric					
Field 153:	ATTENDING_PHYSICIAN_UNIF_ID					
Description:	Attending Physician Uniform Identifier. Unique identifier assigned to the licensed					
	physician expected to certify medical necessity of services rendered, with primary					
	responsibility for the patient's medical care and treatment. Physician is an individual					
	licensed to practice medicine under the Medical Practice Act. Can include an					
	individual other than a physician who admits patients to hospitals or who provides					
	diagnostic or therapeutic procedures to inpatients, including psychologists,					
	chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists					
	authorized by the hospital to admit or treat patients.					
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the					
	minimum cell size of five.					
Coding Scheme:	999999998 Cell size less than 5					
	9999999999 Temporary license or license number could not be matched					
Beginning Position:	699Data Source:Assigned10Type:Alphanumeric					
Length: Field 154:						
Description:	OPERATING_PHYSICIAN_UNIF_ID					
Description:	Operating or other Physician Uniform Identifier (if applicable). Unique identifier					
	assigned to the operating physician or physician other than the attending physician.					
	Physician is an individual licensed to practice medicine under the Medical Practice					
	Act. Can include an individual other than a physician who admits patients to					
	hospitals or who provides diagnostic or therapeutic procedures to inpatients,					
	hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives,					
	hospitals or who provides diagnostic or therapeutic procedures to inpatients,					
Suppression:	hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives,					
Suppression:	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.					
	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. Suppressed when the number of physicians represented in a DRG for a hospital is					
Suppression: Coding Scheme:	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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.					
	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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 999999998 Cell size less than 5					
Coding Scheme:	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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 999999998 Cell size less than 5 9999999999999 Temporary license or license number could not be matched					
Coding Scheme: Beginning Position:	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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5 99999999999 Temporary license or license number could not be matched 709Data Source:Assigned					
Coding Scheme: Beginning Position: Length:	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.Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.999999998Cell size less than 5 99999999999999999999Temporary license or license number could not be matched Assigned 1010Type:					
Coding Scheme: Beginning Position: Length: Field 155:	hospitals or who provides diagnostic or the apeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5 99999999999 Temporary license or license number could not be matched 709 Data Source: 10 Type: Alphanumeric					
Coding Scheme: Beginning Position: Length: Field 155: Description:	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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5 99999999999 Temporary license or license number could not be matched 709 Data Source: 10 Type: Alphanumeric ENCOUNTER_INDICATOR Indicates the number of claims used to create the encounter					
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length:	hospitals or who provides diagnostic or the apeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5 99999999999 Temporary license or license number could not be matched 709 Data Source: Alphanumeric ENCOUNTER_INDICATOR Indicates the number of claims used to create the encounter 719 Data Source: 2 Type: Alphanumeric PROVIDER_NAME					
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position:	hospitals or who provides diagnostic or the apeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5 9999999999999999999999999999 Temporary license or license number could not be matched 709 Data Source: Alphanumeric Cell size the subset to create the encounter 719 Data Source: 2 Type: Alphanumeric PROVIDER_NAME Hospital name provided by the hospital.					
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length: Field 166:	hospitals or who provides diagnostic or the apeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5 99999999999 Temporary license or license number could not be matched 709 Data Source: Alphanumeric ENCOUNTER_INDICATOR Indicates the number of claims used to create the encounter 719 Data Source: 2 Type: Alphanumeric PROVIDER_NAME					
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length: Field 166: Description:	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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5 999999999999999 Temporary license or license number could not be matched 709 Data Source: Alphanumeric ENCOUNTER_INDICATOR Indicates the number of claims used to create the encounter 719 Data Source: 2 Type: Alphanumeric PROVIDER_NAME Hospital name provided by the hospital. Hospital swith fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular					
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length: Field 166: Description: Suppression:	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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 999999998 Cell size less than 5 9999999999 Temporary license or license number could not be matched 709 Data Source: Alphanumeric Indicates the number of claims used to create the encounter 719 Data Source: Calculated 2 Type: Alphanumeric PROVIDER_NAME Hospital name provided by the hospital. Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Hospital Name is blank.					
Coding Scheme: Beginning Position: Length: Field 155: Description: Beginning Position: Length: Field 166: Description:	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. Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five. 9999999998 Cell size less than 5 999999999999999 Temporary license or license number could not be matched 709 Data Source: Alphanumeric ENCOUNTER_INDICATOR Indicates the number of claims used to create the encounter 719 Data Source: 2 Type: Alphanumeric PROVIDER_NAME Hospital name provided by the hospital. Hospital swith fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular					

INPATIENT BASE DATA #2 FILE

Field 1:	RECORD_ID					
Description:		mbor Uniquo n	umber assigned to identify the record. The			
Description						
	Record_ID in the ED Inpatient PUDF is not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).					
Beginning Position:	1 Data Source: Assigned					
Length:	12	Type:	Alphanumeric			
Field 2:	PRIVATE_AMOUNT	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Aphanamene			
Description:	Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR					
	algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 011X, 014X					
Beginning Position:	13	Data Source:	Calculated			
Length:	12	Type:	Numeric			
Field 3:	SEMI_PRIVATE_AMOL					
Description:			oom Charge Amount. Calculated using			
			pociated with revenue codes 0100-0219,			
	revenue center 010X, 01					
Beginning Position:	25	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 4:	WARD_AMOUNT	TF =				
Description:		Ward Charge A	mount. Calculated using MEDPAR algorithm.			
•			codes 0100-0219, revenue center 015X.			
Beginning Position:	37	Data Source:	Calculated			
Length:	12	Type:	Numeric			
Field 5:	ICU_AMOUNT					
Description:	Accommodation Charge,	Intensive Care	Unit Charge Amount. Calculated using			
			ociated with revenue codes 0100-0219,			
	revenue conter 020V	-				
	revenue center 020X.					
Beginning Position:	49	Data Source:	Calculated			
Length:	49 12	Data Source: Type:	Calculated Numeric			
Length: Field 6:	49 12 CCU_AMOUNT	Туре:	Numeric			
Length:	49 12 CCU_AMOUNT Accommodation Charge,	Type: Coronary Care	Numeric Unit Charge Amount. Calculated using			
Length: Field 6:	49 12 CCU_AMOUNT Accommodation Charge,	Type: Coronary Care	Numeric			
Length: Field 6: Description:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X.	Type: Coronary Care	Numeric Unit Charge Amount. Calculated using			
Length: Field 6: Description: Beginning Position:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61	Type: Coronary Care of charges asso Data Source:	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated			
Length: Field 6: Description: Beginning Position: Length:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12	Type: Coronary Care of charges asso	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219,			
Length: Field 6: Description: Beginning Position: Length: Field 7:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT	Type: Coronary Care of charges asso Data Source: Type:	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric			
Length: Field 6: Description: Beginning Position: Length:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge	Type: Coronary Care of charges asso Data Source: Type: , Other Charge	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm.			
Length: Field 6: Description: Beginning Position: Length: Field 7:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat	Type: Coronary Care of charges asso Data Source: Type: , Other Charge a ed with revenue	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm.			
Length: Field 6: Description: Beginning Position: Length: Field 7:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X	Type: Coronary Care of charges asso Data Source: Type: , Other Charge a ed with revenue	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm.			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X.	Type: Coronary Care of charges asso Data Source: Type: , Other Charge ed with revenue -024X, 052X-05	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X,			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73	Type: Coronary Care of charges asso Data Source: Type: , Other Charge ed with revenue -024X, 052X-05 Data Source:	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12	Type: Coronary Care of charges asso Data Source: Type: , Other Charge ed with revenue -024X, 052X-05	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X,			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT	Type: Coronary Care of charges asso Data Source: Type: , Other Charge ed with revenue -024X, 052X-05 Data Source: Type:	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge	Type: Coronary Care of charges asso Data Source: Type: , Other Charge ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge	Type: Coronary Care of charges asso Data Source: Type: , Other Charge A ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha es associated w	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 025X, 02	Type: Coronary Care of charges asso Data Source: Type: , Other Charge A ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha es associated w 26X, and 063X.	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 025X, 02 85	Type: Coronary Care of charges asso Data Source: Type: , Other Charge , ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha es associated w :6X, and 063X. Data Source:	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 025X, 02 85 12	Type: Coronary Care of charges asso Data Source: Type: , Other Charge A ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha es associated w 26X, and 063X.	Numeric Unit Charge Amount. Calculated using ociated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 025X, 02 85 12 MEDSURG_AMOUNT	Type: Coronary Care of charges asso Data Source: Type: , Other Charge J ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha es associated w 6X, and 063X. Data Source: Type:	Numeric Unit Charge Amount. Calculated using poiated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 025X, 02 85 12 MEDSURG_AMOUNT Ancillary Service Charge	Type: Coronary Care of charges asso Data Source: Type: , Other Charge , ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha es associated w :6X, and 063X. Data Source: Type: , Medical/Surgio	Numeric Unit Charge Amount. Calculated using poiated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. c codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric raise Supply Charge Amount. Calculated using			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 025X, 02 85 12 MEDSURG_AMOUNT Ancillary Service Charge MEDSURG_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	Type: Coronary Care of charges asso Data Source: Type: , Other Charge , ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha es associated w :6X, and 063X. Data Source: Type: , Medical/Surgic of charges asso	Numeric Unit Charge Amount. Calculated using poiated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. e codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9: Description:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 025X, 02 85 12 MEDSURG_AMOUNT Ancillary Service Charge MEDSURG_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 02	Type: Coronary Care of charges asso Data Source: Type: , Other Charge , ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha es associated w :6X, and 063X. Data Source: Type: , Medical/Surgic of charges asso .7X, 062X.	Numeric Unit Charge Amount. Calculated using poiated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. c codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric raise Supply Charge Amount. Calculated using poiated with revenue codes other than 0100-0219,			
Length: Field 6: Description: Beginning Position: Length: Field 7: Description: Beginning Position: Length: Field 8: Description: Beginning Position: Length: Field 9:	49 12 CCU_AMOUNT Accommodation Charge, MEDPAR algorithm. Sum revenue center 021X. 61 12 OTHER_AMOUNT Ancillary Service Charge Sum of charges associat center 0002-0099, 022X 090X-095X, 099X. 73 12 PHARM_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 025X, 02 85 12 MEDSURG_AMOUNT Ancillary Service Charge MEDSURG_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	Type: Coronary Care of charges asso Data Source: Type: , Other Charge , ed with revenue -024X, 052X-05 Data Source: Type: , Pharmacy Cha es associated w :6X, and 063X. Data Source: Type: , Medical/Surgic of charges asso	Numeric Unit Charge Amount. Calculated using poiated with revenue codes 0100-0219, Calculated Numeric Amount. Calculated using MEDPAR algorithm. c codes other than 0100-0219, revenue 53X, 055X-060X, 064X-070X, 076X-078X, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric raise Supply Charge Amount. Calculated using			

Field 10: Description:	DME_AMOUNT	rao Durable Media	al Equipment Charge Amount Calculated			
Description:			al Equipment Charge Amount. Calculated			
	0100-0219, revenue		es associated with revenue codes other than			
Beginning Position:	109	Data Source:	, 0294-0299. Calculated			
Length:	12	Type:	Numeric			
Field 11:	USED_DME_AMOUN	<i>,</i> ,				
Description:	Ancillary Service Charge, Used Durable Medical Equipment Charge Amount.					
•			m of charges associated with revenue codes			
	other than 0100-0219					
Beginning Position:	121	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 12:	PT_AMOUNT					
Description:			py Charge Amount. Calculated using ociated with revenue codes other than 0100-			
Poginning Desition	0219, revenue center 133	Data Source:	Colculated			
Beginning Position: Length:	133	Type:	Calculated Numeric			
Field 13:	OT_AMOUNT	iype.	Hamene			
Description:		rae Occupational T	herapy Charge Amount. Calculated using			
			pciated with revenue codes other than 0100-			
	0219, revenue center					
Beginning Position:	145	Data Source:	Calculated			
Length:	12	Type:	Numeric			
Field 14:	SPEECH_AMOUNT	**				
Description:	—	rge, Speech Pathol	ogy Charge Amount. Calculated using			
-			ociated with revenue codes other than 0100-			
	0219, revenue center					
Beginning Position:	157	Data Source:	Calculated			
Length:	12	Туре:	Numeric			
Field 15:	IT_AMOUNT					
Description:			rapy Charge Amount. Calculated using			
			ociated with revenue codes other than 0100-			
	0219, revenue center	[.] 041X, 046X.				
Beginning Position:	169	Data Source:	Calculated			
onath	12	Type:	Numeric			
		76.0				
Field 16:	BLOOD_AMOUNT					
Field 16:	BLOOD_AMOUNT Ancillary Service Char	rge for blood provid	ded during the patient's stay. Calculated			
Field 16:	BLOOD_AMOUNT Ancillary Service Chan using MEDPAR algorit	rge for blood provid hm. Sum of charge	ded during the patient's stay. Calculated as associated with revenue codes other than			
Field 16: Description:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue	rge for blood provid hm. Sum of charge center 038X.	es associated with revenue codes other than			
Field 16: Description: Beginning Position:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181	rge for blood provid hm. Sum of charge center 038X. Data Source:	es associated with revenue codes other than Calculated			
Field 16: Description: Beginning Position: Length:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12	rge for blood provid hm. Sum of charge center 038X. Data Source: Type:	es associated with revenue codes other than			
Field 16: Description: Beginning Position: Length: Field 17:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT	es associated with revenue codes other than Calculated Numeric			
Field 16: Description: Beginning Position: Length: Field 17:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's			
Field 16: Description: Beginning Position: Length: Field 17:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue			
Field 16: Description: Beginning Position: Length: Field 17: Description:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X.			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source:	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type:	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAR			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char algorithm. Sum of char	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo arges associated w	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18: Description:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo arges associated w	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAF			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18: Description: Beginning Position:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 036X,	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo arges associated w 071X-072X.	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAF ith revenue codes other than 0100-0219,			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18: Description: Beginning Position: Length:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 036X, 205	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo arges associated w 071X-072X. Data Source:	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18: Description: Beginning Position: Length: Field 19:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 036X, 205 12 LITH_AMOUNT Ancillary Service Char	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo arges associated w 071X-072X. Data Source: Type:	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAF ith revenue codes other than 0100-0219, Calculated Numeric arge Amount. Calculated using MEDPAR			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18: Description: Beginning Position: Length: Field 19:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 036X, 205 12 LITH_AMOUNT Ancillary Service Char	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo arges associated w 071X-072X. Data Source: Type:	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18: Description: Beginning Position: Length: Field 19:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 036X, 205 12 LITH_AMOUNT Ancillary Service Char	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo arges associated w 071X-072X. Data Source: Type: rge, Lithotripsy Cha arges associated w	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAF ith revenue codes other than 0100-0219, Calculated Numeric			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18: Description: Beginning Position: Length: Field 19: Description:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 036X, 205 12 LITH_AMOUNT Ancillary Service Char algorithm. Sum of char algorithm. Sum of char	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo arges associated w 071X-072X. Data Source: Type: rge, Lithotripsy Cha arges associated w	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric			
Length: Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18: Description: Beginning Position: Length: Field 19: Description: Beginning Position: Length:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 036X, 205 12 LITH_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 036X,	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo arges associated w 071X-072X. Data Source: Type: rge, Lithotripsy Cha	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,			
Field 16: Description: Beginning Position: Length: Field 17: Description: Beginning Position: Length: Field 18: Description: Beginning Position: Length: Field 19: Description: Beginning Position:	BLOOD_AMOUNT Ancillary Service Char using MEDPAR algorit 0100-0219, revenue 181 12 BLOOD_ADMIN_AM Ancillary Service Char stay. Calculated using codes other than 010 193 12 OR_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 036X, 205 12 LITH_AMOUNT Ancillary Service Char algorithm. Sum of char revenue center 079X.	rge for blood provid hm. Sum of charge center 038X. Data Source: Type: IOUNT rge for blood storag MEDPAR algorithr 0-0219, revenue co Data Source: Type: rge, Operating Roo arges associated w 071X-072X. Data Source: Type: rge, Lithotripsy Cha arges associated w Data Source:	es associated with revenue codes other than Calculated Numeric ge and processing related to the patient's n. Sum of charges associated with revenue enter 039X. Calculated Numeric m Charge amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated			

Field 20:	CARD_AMOUNT				
Description:			arge Amount. Calculated using MEDPAR		
	algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.				
Beginning Position:	229	Data Source:	Calculated		
ength:	12	Type:	Numeric		
ield 21:	ANES_AMOUNT	iype.	Numerie		
Description:	Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR				
cocriptioni			ith revenue codes other than 0100-0219,		
	revenue center 037X.				
Beginning Position:	241	Data Source:	Calculated		
ength:	12	Type:	Numeric		
ield 22:	LAB_AMOUNT	/T ⁻ -			
Description:	Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR				
•			ith revenue codes other than 0100-0219,		
	revenue center 030X-03	31X, 074X-075X	· · · · · · · · · · · · · · · · · · ·		
Beginning Position:	253	Data Source:	Calculated		
ength:	12	Туре:	Numeric		
ield 23:	RAD_AMOUNT				
Description:		e, Radiology Cha	rge Amount. Calculated using MEDPAR		
			ith revenue codes other than 0100-0219,		
	revenue center 028X, 0				
Beginning Position:	265	Data Source:	Calculated		
ength:	12	Туре:	Numeric		
ield 24:	MRI_AMOUNT				
Description:			nount. Calculated using MEDPAR algorithm.		
	Sum of charges associat	ted with revenue	e codes other than 0100-0219, revenue		
	center 061X.				
Beginning Position:	277	Data Source:	Calculated		
ength:	12	Туре:	Numeric		
ield 25:	OP_AMOUNT				
Description:			vices Charge Amount. Calculated using		
			ociated with revenue codes other than 0100-		
	0219, revenue center 04				
Beginning Position:	289	Data Source: Type:	Calculated Numeric		
an athr					
	12 ED AMOUNT	Type:	Numerie		
Field 26:	ER_AMOUNT				
Field 26:	ER_AMOUNT Ancillary Service Charge	e, Emergency Ro	om Charge Amount. Calculated using		
Field 26:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun	e, Emergency Ro	om Charge Amount. Calculated using		
Field 26: Description:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04	e, Emergency Ro n of charges asso 45X.	om Charge Amount. Calculated using ociated with revenue codes other than 0100-		
Field 26: Description: Beginning Position:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 0- 301	e, Emergency Ro n of charges asso 45X. Data Source:	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated		
Field 26: Description: Beginning Position: Length:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 0- 301 12	e, Emergency Ro n of charges asso 45X. Data Source: Type:	om Charge Amount. Calculated using ociated with revenue codes other than 0100-		
Field 26: Description: Beginning Position: Length: Field 27:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04 301 12 AMBULANCE_AMOUN	e, Emergency Ro n of charges asso 45X. Data Source: Type: T	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric		
Field 26: Description: Beginning Position: Length: Field 27:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04 301 12 AMBULANCE_AMOUN Ancillary Service Charge	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR		
Field 26: Description: Beginning Position: Length: Field 27:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04 301 12 AMBULANCE_AMOUN Ancillary Service Charge algorithm. Sum of charge	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric		
Field 26: Description: Beginning Position: Length: Field 27: Description:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04 301 12 AMBULANCE_AMOUN Ancillary Service Charge algorithm. Sum of charge revenue center 054X.	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Field 26: Description: Beginning Position: Bength: Field 27: Description: Beginning Position:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04 301 12 AMBULANCE_AMOUN Ancillary Service Charge algorithm. Sum of charge	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR		
Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04 301 12 AMBULANCE_AMOUN Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source:	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated		
Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04 301 12 AMBULANCE_AMOUN Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type:	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric		
Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04 301 12 AMBULANCE_AMOUN Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric ee Charge Amount. Calculated using MEDPAR		
Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 0- 301 12 AMBULANCE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge algorithm. Sum of charge	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe ges associated w	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric		
ield 26: Description: <u>ength:</u> ield 27: Description: Geginning Position: <u>ength:</u> ield 28: Description:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04 301 12 AMBULANCE_AMOUN Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe ges associated w 98X.	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric ee Charge Amount. Calculated using MEDPAR		
ield 26: Description: <u>ength:</u> ield 27: Description: Geginning Position: <u>ength:</u> ield 28: Description: Seginning Position:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 0- 301 12 AMBULANCE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 096X-09	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe ges associated w	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric ee Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description: Beginning Position: Length:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 0- 301 12 AMBULANCE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge algorithm. Sum of charge algorithm. Sum of charge solution and the service of	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe ges associated w 08X. Data Source:	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric ee Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated		
Length: Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description: Beginning Position: Length: Field 29: Description:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 0- 301 12 AMBULANCE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 096X-09 325 12 ORGAN_AMOUNT	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe ges associated w 8X. Data Source: Type:	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric ee Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric		
Field 26: Description: Beginning Position: Seginning Position: Description: Beginning Position: Seginning Position: Description: Beginning Position: Seginning Position: Seginning Position:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 0- 301 12 AMBULANCE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 096X-09 325 12 ORGAN_AMOUNT Ancillary Service Charge	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe ges associated w 08X. Data Source: Type: e, Organ Acquisit	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric ee Charge Amount. Calculated using MEDPAF ith revenue codes other than 0100-0219, Calculated Numeric		
Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description: Beginning Position: Length: Field 29:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 0- 301 12 AMBULANCE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 096X-09 325 12 ORGAN_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe ges associated w 08X. Data Source: Type: e, Organ Acquisit n of charges assoc	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric ee Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric		
Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description: Beginning Position: Length: Field 29: Description:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 0- 301 12 AMBULANCE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 096X-09 325 12 ORGAN_AMOUNT Ancillary Service Charge	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe ges associated w 08X. Data Source: Type: e, Organ Acquisit n of charges assoc	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric ee Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric		
Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description: Beginning Position: Length: Field 29: Description: Beginning Position: Beginning Position:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 0- 301 12 AMBULANCE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 096X-09 325 12 ORGAN_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 05	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe ges associated w 8X. Data Source: Type: e, Organ Acquisit n of charges asso 81X, 089X. Data Source:	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric ee Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric cion Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated		
Field 26: Description: Beginning Position: Length: Field 27: Description: Beginning Position: Length: Field 28: Description: Beginning Position: Length: Field 29: Description:	ER_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 301 12 AMBULANCE_AMOUN Ancillary Service Charge algorithm. Sum of charge revenue center 054X. 313 12 PRO_FEE_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 096X-09 325 12 ORGAN_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 05 337	e, Emergency Ro n of charges asso 45X. Data Source: Type: T e, Ambulance Ch ges associated w Data Source: Type: e, Professional Fe ges associated w 08X. Data Source: Type: e, Organ Acquisit n of charges asso 81X, 089X.	om Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric ee Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric		

Length:		12		Туре:	Numeric		
Field 30:		ESRD_AMOUN					
Descripti	ion:	Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated usin MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100 0219, revenue center 080X, 082X-085X, 088X.					
Desinaia			enter	•	•		
Length:	g Position:	349 12		Data Source: Type:	Calculated Numeric		
Field 31:		CLINIC_AMOUN	т	Type:	Numerie		
Descripti		Ancillary Service	e Char of cha				culated using MEDPAR s other than 0100-0219,
Beginnin Length:	g Position:	361 12	J21X.	Data Source: Type:	Calculated Numeric		
Field 32:		OCCUR_CODE_					
Descripti Coding S		Code describing	a sigr	nificant event rela	ting to the c	laim.	
01	Auto accident		27	Date Home Health Pl	an	47	Date cost outlier status begins
02	No Fault Insur	ance Involved -		Established or Last R	leviewed	A1	Birthdate - Insured A
03	Including Auto Accident/ Tort	Accident/Other Liability	28	Date Comprehensive Rehabilitation Plan E or Last Reviewed		A2	Effective Date - Insured A Policy
04	Accident/ Emp	loyment Related	29	Date Outpatient PT F	lan	A3	Payer A benefits exhausted
05	Other accident	t		established or last re		A4	Split Bill Date
06	Crime Victim		30	Date Outpatient ST F established or last re		B1	Birthdate - Insured B
09	Start of Inferti Cycle	lity Treatment	31	Date beneficiary noti intent to bill (accom		B2	Effective date - Insured B Policy
10	Last Menstrua	l Period	32	Date beneficiary noti		B3	Payer B benefits exhausted
11	Onset of Symp			intent to bill (proced		C1	Birthdate - Insured C
12		for a Chronically	37	treatments) Date of inpatient hos	nital	C2	Effective date - Insured C Policy
16	Dependent Inc Date of Last T	dividual	37	discharge for non-co transplant patients		C3	Payer C benefits exhausted
10	Date Outpatie		38	Date treatment start	ed for	DR	Katrina disaster related
		Last Reviewed	39	home IV therapy Date discharged on a	3	E1 E2	Birthdate - Insured D Effective date - Insured D
18	Patient/Benefi			continuous course if	• •		Policy
19	Date of Retire	ment - Spouse	40	Scheduled date of ac		E3	Payer D benefits exhausted
20	Date Guarante	e of Payment	41	Date of first test of p admission testing	ore-	F1	Birthdate - Insured E
21	Began	- Desciond	42	Date of discharge (h	ospice	F2	Effective date - Insured E Policy
21	Date UR Notice			only)		F3	Payer E benefits exhausted
22	Date Active Ca		43	Scheduled date of ca	inceled	G1	Birthdate - Insured F
24	Date Insuranc	e Denied	44	surgery Date treatment start	ed - OT	G2	Effective date - Insured F Policy
25	Date Benefits Primary Payer	Terminated by	45	Date treatment start		G3	Payer F benefits exhausted
26	, ,	Became Available	46	Date treatment start Cardiac rehabilitation	ed -		
Beginnin Length:	g Position:	373 2		Data Source:	Claim Alphanume	ric	
Length: Field 33:		OCCUR_DAY_1		Туре:	Alphanume		
Descripti				s Occurrence Dat	e <i>minus</i> Adn	nissio	n/Start of Care Date.
-	g Position:	375 4	equa	Data Source: Type:	Calculated		
Field 34:		OCCUR_CODE_	2			-	
Descripti	ion:			nificant event rela	ting to the c	laim.	
Coding S	cheme:	Same as Field OCO		ODE_1.			
Length:	g Position:	379 2		Data Source: Type:	Claim Alphanume	eric	
Field 35: OCCUR_DAY_2							
Descripti	ion:	Occurrence Day	equal	s Occurrence Dat	e <i>minus</i> Adn	nissio	n/Start of Care Date.

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	36	Last Updated: February, 2023

381 4	Data Source: Type:	Calculated Alphanumeric
	1.5	P
	cant event relati	ng to the claim.
385	Data Source:	Claim
2	Туре:	Alphanumeric
OCCUR_DAY_3		
Occurrence Day equals C		minus Admission/Start of Care Date.
387	Data Source:	Calculated
	Туре:	Alphanumeric
Code describing a signific	cant event relati	ng to the claim.
		Claim
		Claim Alphanumeric
	туре:	Alphanumenc
	Courrence Date	minus Admission/Start of Caro Dato
		Calculated
4		Alphanumeric
	. / P	
	cant event relati	ng to the claim.
397	Data Source:	Claim
2	Туре:	Alphanumeric
OCCUR_DAY_5		
	Occurrence Date	minus Admission/Start of Care Date.
399	Data Source:	Calculated
4	Туре:	Alphanumeric
OCCUR_CODE_6		
		ng to the claim.
		Claim
	туре:	Alphanumeric
	Courrence Data	minus Admission/Start of Cara Data
		Calculated
		Alphanumeric
	. / P	
	cant event relati	ng to the claim.
409	Data Source:	Claim
2	Туре:	Alphanumeric
OCCUR_DAY_7		
	Occurrence Date	minus Admission/Start of Care Date.
411	Data Source:	Calculated
4	Туре:	Alphanumeric
OCCUR_CODE_8		
		ng to the claim.
415	Data Source:	Claim
	Туре:	Alphanumeric
		Calculated Alphanumeric
	iype:	Арнанишенс
	cont overt relati	ng to the claim
Code describing a signific Same as Field OCCUR_COD		
		Claim
	Data Source	
421	Data Source: Type:	
421 2	Data Source: Type:	Alphanumeric
421	_	
	4 OCCUR_CODE_3 Code describing a signifi Same as Field OCCUR_COD 385 2 OCCUR_DAY_3 Occurrence Day equals (C) 387 4 OCCUR_CODE_4 Code describing a signifi Same as Field OCCUR_COD 391 2 OCCUR_DAY_4 Occurrence Day equals (C) 393 4 OCCUR_CODE_5 Code describing a signifi Same as Field OCCUR_COD 397 2 OCCUR_DAY_5 Occurrence Day equals (C) 399 4 OCCUR_CODE_6 Code describing a signifi Same as Field OCCUR_COD 400 OCCUR_DAY_6 Occurrence Day equals (C) 403 2 OCCUR_CODE_7 Code describing a signifi Same as Field OCCUR_COD 400 2 OCCUR_DAY_7 Occurrence Day equals (C)	4 Type: OCCUR_CODE_3 Some as Field OCCUR_CODE_1. Bata Source: 2 OCCUR_DAY_3 OCCUR_DAY_3 OCCUR_CODE_4 Code describing a significant event relating same as Field OCCUR_CODE_1. 391 Data Source: 2 Type: OCCUR_DAY_4 Occurence Day equals Occurrence Date 393 Data Source: Type: OCCUR_DAY_4 Occurence Day equals Occurrence Date 393 Data Source: Type: OCCUR_CODE_5 Code describing a significant event relating same as Field OCCUR_CODE_1. 397 Data Source: Type: OCCUR_DAY_5 Occurrence Day equals Occurrence Date Occurence Day equals Occurrence Date OCCUR_CODE_1. 4 Type: OCCUR_CODE_7

Description:	Occurrence Dav eaua	als Occurrence Date	<i>minus</i> Admission/Start of Care Date.
Beginning Position:	423	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 50:	OCCUR_CODE_10		
Description:	Code describing a sig	gnificant event relat	ing to the claim.
Coding Scheme:	Same as Field OCCUR_		
Beginning Position:	427	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 51:	OCCUR_DAY_10		
Description:		als Occurrence Date	minus Admission/Start of Care Date.
Beginning Position:	429	Calculated	
Length:	4	Туре:	Alphanumeric
Field 52:	OCCUR_CODE_11		
Description:	Code describing a sig		ing to the claim.
Coding Scheme:	Same as Field OCCUR_	—	
Beginning Position:	433	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 53:	OCCUR_DAY_11		
Description:		als Occurrence Date	<i>minus</i> Admission/Start of Care Date.
Beginning Position:	435	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 54:	OCCUR_CODE_12		
Description:	Code describing a sig	gnificant event relat	ing to the claim.
Coding Scheme:	Same as Field OCCUR_	CODE_1.	
Beginning Position:	439	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 55:	OCCUR_DAY_12		
Description:		als Occurrence Date	<i>minus</i> Admission/Start of Care Date.
Beginning Position:	441	Data Source:	Calculated
Length:	4	Туре:	Alphanumeric
Field 56:	OCCUR_SPAN_COD		
Description:	Code describing a sig	gnificant event relat	ing to the claim that may affect payer
	processing.	-	
Coding Scheme:		es (for SNF use only)	78 SNF prior stay dates
-	71 Prior stay dates		80 Prior Same SNF prior stay dates for Payment
	72 First/Last Visit		Ban Purposes 81 Antepartum Days at Reduced Level of Care
	73 Benefit eligibility pe	eriod	M0 QIO/UR approved stay dates
	5,1	f care/Leave of absence	M1 Provider liability - no utilization
	75 SNF level of care		M2 Inpatient respite dates
	76 Patient Liability Per77 Provider Liability -		M3 ICF level of care
		Utilization Charged	
Reginning Regition.	,		M4 Residential level of care
5 5	445	Data Source:	Claim
Length:	445 2	Data Source: Type:	
Length: Field 57:	445 2 OCCUR_SPAN_FRO	Data Source: Type: DM_1	Claim Alphanumeric
Beginning Position: Length: Field 57: Description:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro	Data Source: Type: DM_1	Claim
Length: Field 57: Description:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date.	Data Source: Type: DM_1 om equals Beginning	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of
Length: Field 57: Description: Beginning Position:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447	Data Source: Type: DM_1 om <i>equals</i> Beginning Data Source:	Claim Alphanumeric 9 Date of Event <i>minus</i> Admission/Start of Calculated
Length: Field 57: Description: Beginning Position: Length:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6	Data Source: Type: DM_1 om <i>equals</i> Beginning Data Source: Type:	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of
Length: Field 57: Description: Beginning Position: Length: Field 58:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR	Data Source: Type: DM_1 Data Seginning Data Source: Type: RU_1	Claim Alphanumeric 9 Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric
Length: Field 57:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr	Data Source: Type: DM_1 Data Seginning Data Source: Type: RU_1	Claim Alphanumeric 9 Date of Event <i>minus</i> Admission/Start of Calculated
Length: Field 57: Description: Beginning Position: Length: Field 58: Description:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date.	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da	Claim Alphanumeric 9 Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care
Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Beginning Position:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source:	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated
Length: Field 57: Description: Beginning Position: Length: Field 58: Description: Beginning Position: Length:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type:	Claim Alphanumeric 9 Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care
Length: Field 57: Description: Length: Field 58: Description: Beginning Position: Length: Field 59:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6 OCCUR_SPAN_COL	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type: DE_2	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated Alphanumeric
Length: Field 57: Description: Length: Field 58: Description: Beginning Position: Length: Field 59:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6 OCCUR_SPAN_COL Code describing a signal	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type: DE_2	Claim Alphanumeric 9 Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated
Length: Field 57: Description: Length: Field 58: Description: Beginning Position: Length: Field 59: Description:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6 OCCUR_SPAN_COL Code describing a sig processing.	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type: DE_2 gnificant event relat	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated Alphanumeric
Length: Field 57: Description: Length: Field 58: Description: Beginning Position: Length: Field 59: Description: Coding Scheme:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6 OCCUR_SPAN_COL Code describing a sig processing. Same as Field OCCUR_C	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type: DE_2 gnificant event relat	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated Alphanumeric ing to the claim that may affect payer
Length: Field 57: Description: Length: Field 58: Description: Beginning Position: Length: Field 59: Description: Coding Scheme: Beginning Position:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6 OCCUR_SPAN_COL Code describing a sig processing. Same as Field OCCUR_C	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type: DE_2 gnificant event relat CODE_SPAN_1. Data Source:	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated Alphanumeric ing to the claim that may affect payer Claim
Length: Field 57: Description: Length: Field 58: Description: Beginning Position: Length: Field 59: Description: Coding Scheme: Beginning Position: Length:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6 OCCUR_SPAN_COL Code describing a sig processing. Same as Field OCCUR_C 459 2	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type: DE_2 gnificant event relat CODE_SPAN_1. Data Source: Type:	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated Alphanumeric ing to the claim that may affect payer
Length: Field 57: Description: Length: Field 58: Description: Beginning Position: Length: Field 59: Description: Coding Scheme: Beginning Position: Length: Field 60:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6 OCCUR_SPAN_COL Code describing a sig processing. Same as Field OCCUR_C 459 2 OCCUR_SPAN_FRO	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type: DE_2 gnificant event relat CODE_SPAN_1. Data Source: Type: DM_2	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated Alphanumeric ing to the claim that may affect payer Claim Alphanumeric
Length: Field 57: Description: Length: Field 58: Description: Beginning Position: Length: Field 59: Description: Coding Scheme: Beginning Position: Length: Field 60:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6 OCCUR_SPAN_COL Code describing a sig processing. Same as Field OCCUR_C 459 2 OCCUR_SPAN_FRO	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type: DE_2 gnificant event relat CODE_SPAN_1. Data Source: Type: DM_2	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated Alphanumeric ing to the claim that may affect payer Claim
Length: Field 57: Description: Length: Field 58: Description: Beginning Position: Length: Field 59: Description: Coding Scheme: Beginning Position: Length:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6 OCCUR_SPAN_COL Code describing a sig processing. Same as Field OCCUR_C 459 2 OCCUR_SPAN_FRO	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type: DE_2 gnificant event relat CODE_SPAN_1. Data Source: Type: DM_2	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated Alphanumeric ing to the claim that may affect payer Claim Alphanumeric
Length: Field 57: Description: Length: Field 58: Description: Beginning Position: Length: Field 59: Description: Coding Scheme: Beginning Position: Length: Field 60:	445 2 OCCUR_SPAN_FRO Occurrence Span Fro Care Date. 447 6 OCCUR_SPAN_THR Occurrence Span Thr Date. 453 6 OCCUR_SPAN_COD Code describing a sig processing. Same as Field OCCUR_G 459 2 OCCUR_SPAN_FRO Occurrence Span Fro	Data Source: Type: DM_1 om equals Beginning Data Source: Type: RU_1 ru equals Ending Da Data Source: Type: DE_2 gnificant event relat CODE_SPAN_1. Data Source: Type: DM_2	Claim Alphanumeric Date of Event <i>minus</i> Admission/Start of Calculated Alphanumeric te of Event <i>minus</i> Admission/Start of Care Calculated Alphanumeric ing to the claim that may affect payer Claim Alphanumeric

Beginning Position: Length:		461 Data Source: Calculated 6 Type: Alphanumeric					
Field 61		OCCUR_SPAN	THR	,	лрпани		
Descript	tion:				ate of Evei	nt <i>minu</i>	s Admission/Start of Care
		Date.					-
	ng Position:	467		Data Source:	Calculate		
Length:		6		Туре:	Alphanur	neric	
Field 62	-	OCCUR_SPAN			ting to the		that may affect nover
Descript		processing.	y a siy	inicant event rela	ting to the	Claim	that may affect payer
Codina s	Scheme:	Same as Field O	CCUR C	ODE SPAN 1.			
	ng Position:	473		Data Source:	Claim		
Length:		2		Туре:	Alphanur	neric	
Field 63:		OCCUR_SPAN					
Descript	tion:		an Fror	n <i>equals</i> Beginnin	g Date of I	event <i>n</i>	ninus Admission/Start of
Reginni	ng Position:	Care Date. 475		Data Source:	Calculate	d	
Length:		6		Type:	Alphanur		
Field 64		OCCUR_SPAN	_THR				
Description:		Occurrence Sp	an Thru	u <i>equals</i> Ending Da	ate of Eve	nt <i>minu</i>	s Admission/Start of Care
		Date.		_	- · ·		
Beginni Length:	ng Position:	481 6		Data Source:	Calculate Alphanur		
Field 65		OCCUR_SPAN		Туре:	Аірпапиі	nenc	
Descript	-				tina to the	claim t	that may affect payer
		processing.	5 a big		ang to the		
	Scheme:	Same as Field O	CCUR_C	ODE_SPAN_1.			
	ng Position:	487		Data Source: Claim			
Length: Field 66		2	FDO	Туре:	Alphanur	neric	
Descript		OCCUR_SPAN_FROM_4					
Descrip		Occurrence Span From <i>equals</i> Beginning Date of Event <i>minus</i> Admission/Start of Care Date.					
Beainni	ng Position:	489		Data Source:	Calculate	ed	
Length:		6		Туре:	Alphanur	neric	
Field 67	-	OCCUR_SPAN			. –		
Descript	tion:	Occurrence Span Thru <i>equals</i> Ending Date of Event <i>minus</i> Admission/Start of Care					
Doginni	ng Position:	Date. 495		Data Source:	Calculate	d	
Length:		6		Type:	Alphanur		
Field 68		CONDITION_	CODE				
Descript	tion:			dition relating to t	the claim.		
Coding S	Scheme:						
01	Military servic	e related	11	Disabled beneficiary		27	Patient referred to a sole
02	Condition is e	mployment	17	LGHP coverage exists	S		community hospital for a diagnostic laboratory test
	related		17	Patient is homeless		28	Patient and/or spouse's EGHP is
03	Patient covere not reflected h	ed by insurance	18	Maiden name retaine			secondary to Medicare
04	Information of		19	Child retains mother	's name	29	Disabled beneficiary and/or
05	Lien has been		20	Beneficiary requested	d billing		family member's LGHP is secondary to Medicare
			21	Billing for denial noti	ce	30	Non-research services provided
06		in first 18 months covered by EGHP	22	Patient on multiple d	rug		to patients enrolled in a
07	Treatment of	,	-	regimen	2	~ ~	qualified clinical trial
2.		nospice patient	23	Home care giver ava	ilable	31	Patient is student (full time - day)
08		ould not provide	24	Home IV patient also	receiving	32	Patient is student
	information co insurance cov	oncerning other erage		HHA services		52	(cooperative/work study
09	Neither patien	•	25	Patient is non-US res	sident		program)
05	employed		26	VA eligible patient ch		33	Patient is student (full time - night)
10	Patient and/or			receive services in a certified facility	Medicare	34	Patient is student (part-time)
	employed but	no EGHP exists				51	. zeene is stadent (part time)
	THCIC			Page			DSHS Document #25-15013
www.dshs.texas.gov/THCIC		THCIC		30			Last Updated: February, 2023

DSH5/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	39	Last Updated: February, 2023

36	General care patient in a special unit
37	Ward accommodation at patient request
38	Semi-private room not available
39	Private room medically necessary
40	Same day transfer
41	Partial hospitalization
42	Continuing care not related to inpatient admission
43	Continuing care not provided within prescribed postdischarge window
44	Inpatient admission changed to outpatient
45	Ambiguous Gender Category
46	Non-availability statement on file
47	Transfer from another Home Health Agency
48	Psychiatric residential treatment centers for children and adolescents (RTCs)
49	Product replacement within product lifecycle
50	Product Replacement for Known Recall of a Product
51	Attestation of Unrelated Outpatient Nondiagnostic Services
52	Out of Hospice Service Area
53	Initial placement of a medical device provided as part of a clinical trial or a free sample
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency
55	SNF bed not available
56	Medical appropriateness
57	SNF readmission
58	Terminated Medicare+Choice organization enrollee
59	Non-primary ESRD facility
60	Day outlier
61	Cost outlier
66	Provider does not wish cost outlier payment
67	Beneficiary elects not to use life time reserve (LTR) days
68	Beneficiary elects to use life time reserve (LTR) days
69	IME/DGME/N&AH Payment Only
70	Self-administered anemia management drug
71	Full care in unit
72	Self-care in unit
73	Self-care training
DSHS/T	THCIC

to accept payment by a primary payer as payment
New coverage not implemented
by HMO
CORF services provided offsite
Home dialysis - nursing facility
C-section/Inductions <39 weeks-Medical Necessity
C-section/Inductions <39 weeks-Elective
C-section/Inductions 39 weeks or greater
Dialysis for Acute Kidney Injury (AKI)
Delayed Recertification of Hospice Terminal Illness
Additional Hemodialysis
Treatment with Medical Justification
TRICARE external partnership
program
EPSDT/CHAP
Physically handicapped children's program
Special Federal Funding
Family planning
Disability
Vaccines/Medicare 100% payment
Second opinion surgery
Abortion performed due to rape
Abortion performed due to incest
Abortion performed due to serious fatal genetic defect,
deformity, or abnormality
Abortion performed due to life endangering physical condition
Abortion performed due to physical health of mother that
is not life endangering
Abortion performed due to emotional/psychological health of mother
Abortion performed due to
social or economic reasons Elective abortion
Sterilization
Payer responsible for co-
payment
Air ambulance required
Specialized treatment/bed unavailable
Deer
Page 40
40

74

75

76

77

78

79

80

81

82

83

84 85

86

A0

A1 A2

Α3

A4 A5 A6

Α9

AA

AB

AC

AD

AE

AF

AG

AH AI AJ

AK

AL

Home

Home - 100% reimbursement

Back-up in facility dialysis

Provider accepts or is obligated/required due to a contractual arrangement or law AM

	required
AN	Pre-admission screening not required
B0	Medicare coordinated care demonstration claim
B1	Beneficiary is ineligible for demonstration program
B4	Admission unrelated to discharge on same day
BP	Gulf Oil Spill of 2010
C1	Approved as billed
C2	Automatic approval as billed based on focused review
C3	Partial approval
C4	Admission/services denied
C5	Postpayment review applicable
C6	Admission Preauthorization
C7	Extended Authorization
D0	Changes to Service Dates
D1	Changes to Charges
D3	Second or Subsequent Interim PPS Bill
D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
D5	Cancel to correct Insured's ID or Provider ID
D6	Cancel Only to Repay a Duplicate or OIG Overpayment
D7	Change to Make Medicare the Secondary Payer
D8	Change to Make Medicare the Primary Payer
D9	Any Other Change
DR	Disaster related
E0	Changes in Patient Status
G0	Distinct Medical Visit
H0	Delayed Filing, Statement of Intent Submitted
H2	Discharge by a Hospice Provider for Cause
H3	Reoccurrence of GI Bleed Comorbid Category
H4	Reoccurrence of Pneumonia Comorbid Category
H5 P1	Recurrence of Pericarditis Comorbid Category Do not Resuscitate Order (DNR)
. –	
P7	Direct Inpatient Admission from Emergency Room
R1	Request for reopening Reason Code - Mathematical or Computational Mistake
R2	Request for reopening Reason Code -Inaccurate Data Entry
R3	Request for reopening Reason Code - Misapplication of a Fee Schedule

Non-emergency medically

06 08 DSHS/7	billed separate Blood deductil Life time rese first calendar	rve amount in the year	14		h plan	25	Offset to the patient - payment amount - prescription drugs DSHS Document #25-15013 Last Updated: February, 2023
08	billed separate Blood deductil Life time rese first calendar	ble rve amount in the		coordination period w employer group healt No fault, including aut	h plan	25	amount - prescription drugs
	billed separate Blood deducti	ble	15	coordination period w		25	Offset to the patient - payment
		. ,		L3 ESRD beneficiary in a Medicare coordination period with an		24	Medicaid Rate Code
05 Professional component included in charges and also		arges and also	12	beneficiary/spouse wi employer group healt		23	Recurring monthly income
_	combined bille		11	second calendar year Working aged		22	Surplus
04	rooms Inpatient prof	·	10	second calendar year Coinsurance amount i		21	other federal agency Catastrophic
02		o semi-private	10	calendar year Lifetime reserve amou		16	Public health service (PHS) or
01		semi-private rate	09	Coinsurance amount i	n the first	15	Worker's compensation
-	Scheme:		9 111011	nation that may al	icci payer p	noces	Joing.
escript				nation that may af	fect naver r	roces	ssing
ength: ield 76:		Z	1	Туре:	Alphanume	HC .	
-	g Position:	515 2		Data Source:	Claim	ric	
	cheme:	Same as Field CO		N_CODE_1.			
escript				dition relating to t	he claim.		
ield 75:		CONDITION_	CODE		. apriariaria		
eginnin ength:	g Position:	513 2		Data Source: Type:	Claim Alphanume	ric	
	cheme:	Same as Field CO	ONDITIC		Claire		
escript		Code describing	g a con	dition relating to t	he claim.		
ield 74:		CONDITION_					
eginnin ength:	iy Position:	2		Data Source: Type:	Alphanume	ric	
	Scheme: Ig Position:	Same as Field CC 511	UNDITIC	N_CODE_1. Data Source:	Claim		
escript				dition relating to t	he claim.		
ield 73:		CONDITION_		6	•		
ength:		2		Type:	Alphanume	ric	
	Scheme: Ig Position:	Same as Field CO	JILIUULIC	DN_CODE_1. Data Source:	Claim		
escrip				dition relating to t	he claim.		
ield 72		CONDITION_					
ength:		2		Туре:	Alphanume	ric	
	g Position:	507		Data Source:	Claim		
-	ion: Scheme:	Same as Field CO			ne ciaim.		
ield 71: Descript		CONDITION_		_4 dition relating to t	ha claim		
ength:		2		Туре:	Alphanume	ric	
Beginnin	g Position:	505		Data Source:	Claim		
•	Scheme:	Same as Field 68					
ield 70: Descript		CONDITION_		_3 dition relating to t	he claim		
ength:		2	<u> </u>	Туре:	Alphanume	ric	
Beginnin	g Position:	503		Data Source:	Claim		
Coding S		Same as Field CO	y a con DNDITIC	dition relating to t N_CODE_1.	ne ciaim.		
ield 69: Descript		CONDITION_		-	ha claim		
ength:	-	2		Туре:	Alphanume	ric	
Beginnin	g Position:	501		Data Source:	Claim		
	Specified in R	nd Omissions not 1-R5 above		Code - Faulty Evidenc	e	W5	Level III Appeal
	Code - Other	Clerical Errors or	R9	Request for reopening		W4	Level II Appeal
R6	•	opening Reason	E		Evidence		Level I Appeal
	Code - Incorre Duplicate Clai	ectly Identified	R8	Request for reopening Code - New and Mate		W2	Duplicate of Original Bill
R5	•	opening Reason		clerical errors			Indicator
R4 Request for rec Code - Comput		opening Reason ter Errors	R7	Request for reopening Code - Corrections otl		WO	United Mine Workers of America (UMWA) Demonstration

26	Offset to the patient - payment amount - hearing and ear	53
27	services	54
27	Offset to the patient - payment amount - vision and eye services	55
28	Offset to the patient - payment amount - dental services	56
29	Offset to the patient - payment amount - chiropractic services	57
30	Preadmission testing	58
31	Patient Liability Amount	59
32	Multiple patient ambulance transport	60 61
33	Offset to the patient - payment amount - podiatric services	01
34	Offset to the patient - payment amount - other medical	66
25	services	67
35	Offset to the patient - payment amount - health insurance premiums	68
37	Units of blood furnished	69
38	Blood deductible units	80
39	Units of blood replaced	81
40	New coverage not implemented by HMO	82
41	Black lung	83
42	VA	84
43	Disabled beneficiary under age 65 with LGHP	A0
44	Amount provider agreed to accept from primary payer	A1 A2
	when this amount is less than charges but higher than	A3
45	payment received Accident hour	A4
46	Number of grace days	
47	Any liability insurance	A5
48	Hemoglobin reading	
49	Hematocrit reading	A6
50	Physical Therapy visits	A7
		A8
51	Occupational Therapy visits	
52	Speech Therapy visits	A9

53	Cardiac rehab visits	AA	Regulatory surcharges, assessments, allowances or
54	Newborn birth weight in grams		health care related taxes - payer A
55	Eligibility threshold for charity care	AB	Other assessments or allowances (e.g., medical
56	Skilled nurse - home visit hours	D1	education) - payer A
57	Home health aide - home visit hours	B1 B2	Deductible payer B
58	Arterial blood gas	DΖ	Coinsurance payer B
59	Oxygen saturation	B3	Estimated responsibility payer B
60	HHA branch MSA	B7	Co-payment payer B
61	Place of Residence where service is furnished (HHA and hospice)	BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
66	Medicaid spend down amount	BB	Other assessments or allowances (e.g., medical
67	Peritoneal dialysis	C1	education) - payer B Deductible payer C
68	EPO-drug		
69	State charity care percentage	C2	Coinsurance payer C
80	Covered Days	C3	Estimated responsibility payer C
81	Non-covered Days	C7	Co-payment payer C
82	Co-insurance Days	CA	Regulatory surcharges, assessments, allowances or
83	Lifetime Reserve Days		health care related taxes - payer C
84	Shorter Duration Hemodialysis	СВ	Other assessments or allowances (e.g., medical
A0	Special zip code reporting	D3	education) - payer C Patient estimated responsibility
A1	Deductible payer A	D4	Clinical Trial Number Assigned
A2	Coinsurance payer A	D5	by NLM/NIH Last Kt/V Reading
A3	Estimated responsibility payer A	FC	Patient Paid Amount
A4	Covered self-administrable drugs - emergency	FD	Credit Received from the
A5	Covered self-administrable		Manufacturer for a Medical Device
	drugs - administrable in form and situation furnished to patient	G8	Facility where Inpatient Hospice Service is Delivered
A6	Covered self-administrable drugs - diagnostic study and	Y1	Part A Demonstration Payment
. 7	other	Y2	Part B Demonstration Payment
A7	Co-payment payer A	Y3	Part B Coinsurance
A8	Patient weight	Y4	Conventional Provider Payment
A9	Patient height	Y5	Part B Deductible

Beginning Position:	517	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 77:	VALUE_AMOUNT_1			
Description:	Dollar amount that may	Dollar amount that may be affected.		
Beginning Position:	519	Data Source:	Claim	
Length:	9	Туре:	Alphanumeric	
Field 78:	VALUE_CODE_2			
Description:	Code describing information that may affect payer processing.			
DSHS/THCIC		Page	DSHS Document #25-15013	
www.dshs.texas.gov/THCIC		42	Last Updated: February, 2023	

Coding Scheme:	Same as Field VALUE_CO	DDE_1.	
Beginning Position:	528	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 79:	VALUE_AMOUNT_2		
Description:	Dollar amount that ma	ay be affected.	
Beginning Position:	530	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 80:	VALUE_CODE_3		
Description:		nation that may af	ffect payer processing.
Coding Scheme:	Same as Field VALUE CO		. ,
Beginning Position:	539	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 81:	VALUE_AMOUNT_3		
Description:	Dollar amount that ma	ay be affected.	
Beginning Position:	541	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 82:	VALUE_CODE_4		· ·
Description:		nation that may a	ffect payer processing.
Coding Scheme:	Same as Field VALUE CO		
Beginning Position:	550	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 83:	VALUE_AMOUNT_4		b - arreation
Description:	Dollar amount that ma	av he affected	
Beginning Position:	552	Data Source:	Claim
Length:	9	Type:	Alphanumeric
Field 84:	VALUE_CODE_5	.,	Agnanamene
Description:		nation that may a	ffect naver processing
Coding Scheme:	Same as Field VALUE CO		ffect payer processing.
Beginning Position:	561	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 85:	VALUE_AMOUNT_5	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Aphandmene
		av ha affected	
Description:	Dollar amount that ma		Claim
Beginning Position:	563 9	Data Source:	Claim
Length: Field 86:	-	Туре:	Alphanumeric
	VALUE_CODE_6	notion that	
Description:			ffect payer processing.
Coding Scheme:	Same as Field VALUE_CO		Claim
Beginning Position:	572	Data Source:	Claim
Length:		Туре:	Alphanumeric
Field 87:	VALUE_AMOUNT_6		
Description:	Dollar amount that ma	-	
Beginning Position:	574	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 88:	VALUE_CODE_7		
Description:			ffect payer processing.
Coding Scheme:	Same as Field VALUE_CO		
Beginning Position:	583	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 89:	VALUE_AMOUNT_7		
Description:	Dollar amount that ma	ay be affected.	
Beginning Position:	585	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 90:	VALUE_CODE_8		
Description:	Code describing inforr	mation that may al	ffect payer processing.
-	Same as Field VALUE CO		-
Coding Scheme:	Sume us mela VALOE_CO		Claim
	594	Data Source:	Claim
Beginning Position: Length:	594 2	Data Source: Type:	Alphanumeric
Beginning Position: Length:	594		
Beginning Position: Length: Field 91:	594 2 VALUE_AMOUNT_8	Туре:	
Coding Scheme: Beginning Position: Length: Field 91: Description: Beginning Position:	594 2 VALUE_AMOUNT_8 Dollar amount that ma	Type: ay be affected.	Alphanumeric
Beginning Position: Length: Field 91: Description: Beginning Position:	594 2 VALUE_AMOUNT_8	Type: ay be affected. Data Source:	Alphanumeric Claim
Beginning Position: Length: Field 91: Description:	594 2 VALUE_AMOUNT_8 Dollar amount that ma 596 9	Type: ay be affected.	Alphanumeric
Beginning Position: Length: Field 91: Description: Beginning Position: Length: Field 92:	594 2 VALUE_AMOUNT_8 Dollar amount that ma 596	Type: ay be affected. Data Source: Type:	Alphanumeric Claim Alphanumeric
Beginning Position: Length: Field 91: Description: Beginning Position: Length:	594 2 VALUE_AMOUNT_8 Dollar amount that ma 596 9 VALUE_CODE_9	Type: ay be affected. Data Source:	Alphanumeric Claim

Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	605	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 93:	VALUE_AMOUNT_9		
Description:	Dollar amount that may	be affected.	
Beginning Position:	607	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 94:	VALUE_CODE_10		
Description:	Code describing informat	ion that may af	fect payer processing.
Coding Scheme:	Same as Field VALUE_CODE	_1.	
Beginning Position:	616	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 95:	VALUE_AMOUNT_10		
Description:	Dollar amount that may	be affected.	
Beginning Position:	618	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 96:	VALUE_CODE_11		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE	Same as Field VALUE_CODE_1.	
Beginning Position:	627	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 97:	VALUE_AMOUNT_11		
Description:	Dollar amount that may	be affected.	
Beginning Position:	629	Data Source:	Claim
Length:	9	Туре:	Alphanumeric
Field 98:	VALUE_CODE_12		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	638	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 99:	VALUE_AMOUNT_12		
Description:	Dollar amount that may	be affected.	
Beginning Position:	640	Data Source:	Claim
Length:	9	Туре:	Alphanumeric

INPATIENT CHARGES DATA FILE

Field 1:		RECORD_II)					
Description:		Record Iden	tificatior				to identify the record. Firs	
		available 1 st	quarter				RD_ID in THCIC Research	
		Data Files (F	RDF's).					
Beginning Position: Length: Field 2:		1		Data Source:	Assigne			
		12		Туре:	Alphanu	umeric		
Descri			REVENUE_CODE Code corresponding to each specific accommodation, ancillary service or billing					
				the services being		lion, ai	icinary service of binning	
	Scheme:							
0100	All-inclusive roon ancillary	n charges plus	0132	Room charges for semi- - 3/4 beds - rooms - obs		0155	Room charges for ward rooms - hospice	
0101	All-inclusive roon	-	0133	Room charges for semi- - 3/4 beds - rooms - peo		0156	Room charges for ward rooms - detoxification	
0110	Room charges fo rooms - general	r private	0134	Room charges for semi- - 3/4 beds - rooms - psy		0157	Room charges for ward rooms - oncology	
0111	Room charges fo rooms - medical/		0135	Room charges for semi- - 3/4 beds - rooms - hos		0158	Room charges for ward rooms rehabilitation	
0112	Room charges fo rooms - obstetric		0136	Room charges for semi- - 3/4 beds - rooms -		0159	Room charges for ward rooms - other	
0113	Room charges fo rooms - pediatric		0137	detoxification Room charges for semi-	orivate	0160	Room charges for other rooms - general	
0114	Room charges fo rooms - psychiat		0138	- 3/4 beds - rooms - ond Room charges for semi-	ology	0164	Room charges for other rooms – Sterile Environment	
0115	Room charges fo rooms - hospice		0100	- 3/4 beds - rooms - rehabilitation		0167	Room charges for other rooms – self care	
0116	Room charges fo rooms - detoxific		0139	Room charges for semi- _l - 3/4 beds - rooms - oth		0169	Room charges for other rooms - other	
0117	Room charges fo rooms - oncology		0140	Room charges for private (deluxe) rooms - genera		0170	Room charges for nursery - general	
0118	Room charges fo rooms - rehabilit	r private	0141	Room charges for private (deluxe) rooms -	9	0171	Room charges for nursery - newborn level I	
0119	Room charges fo rooms - other		0142	medical/surgical/GYN Room charges for private		0172	Room charges for nursery - newborn level II	
0120	Room charges fo rooms - general	r semi-private	0143	(deluxe) rooms - obstetr Room charges for private		0173	Room charges for nursery - newborn level III	
0121	Room charges fo		0144	(deluxe) rooms - pediatr Room charges for private		0174	Room charges for nursery - newborn level IV	
0122	rooms - medical/ Room charges fo	r semi-private	0145	(deluxe) rooms - psychia Room charges for private	atric	0179	Room charges for nursery -	
0123	rooms - obstetric Room charges fo		5215	(deluxe) rooms - hospice	9	0180	other Room charges for LOA - general	
	rooms - pediatric	:	0146	Room charges for private (deluxe) rooms - detoxif		0182	Room charges for LOA - patient	
0124	Room charges fo rooms - psychiat	ric	0147	Room charges for private (deluxe) rooms - oncolog		0183	convenience-charges billable Room charges for LOA -	
0125	Room charges fo rooms - hospice	r semi-private	0148	Room charges for privat (deluxe) rooms - rehabil		0185	therapeutic leave Room charges for LOA –	
0126	Room charges fo rooms - detoxific		0149	Room charges for private (deluxe) rooms - other		0105	nursing home (for hospitalization)	
0127	Room charges fo rooms - oncology		0150	Room charges for ward i general	ooms -	0189	Room charges for LOA - other	
0128	Room charges fo rooms - rehabilit		0151	Room charges for ward i medical/surgical/GYN	ooms -	0190	Room charges for subacute care - general	
0129	Room charges fo rooms - other	r semi-private	0152	Room charges for ward i obstetrics	ooms -	0191	Room charges for subacute care - Level I (skilled care)	
0130	Room charges fo - 3/4 beds - roor		0153	Room charges for ward i	ooms -	0192	Room charges for subacute care - Level II (comprehensive	
0131	Room charges fo - 3/4 beds - roor medical/surgical/	ns -	0154	pediatric Room charges for ward ı psychiatric	ooms -		care)	
DSHS/	THCIC			Page			DSHS Document #25-15013	
	shs.texas.gov/TF	ICIC		1 age 45			Last Updated: February, 2023	

www.dshs.texas.gov/THCIC

45

0193	Room charges for subacute care - Level III (complex care)	02
0194	Room charges for subacute care - Level IV (intensive care)	02
0199	Room charges for subacute care - other	02
0200	Room charges for intensive	02
0201	care - general Room charges for intensive	02
0202	care - surgical Room charges for intensive	02
0203	care - medical Room charges for intensive	02 02
0204	care - pediatric Room charges for intensive	02
0206	care - psychiatric Room charges for intensive	02
0200	care - intermediate intensive care unit (ICU)	02
0207	Room charges for intensive care - burn care	02
0208	Room charges for intensive care - trauma	02
0209	Room charges for intensive care - other	02
0210	Room charges for coronary care	02
0211	- general Room charges for coronary care	02
0212	 myocardial infarction Room charges for coronary care 	02
0213	 pulmonary care Room charges for coronary care 	02
0215	- heart transplant	02
0214	Room charges for coronary care - intermediate coronary care unit (CCU)	02
0219	Room charges for coronary care - other	02
0220	Special charges - general	02
0221	Special charges - admission charge	02
0222	Special charges - technical support charge	02
0223	Special charges - UR service	02
0224	charge Special charges - late	02
0229	discharge, medically necessary Special charges - other	02
0230	Incremental nursing care -	02
0231	general Incremental nursing care -	02
0232	nursery Incremental nursing care - OB	02
0233	Incremental nursing care - ICU (includes transitional care)	02
0234	(includes transitional care) Incremental nursing care - CCU (includes transitional care)	02
0235	Incremental nursing care - hospice	02

0239	Incremental nursing care - other
0240	All-inclusive ancillary - general
0241	All-inclusive ancillary - basic
0242	All-inclusive ancillary - comprehensive
0243	All-inclusive ancillary - specialty
0249	All-inclusive ancillary - other
0250	Pharmacy - general
0251	Pharmacy - generic drugs
0252	Pharmacy - nongeneric drugs
0253	Pharmacy - take-home drugs
0254	Pharmacy - drugs incident to other diagnostic services
0255	Pharmacy - drugs incident to radiology
0256	Pharmacy - experimental drugs
0257	Pharmacy - nonprescription
0258	Pharmacy - IV solutions
0259	Pharmacy - other
0260	IV Therapy - general
0261	IV Therapy - infusion pump
0262	IV Therapy - pharmacy services
0263	IV Therapy - drug/supply delivery
0264	IV Therapy - supplies
0269	IV Therapy - other
0270	Medical surgical supplies and devices - general
0271	Medical surgical supplies and devices - nonsterile
0272	Medical surgical supplies and devices - sterile
0273	Medical surgical supplies and devices - take-home
0274	Medical surgical supplies and devices - prosthetic/orthotic
0275	Medical surgical supplies and devices - pacemaker
0276	Medical surgical supplies and devices - intraocular lens (IOL)
0277	Medical surgical supplies and devices - oxygen - take-home
0278	Medical surgical supplies and devices - other implants
0279	Medical surgical supplies and devices - other
0280	Oncology - general

0289	Oncology - other
0290	DME - general
0291	DME - rental
0292	DME - purchase of new
0293	DME - purchase of used
0294	DME - supplies/drugs for DME effectiveness
0299	DME - other equipment
0300	Laboratory - general
0301	Laboratory - chemistry
0302	Laboratory - immunology
0303	Laboratory - renal patient (home)
0304	Laboratory - nonroutine dialysis
0305	Laboratory - hematology
0306	Laboratory - bacteriology and microbiology
0307	Laboratory - urology
0309	Laboratory - other
0310	Laboratory pathological - general
0311	Laboratory pathological - cytology
0312	Laboratory pathological - histology
0314	Laboratory pathological - biopsy
0319	Laboratory pathological - other
0320	Radiology - diagnostic - general
0321	Radiology - diagnostic - angiocardiography
0322	Radiology - diagnostic - arthrography
0323	Radiology - diagnostic - arteriography
0324	Radiology - diagnostic - chest x-ray
0329	Radiology - diagnostic - other
0330	Radiology - therapeutic and/or chemotherapy administration - general
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy

DSHS/THCIC	
www.dshs.texas.go	v/THCIC

DSHS Document #25-15013
Last Updated: February, 2023

DSHS/	THCIC		Page
0389	Blood - other	0442	Speech-language pathology - hourly charge
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge
0386	Blood - other components	0440	Speech-language pathology - general
0385	Blood - leukocytes	0439	Occupational therapy - other
0384	Blood - platelets	0434	Occupational therapy - evaluation or reevaluation
0383	Blood - plasma	0433	Occupational therapy - group rate
0381	Blood - whole blood	0432	Occupational therapy - hourly charge
0380 0381	Blood - general Blood - packed red cells	0431	Occupational therapy - visit charge
0379	Anesthesia - other	0430	Occupational therapy - general
0374	Anesthesia - acupuncture	0429	Physical therapy - other
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate
0370	Anesthesia - general	0422	Physical therapy - hourly charge
0369	Operating room services - other	0421	Physical therapy - visit charge
0367	Operating room services - kidney transplant	0420	Physical therapy - general
	organ transplant other than kidney	0419	hyperbaric oxygen therapy Respiratory services - other
0362	minor surgery Operating room services -	0413	inhalation Respiratory services - hyperbaric oxygen therapy
0361	general Operating room services -	0412	Respiratory services -
0360	Operating room services -	0410	Respiratory services - general
0359	CT scan - other	0409	Other imaging services - other
0351 0352	CT scan - head CT scan - body	0404	screening mammography Other imaging services - PET
0350	CT scan - general	0403	ultrasound Other imaging services -
0349	Nuclear medicine - other	0402	diagnostic mammography Other imaging services -
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0401	Other imaging services -
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general
0342	Nuclear medicine - therapeutic procedures		administration, storage and processing - other
0341	Nuclear medicine - diagnostic procedures	0399	storage Blood and blood component
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and processing – processing and
0339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0390	Blood and blood component administration, storage and processing - general

0443	Speech-language pathology - group rate
0444	Speech-language pathology - evaluation or reevaluation
0449	Speech-language pathology - other
0450	Emergency room - general
0451	Emergency room - EMTALA emergency medical screening services
0452	Emergency room - beyond EMTALA screening
0456	Emergency room - urgent care
0459	Emergency room - other
0460	Pulmonary function - general
0469	Pulmonary function - other
0470	Audiology - general
0471	Audiology - diagnostic
0472	Audiology - treatment
0479	Audiology - other
0480	Cardiology - general
0481	Cardiology - cardiac cath lab
0482	Cardiology - stress test
0483	Cardiology - echocardiology
0489	Cardiology - other
0490	Ambulatory surgical care - general
0499	Ambulatory surgical care -
0500	other Outpatient services - general
0509	Outpatient services - other
0510	Clinic - general
0511	Clinic - chronic pain
0512	Clinic - dental
0513	Clinic - psychiatric
0514	Clinic - OB/GYN
0515	Clinic - pediatric
0516	Clinic - urgent care
0517	Clinic - family practice
0519	Clinic - other
0520	Freestanding Clinic - general
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
	DSHS Document #25-15013 ast Updated: February, 2023
I	Jasi UDualeu, February, 2023

www.dshs.texas.gov/THCIC

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	
0523	Freestanding Clinic - family practice	
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A 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	
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area	
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)	
0529	Freestanding Clinic - other	
0530	Osteopathic service - general	
0531	Osteopathic service - therapy	
0539	Osteopathic service - other	
0540	Ambulance service - general	
0541	Ambulance service - supplies	
0542	Ambulance service - medical transport	
0543	Ambulance service - heart mobile	
0544	Ambulance service - oxygen	
0545	Ambulance service - air ambulance	
0546	Ambulance service - neonatal	
0547	Ambulance service - pharmacy	
0548	Ambulance service - telephone transmission EKG	
0549	Ambulance service - other	
0550	Skilled nursing - general	
0551	Skilled nursing - visit charge	
0552	Skilled nursing - hourly charge	
0559	Skilled nursing - other	
0560	Medical social services - general	
0561	Medical social services - visit charge	
DSHS/THCIC		
www.de	DELEVAS COV/ LHE H	

0562	Medical social services - hourly charge
0569	Medical social services - other
0570	Home health aide - general
0571	Home health aide - visit charge
0572	Home health aide - hourly charge
0579	Home health aide - other
0580	Other visits (home health) - general
0581	Other visits (home health) - visit charge
0582	Other visits (home health) - hourly charge
0583	Other visits (home health) - assessment
0589	Other visits (home health) - other
0590	Units of service (home health) - general
0600	Oxygen (home health) - general
0601	Oxygen (home health) - stat/equip/supply or contents
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0604	Oxygen (home health) - portable add-in
0609	Oxygen (home health) - other
0610	Magnetic Resonance Technology (MRT) - MRI - general
0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0614	Magnetic Resonance Technology (MRT) - MRI - other
0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0616	Magnetic Resonance Technology (MRT) - MRA – Iower extremities
0618	Magnetic Resonance Technology (MRT) - MRA – other
0619	Magnetic Resonance Technology (MRT) - Other MRT
0621	Medical/surgical supplies - incident to radiology
	D

0622	Medical/surgical supplies - incident to other diagnostic services
0623	Medical/surgical supplies - surgical dressings
0624	Medical/surgical supplies - FDA investigational devices
0631	Drugs requiring specific identification - single source
0632	Drugs requiring specific identification - multiple source
0633	Drugs requiring specific identification - restrictive prescription
0634	Drugs requiring specific identification - EPO, less than 10,000 units
0635	Drugs requiring specific identification - EPO, 10,000 or
0636	more units Drugs requiring specific identification - requiring
0637	detailed coding Drugs requiring specific identification - self-
0640	administrable Home IV therapy services -
0641	general Home IV therapy services -
0642	nonroutine nursing, central line Home IV therapy services - IV site care, central line
0643	Home IV therapy services - IV start/change, peripheral line
0644	Home IV therapy services - nonroutine nursing, peripheral line
0645	Home IV therapy services - training patient/caregiver, central line
0646	Home IV therapy services - training, disabled patient, central line
0647	Home IV therapy services - training, patient/caregiver, peripheral
0648	Home IV therapy services - training, disabled patient, peripheral
0649	Home IV therapy services - other
0650	Hospice services - general
0651	Hospice services - routine home care
0652	Hospice services - continuous home care
0655	Hospice services - inpatient respite care
0656	Hospice services - general inpatient care (nonrespite)
0657	Hospice services - physician services
0658	Hospice services - room and board - nursing facility
	DSHS Document #25-15013
	Last Updated: February, 2023

www.dshs.texas.gov/THCIC

0659	Hospice services - other
0660	Respite care - general
0661	Respite care - hourly charge/skilled nursing
0662	Respite care - hourly charge/aide/homemaker/compa nion
0663	Respite care - daily charge
0669	Respite care - other
0670	Outpatient special residence - general
0671	Outpatient special residence - hospital based
0672	Outpatient special residence - contracted
0679	Outpatient special residence - other
0681	Trauma response - level I
0682	Trauma response - level II
0683	Trauma response - level III
0684	Trauma response - level IV
0689	Trauma response - other
0690	Pre-hospice/Palliative Care Services - general
0691	Pre-hospice/Palliative Care Services – visit charge
0692	Pre-hospice/Palliative Care Services – hourly charge
0693	Pre-hospice/Palliative Care Services - evaluation
0694	Pre-hospice/Palliative Care Services – consultation and education
0695	Pre-hospice/Palliative Care Services – inpatient care
0696	Pre-hospice/Palliative Care Services – physician services
0699	Pre-hospice/Palliative Care Services - other
0700	Cast Room services - general
0710	Recovery Room services - general
0720	Labor/Delivery Room services - general
0721	Labor/Delivery Room services - labor
0722	Labor/Delivery Room services - delivery
0723	Labor/Delivery Room services - circumcision
0724	Labor/Delivery Room services - birthing center
0729	Labor/Delivery Room services - other

0730	EKG/ECG services - general
0731	EKG/ECG services - holter monitor
0732	EKG/ECG services - telemetry
0739	EKG/ECG services - other
0740	EEG services - general
0750	Gastrointestinal services - general
0760	Treatment or observation room services - general
0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0762	Specialty Room - Treatment/ Observation Room - Observation Room
0769	Treatment or observation room services - other
0770	Preventive care services - general
0771	Preventive care services - vaccine administration
0780	Telemedicine services - general
0790	Extra-corporeal shockwave therapy - general
0800	Inpatient renal dialysis services - general
0801	Inpatient renal dialysis services - hemodialysis
0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0809	Inpatient renal dialysis services - other
0810	Acquisition of body components- general
0811	Acquisition of body components - living donor
0812	Acquisition of body components - cadaver donor
0813	Acquisition of body components - unknown donor
0814	Acquisition of body components - unsuccessful organ search- donor bank charges
0815	Acquisition of body components – stem cells- allogeneic
0819	Acquisition of body components - other donor
0820	Hemodialysis - outpatient or home - general

0821	Hemodialysis - outpatient or home - composite or other rate
0822	Hemodialysis - outpatient or home – home supplies
0823	Hemodialysis - outpatient or home – home equipment
0824	Hemodialysis - outpatient or home – maintenance 100%
0825	Hemodialysis - outpatient or home - support services
0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0829	Hemodialysis - outpatient or home - other
0830	Peritoneal dialysis - outpatient or home - general
0831	Peritoneal dialysis - outpatient or home - composite or other rate
0832	Peritoneal dialysis - outpatient or home – home supplies
0833	Peritoneal dialysis - outpatient or home – home equipment
0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0835	Peritoneal dialysis - outpatient or home - support services
0839	Peritoneal dialysis - outpatient or home - other
0840	CAPD - outpatient or home - general
0841	CAPD - outpatient or home - composite or other rate
0842	CAPD - outpatient or home – home supplies
0843	CAPD - outpatient or home – home equipment
0844	CAPD - outpatient or home – maintenance 100%
0845	CAPD - outpatient or home - support services
0849	CAPD - outpatient or home - other
0850	CCPD - outpatient or home - general
0851	CCPD - outpatient or home - composite or other rate
0852	CCPD - outpatient or home - home supplies
0853	CCPD - outpatient or home - home equipment
0854	CCPD - outpatient or home - maintenance 100%
0855	CCPD - outpatient or home - support services
0859	CCPD - outpatient or home - other
0860	Magnetoencephalography (MEG) - General
0861	Magnetoencephalography (MEG) - MEG
	DSHS Document #25-15013

DSHS Document #25-15013 Last Updated: February, 2023

0880	Miscellaneous dialysis - general	0924
0881	Miscellaneous dialysis - ultrafiltration	0925
0882	Miscellaneous dialysis - home aide visit	0929
0889	Miscellaneous dialysis - other	0931
0900	Behavior health treatments/services - general	0932
0901	Behavior health treatments/services -	0940
0902	electroshock Behavior health	0941
	treatments/services - milieu therapy	0942
0903	Behavioral health treatments/services - play therapy	0943
0904	Behavior health treatments/services - activity	0944
0905	therapy Behavior health	0945
0000	treatments/services - intensive outpatient services - psychiatric	0946
0906	Behavior health treatments/services - intensive outpatient services - chemical dependency	0947
0907	Behavior health treatments/services -	0948
	community behavioral health program	0949
0911	Behavior health treatment/services - rehabilitation	0951
0912	Behavior health treatment/services - partial	0952
0913	hospitalization - less intensive Behavior health	0953
	treatment/services - partial hospitalization - intensive	0960
0914	Behavior health treatment/services - individual therapy	0961
0915	Behavior health treatment/services - group	0962
0916	therapy Behavior health	0963
	treatment/services - family therapy	0964
0917	Behavior health treatment/services - biofeedback	0969
0918	Behavior health treatment/services - testing	0971
0919	Behavior health treatment/services - other	0972
0920	Other diagnostic services - general	0973
0921	Other diagnostic services - peripheral vascular lab	0974
0922	Other diagnostic services - electromyogram	0975
0923	Other diagnostic services - pap smear	0976

924	Other diagnostic services - allergy test
)925	Other diagnostic services - pregnancy test
)929	Other diagnostic services - other
931	Medical rehabilitation day program - half day
932	Medical rehabilitation day program - full day
)940	Other therapeutic services - general
941	Other therapeutic services - recreational therapy
)942	Other therapeutic services - education/training
)943	Other therapeutic services - cardiac rehabilitation
)944	Other therapeutic services - drug rehabilitation
)945	Other therapeutic services - alcohol rehabilitation
946	Other therapeutic services - complex medical equipment - routine
)947	Other therapeutic services - complex medical equipment - ancillary
948	Other therapeutic services – pulmonary rehabilitation
)949	Other therapeutic services - other
951	Other therapeutic services – athletic training
952	Other therapeutic services - kinesiotherapy
953	Other therapeutic services – chemical dependency (drug and alcohol)
960	Professional fees - general
961	Professional fees - psychiatric
962	Professional fees - ophthalmology
963	Professional fees - anesthesiologist (MD)
964	Professional fees - anesthetist (CRNA)
969	Professional fees - other
971	Professional fees - laboratory
972	Professional fees - radiology - diagnostic
973	Professional fees - radiology - therapeutic
974	Professional fees - radiology - nuclear medicine
975	Professional fees - operating room
976	Professional fees - respiratory therapy

0977	Professional fees - physical therapy
0978	Professional fees - occupational therapy
0979	Professional fees - speech therapy
0981	Professional fees - emergency room
0982	Professional fees - outpatient services
0983	Professional fees - clinic
0984	Professional fees - medical social services
0985	Professional fees - EKG
0986	Professional fees - EEG
0987	Professional fees - hospital visit
0988	Professional fees - consultation
0989	Professional fees - private duty nurse
0990	Patient convenience items - general
0991	Patient convenience items - cafeteria/guest tray
0992	Patient convenience items - private linen service
0993	Patient convenience items - telephone/telegraph
0994	Patient convenience items - TV/radio
0995	Patient convenience items - nonpatient room rentals
0996	Patient convenience items - late discharge charge
0997	Patient convenience items - admission kits
0998	Patient convenience items - beauty shop/barber
0999	Patient convenience items - other
1000	Behavior health accommodations - general
1001	Behavior health accommodations - residential treatment - psychiatric
1002	Behavior health accommodations - residential treatment - chemical dependency
1003	Behavior health accommodations - supervised living
1004	Behavior health accommodations - halfway house
1005	Behavior health accommodations - group home
2100	Alternative therapy services - general

DSHS/THCIC

DSHS Document #25-15013 Last Updated: February, 2023

2101	Alternative therapy services - acupuncture	2105	Alternative therapy services - biofeedback	3102	Adult day care, social - hourly
2102	Alternative therapy services - acupressure	2106	Alternative therapy services - hypnosis	3103	Adult day care, medical and social - daily
2103	Alternative therapy services - massage	2109	Alternative therapy services - other	3104	Adult day care, social - daily
2104	Alternative therapy services - reflexology	3101	Adult day care, medical and social - hourly	3105	Adult foster care - daily
			-	3109	Adult foster care - other

Length:		4		Туре:	Alphar	numeri	C
Field		HCPCS_QU					
Desc	cription:			he type/source of the o	descript	ive nu	Imber used in
De -!	nning Desition	HCPCS_PRO	CEDU	_	Claim		
Leng	nning Position:	17 2		Data Source: Type:	Claim Alphar	numeri	
Field			OCED	URE_CODE	лрпа	unich	
	ription:				n (HCPC	CS) co	de applicable to ancillary
	•	services or a			(,	
Codi	ng Scheme:	See http://ww	vw.cm	s.hhs.gov/HCPCSRelease	CodeSets	ANHC	CPCS/list.asp for complete list.
	nning Position:	19		Data Source:	Claim		
Leng		5		Туре:	Alphar	numeri	C
Field	-	MODIFIER				~	
	ription:	Identifies sp	ecial	circumstances related t	to the p	erforr	nance of the service
	ng Scheme:						
22	Increased procedur	al services	59	Distinct Procedural Service		91	Repeat Clinical Diagnostic Laboratory Test
23	Unusual Anesthesia	I	62	Two Surgeons		92	Alternative Laboratory Platform
24	Unrelated Evaluation		63	Procedure Performed on In	fants	52	Testing
	Management Servio Physician or Other			less than 4kg		95	Synchronous Telemedicine Servio
	Care Professional d	•	66	Surgical Team			Rendered Via a Real-Time Interactive Audio and Video
	Postoperative Perio	d	73	Discontinued Outpatient	M (Telecommunications System
25 Significant, Separat Evaluation and Man Service by the Sam Other Qualified Hea Professional on the the Procedure or Ot				Hospital/Ambulatory Surge Center (ASC) Procedure pri		99	Multiple Modifiers
				the Administration of Anesthesia Discontinued Outpatient		1P	Performance Measure Exclusion
		Ith Care 74 Same Day of				Modifier due to Medical Reasons	
				Hospital/Ambulatory Surgery Center (ASC) Procedure after		2P	Performance Measure Exclusion
26	Professional Compo			Administration of Anesthesia			Modifier due to Patient Reasons
27	Multiple Outpatient		76	Repeat Procedure by Same		3P	Performance Measure Exclusion Modifier due to System Reasons
27	Encounters on the			Physician or Other Qualified Care Professional	d Health	8P	Performance Measure Reporting
32	Mandated Services		77	Repeat Procedure by Anoth	er		Modifier- Action not performed,
33	Preventive Service		.,	Physician or Other Qualified		54	reason not otherwise specified
47	Anesthesia by Surg	eon	_	Care Professional		P1	A normal healthy patient
			78	Unplanned Return to the Operating/Procedure Room	hy the	P2	A patient with mild systemic disease
50	Bilateral Procedure			Same Physician or Other Q		P3	A patient with severe systemic
51	Multiple Procedures	5		Health Care Professional Fo		.5	disease
52	Reduced Services			Initial Procedure for a Relat Procedure During the	lea	P4	A patient with severe systemic
53	Discontinued Proce	dure		Postoperative Period			disease that is a constant threat life
54	Surgical Care Only		79	Unrelated Procedure or Ser		Р5	A moribund patient who is not
55	Postoperative Mana	agement Only		the Same Physician or Othe Qualified Health Care Profe		гJ	expected to survive without the
56	Preoperative Manag			During the Postoperative P			operation
57			80	Assistant Surgeon		P6	A declared brain-dead patient
	Decision for Surger		81	Minimum Assistant Surgeor	n		whose organs are being removed for donor purposes
58	Staged or Related I Service by the Sam		82	Repeat procedure by same		E1	Upper left eyelid
	Other Qualified Hea	alth Care		physician		E2	Lower left eyelid
Professional Duri		the d	90	Reference (Outside) Labora	atory	E3	Upper right eyelid

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	51	Last Updated: February, 2023

E4	Lower right eyelid		GH	Diagnostic mammogram		Τ1	Left foot, second digit	
F1	Left hand, second di	git		converted from screenin mammogram on same c	-	T2	Left foot, third digit	
F2	Left hand, third digit	and, third digit		Left circumflex coronary	'	Т3	Left foot, fourth digit	
F3	Left hand, fourth dig	jit	LD	Left anterior descending	coronary	T4	Left foot, fifth digit	
F4	Left hand, fifth digit			artery		Т5	Right foot, great toe	
F5	Right hand, thumb		LM	Left main coronary arter	•	Т6	Right foot, second digit	
F6	Right hand, second	digit	LT	Left side of the body pro		Т7	Right foot, third digit	
F7	Right hand, third dig	git	Q M	Ambulance service provi arrangement by a provid		Т8	Right foot, fourth digit	
F8	Right hand, fourth d		••	services		Т9	Right foot, fifth digit	
F9	Right hand, fifth digi		QN	Ambulance service furni directly by a provider of		ТА	Left foot, great toe	
FA	Left hand, thumb		RC	Right coronary artery		XE	Separate Encounter	
GG	Performance and pa		RI	Ramus intermedius coro	nary	XS	Separate Structure	
	screening mammogr diagnostic mammog			artery Bisht side of the hadron		XP	Separate Practitioner	
	same patient, same		RT	Right side of the body p	rocedure	XU	Unusual Non-Overlapping Service	
Beai	nning Position:	24		Data Source	e: Claim	ı		
Leng	-	2		Type:		anume	ric	
Field		MODIFI	ER 2					
Desc	cription:			circumstances relate	ed to the	perfor	mance of the service.	
	na Scheme:		Field MOD					
	nning Position:	26		Data Source	e: Claim	ı		
Leng	-	20		Type:		anume	ric	
Field			FD ?	iype.		munie		
	ription:			circumstancos rolat	ad to the	norfor	mance of the service.	
	ng Scheme:		s special Field MOD			perior		
	nning Position:	28		Data Source	e: Claim	า		
Leng	-	2		Туре:		anume	<u>ric</u>	
Field	18:	MODIFI		**	· ·			
Desc	cription:			circumstances relate	ed to the i	perfor	mance of the service.	
	ng Scheme:	Same as	Field MOD	IFIER_1				
-	nning Position:	30		Data Source				
Leng		2		Туре:	Alpha	anume	ric	
Field	-			EMENT_CODE		_		
Desc	cription:	Code spe	ecifying t	he units in which a v	alue is be	eing e	xpressed.	
Codi	ng Scheme:	DA I	Days			-		
			Internatio	nal unit				
			Jnit					
-	nning Position:	32		Data Source				
Leng		2		Туре:	Alpha	anume	ric	
Field			OF_SER					
Desc	Description: Numeric		value of	quantity				
Begi		34				Claim		
-	nning Position:	34		Data Source	e: Claim	ı		
Leng	jth:	7		Data Source Type:	e: Claim Nume			
Leng Field	jth:		ATE					

Field 11:	UNIT_RATE		
Description:	Rate per unit		
Beginning Position:	41	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 12:	CHRGS_LINE_ITEM		
Description:	Total amount of the ch	arge	
Beginning Position:	53	Data Source:	Assigned
Length:	14	Type:	Numeric
Field 13:	CHRGS_NON_COV		
Description:	Total non-covered amo	ount of the charge	
Beginning Position:	67	Data Source:	Assigned
Length:	14	Type:	Numeric

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	52	Last Updated: February, 2023

INPATIENT GROUPER DATA FILE

T ' 111	DECORD ID
Field 1:	RECORD_ID
Description:	Record Identification Number. Unique number assigned to identify the record. First available
Desimulas Desitions	1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1Data Source:Assigned12Type:Alphanumeric
Length:	
Field 3:	FROZEN_MS_DRG
Description:	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as
Desimulus Desitions	assigned for hospital payment for Medicare beneficiaries.
Beginning Position:	13Data Source:Assigned3Type:Alphanumeric
Length: Field 2:	
	FROZEN_MS_MDC
Description:	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services
	(CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004.
Doginaing Dogition.	
Beginning Position:	16Data Source:Assigned2Type:Alphanumeric
Length: Field 4:	2 Type: Alphanumeric FROZEN_MS_GRP_VER
	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and
Description:	
	previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes
Doginaing Dogition.	
Beginning Position:	e
Length: Field 5:	
	FROZEN_MS_GRP_ERROR_CODE
Description:	Error codes identify potential variations with MS DRG code assignment 00 No error DRC encoded 19 DisableHac = 0 and at least one HAC POA is invalid or
Coding Scheme:	⁰⁰ No errors. DRG successfully assigned. ¹⁹ DisableHac = 0 and at least one HAC POA is invalid or exempt
	01 Diagnosis code cannot be used as principal 20 DisableHac is invalid and at least one HAC POA is N or
	diagnosis U
	⁰² Record does not meet criteria for any DRG ²¹ DisableHac is invalid and at least one HAC POA is
	03Invalid Age22DisableHac = 0 and at least one HAC POA is exempt
	04 Invalid Sex 23 DisableHac is invalid and at least one HAC POA is
	exempt
	⁰⁵ Invalid Discharge Status ²⁴ DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	10 25 Disable Hac is invalid and there are multiple HACs that
	have different HAC POA values that are not Y or W
	11 Invalid Principal Diagnosis
Beginning Position:	23 Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 7:	FROZEN_APR_DRG
Description:	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG
D !!	Grouper
Beginning Position:	25 Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 8:	FROZEN_RISK_MORTALITY
Description:	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related
Coding Sohomor	Group (DRG) from the 3M [™] APR-DRG Grouper. Indicates the likelihood of dying.
Coding Scheme:	2 Moderate
	3 Major
	4 Extreme
Beginning Position:	28 Data Source: Assigned
Length:	1 Type: Alphanumeric
Field 9:	FROZEN_ILLNESS_SEVERITY
DSHS/THCIC	Page DSHS Document #25-15013
www.dshs.texas.gov/7	

Description:			m the All Patient Refined (APR) Diagnosis Relate ouper. Indicates the extent of physiologic
	decompensation.		oupon marcares are entent of physiclogic
Coding Scheme:	1 Minor		
9 • • • •	2 Moderate		
	3 Major 4 Extreme		
	4 Extreme 0 No class specified		
Beginning Position:	29	Data Source:	Assigned
Length:	1	Туре:	Alphanumeric
Field 6:	FROZEN_APR_MDC		
Description:			ned by 3M [™] APR-DRG Grouper.
Beginning Position:	30	Data Source:	Assigned
Length:	2	Туре:	Alphanumeric
Field 10:	FROZEN_APR_GRP_V		
Description:			d Grouper version used to assign APR DRG codes
D · · D · / ·			s and, Severity of Illness rankings
Beginning Position:	32	Data Source:	Assigned
Length: Field 11:	5 EDOZEN ADD CDD EI	Type:	Alphanumeric
	FROZEN_APR_GRP_E		h ADD DDC and a aggignment
Description:	• •		h APR DRG code assignment
Coding Scheme:	 00 No errors. DRG successful 01 Diagnosis code cannot be principal diagnosis 		Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt
	02 Record does not meet crite DRG	eria for any 20	DisableHac is invalid and at least one HAC POA is N or
	03 Invalid Age	21	DisableHac is invalid and at least one HAC POA is inval- or exempt
	04 Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
	05 Invalid Discharge Status06 Invalid birthweight (AP &	APR only) 23 24	DisableHac is invalid and at least one HAC POA is exem DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	09 Invalid discharge age in da APR only)	•	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
Beginning Position:	 Invalid Principal Diagnosis 37 	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 13:	MS_DRG	-5100	
Description:			(CMS) Diagnosis Related Group (DRG), as
Beginning Position:	39	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 12:	MS MDC	v 1	▲ 100 - 100 - 100
Description:	—	(MDC) as assign	ned by Centers for Medicare and Medicaid Service
▲ ·			ministration (HCFA)) for hospital payment for
	Medicare beneficiaries. Fir		
Beginning Position:	42	Data Source:	Assigned
Length:	2	Туре:	Alphanumeric
Field 14:	MS_GRP_VER		
Description:			Grouper (formerly CMS DRG Grouper and
	previously reported as HCl and, MS MDC codes	FA_GROUPER_V	VERSION_NBR) version used to assign MS DRG
Beginning Position:	44	Data Source:	Assigned
Length:	5	Туре:	Alphanumeric
Field 15:	MS_GRP_ERROR_COL		
Description:	Error codes identify potent	ial variations with	n MS DRG code assignment
Coding Scheme:	00 No errors. DRG successful		19 DisableHac = 0 and at least one HAC POA is invalid or exempt
DSHS/THCIC		Dogo	DSUS Document #25 15012
	FLICIC	Page	DSHS Document #25-15013

Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3M APF 58 5 APF	TM All Patient Refined D R MDC codes, Risk of M R_GRP_ERROR_COD	Iortality rankin Data Source Type: DE al variations w v assigned. 1 ed as 1 a for any 2 2 2	ngs an : A A	Arouper version used to assign APR DRG codes and,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or 1 DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U DSHS Document #25-15013
Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3M APF 58 5 APF Erro 00 01 02 03 04 05	TM All Patient Refined D MDC codes, Risk of M R_GRP_ERROR_COD or codes identify potentia No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteria DRG Invalid Age Invalid Sex Invalid Discharge Status	Iortality rankin Data Source Type: DE al variations w v assigned. 1 ed as 1 a for any 2 2 2	ngs an <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i>	nd, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or 1 DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have
Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: Coding Scheme:	3M APF 58 5 APF Erro 00 01 02 03 04	TM All Patient Refined D MDC codes, Risk of M R_GRP_ERROR_COD or codes identify potentia No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteria DRG Invalid Age Invalid Sex Invalid Discharge Status	Iortality rankin Data Source Type: DE al variations w v assigned. 1 ed as 1 a for any 2 2 2	ngs an <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i>	nd, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or 1 DisableHac is invalid and at least one HAC POA is invali or exempt DisableHac = 0 and at least one HAC POA is exempt
Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3M APF 58 5 APF Erro 00 01 02 03	TM All Patient Refined D R MDC codes, Risk of M R_GRP_ERROR_COD or codes identify potentia No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteria DRG Invalid Age	Iortality rankin Data Source Type: DE al variations w v assigned. 1 ed as 1 a for any 2 2	ngs an <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i> <i>A</i>	nd, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or 1 DisableHac is invalid and at least one HAC POA is invali or exempt
Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3M APF 58 5 APH Erro 00 01 02	TM All Patient Refined D R MDC codes, Risk of M R_GRP_ERROR_COD or codes identify potentia No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteria DRG	Iortality rankin Data Source Type: DE al variations w assigned. 1 ed as 1 a for any 2	igs and A if	nd, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt DisableHac is invalid and at least one HAC POA is N or 1
Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3M APF 58 5 APH Erro 00 01	TM All Patient Refined D MDC codes, Risk of M R_GRP_ERROR_COD or codes identify potentia No errors. DRG successfully Diagnosis code cannot be us principal diagnosis Record does not meet criteria	Iortality rankin Data Source Type: DE al variations w assigned. 1 ed as 1	$\frac{1}{2}$	nd, Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or exempt
Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3M APF 58 5 APF Erro 00	TM All Patient Refined D MDC codes, Risk of M R_GRP_ERROR_COD or codes identify potentia No errors. DRG successfully Diagnosis code cannot be us	Iortality rankin Data Source Type: DE al variations w	igs an A	nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment Gestational age/birth weight conflict (APR only) DisableHac = 0 and at least one HAC POA is invalid or
Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3M APF 58 5 APF Erro	[™] All Patient Refined D R MDC codes, Risk of M R_GRP_ERROR_COD or codes identify potentia	Iortality rankin Data Source Type: DE al variations w	igs and igs an	nd,Severity of Illness rankings Assigned Alphanumeric APR DRG code assignment
Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	3M APF 58 5 APF	TM All Patient Refined D R MDC codes, Risk of M R_GRP_ERROR_COD	Iortality rankin Data Source Type: DE	ngs an : A A	nd,Severity of Illness rankings Assigned Alphanumeric
Beginning Position: Length: Field 20: Description: Beginning Position: Length:	3M APF 58 5	TM All Patient Refined D R MDC codes, Risk of M	lortality rankin Data Source Type:	ngs an : A	nd,Severity of Illness rankings Assigned
Beginning Position: Length: Field 20: Description: Beginning Position:	3M APF 58	TM All Patient Refined D	Iortality rankin Data Source	ngs an : A	nd,Severity of Illness rankings Assigned
Beginning Position: Length: Field 20: Description:	3M APF	TM All Patient Refined D	Iortality rankii	igs a	nd, Severity of Illness rankings
Beginning Position: Length: Field 20:	3M	TM All Patient Refined D			
Beginning Position: Length: Field 20:				1 ~	
Beginning Position: Length:		R_GRP_VER			
Beginning Position:	2		Туре:	A	Alphanumeric
1	56		Data Source		-
Description:	Maj	or Diagnostic Category	(MDC) as assi	gned	by 3M [™] APR-DRG Grouper.
Field 16:	APF	R_MDC			•
Length:	1		Type:		Alphanumeric
Beginning Position:	55	no class specified	Data Source	: 4	Assigned
	4 0	Extreme No class specified			
	3	Major			
Coding Scheme:	1 2	Minor Moderate			
G. P., G. I		ompensation. Minor			
		.	[™] APR-DRG (Group	per. Indicates the extent of physiologic
Description:					he All Patient Refined (APR) Diagnosis Relate
Field 19:	-	NESS_SEVERITY	J F - 3	1	r ········
Beginning Position: Length:	54 1		Type:		Assigned Alphanumeric
Reginning Desitions	4 54	Extreme	Data Source	•	ssigned
	3	Major			
Coding Scheme:	2	Moderate			
Coding Sohomo.	Grou 1	up (DRG) from the 3M ¹¹ Minor	··· APK-DRG (Jroup	per. Indicates the likelihood of dying.
Description:					e All Patient Refined (APR) Diagnosis Related
Field 18:		K_MORTALITY	. 1		
Length:	3		Type:		Alphanumeric
Beginning Position:	51	L.	Data Source	: A	Assigned
Description.		uper	nugnosis ivela		Toup (Dro) as assigned by Shi Ai R-DRO
Description:		R_DRG Patient Refined (APR) Γ)iagnosis Rela	ed G	roup (DRG) as assigned by 3M APR-DRG
Length: Field 17:	2		Туре:	A	Alphanumeric
Beginning Position:	49		Data Source		Assigned
	11	Invalid Principal Diagnosis			
	10	Illogical Principal Diagnosis	(CMS only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
		Invalid Discharge Status			different HAC POA values that are not Y, W, N, U
	05			24	exempt DisableHac = 0 and there are multiple HACs that have
	04	Invalid Sex		23	DisableHac is invalid and at least one HAC POA is
	03	Record does not meet criteria Invalid Age	a for any DRG	22	invalid or exempt DisableHac = 0 and at least one HAC POA is exempt
	02	•		21	DisableHac is invalid and at least one HAC POA is
		diagnosis			U

	09	Invalid discharge age in days (AP & 25 APR only)	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
	11	Invalid Principal Diagnosis	
Beginning Position:	63	Data Source:	Assigned
Length:	2	Туре:	Alphanumeric

OUTPATIENT BASE DATA FILE

Field 1:			
Description:	SERVICE_QUARTER Quarter during which service occurre	d Voar and quarter of a	sonvice www.On
Beginning Position:	1 Data Source		service. yyyyQn.
Length:	6 Type:	Alphanumeric	
Field 2:	RECORD_ID		
Description:	Record Identification Number. Uniqu	e number assigned to ide	entify the record. The
•	Record_ID in the ED Outpatient PUD		
	Inpatient PUDF or ED Research Data		ee
Beginning Position:	7 Data Source		
Length:	12 Type:	Alphanumeric	
Field 3:	THCIC_ID	•	
Description:	Provider ID. Unique identifier assign	ed to the provider by DS	HS.
Suppression:	Facilities reporting fewer than 50 ev		
	'999999'. If a facility reported fewer		
	'unknown', Provider ID is '999998'.		,, <u>,</u>
Beginning Position:	19 Data Sour	ce: Assigned	
Length:	6 Type:	Alphanumeric	
Field 4:	SPEC_UNIT_1	•	
Description:	Specialty Units in which most days of	luring stay occurred base	ed on number of days by
	Type of Bill or Revenue Code. In ord		
Coding Scheme:	C Coronary Care U	nit P	Pediatric Unit
-	D Detoxification Ur		Psychiatric Unit
	I Intensive Care U H Hospice Unit	nit R U	Rehabilitation Unit Sub-acute Care Unit
	H Hospice Unit N Nursery	S	Skilled Nursing Unit
	B Obstetric Unit	Blank	Acute Care
	O Oncology Unit		
	25 Data Source		
Length:	25 Data Source 1 Type:	ce: Calculated Alphanumeric	
Length: Field 5:	25 Data Source 1 Type: SPEC_UNIT_2 Type:	Alphanumeric	
Length: Field 5:	25 Data Source 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day	Alphanumeric	ased on number of days
Length: Field 5: Description:	25 Data Source 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code.	Alphanumeric	ased on number of days
Length: Field 5: Description: Coding Scheme:	25 Data Source 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1	Alphanumeric s during stay occurred ba	ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd	Alphanumeric s during stay occurred ba ce: Calculated	ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type:	Alphanumeric s during stay occurred ba	ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6:	25Data Sourd1Type:SPEC_UNIT_2Specialty Unit in which 2 nd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_126Data Sourd1Type:SPEC_UNIT_3	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric	
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric	
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as Compared to the second sec	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric	
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1.	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba	
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba	
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length:	25 Data Source 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Source 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Source 1 Type:	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba	
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_4 SPEC_UNIT_4. SPEC_UNIT_4 SPEC_UNIT_4.	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric	ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_4 Specialty Unit in which 4 th most day	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric	ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_4 Specialty Unit in which 4 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_4	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric	ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_4 Specialty Unit in which 4 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_4 Specialty Unit in which 4 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1.	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba	ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position:	25Data Sourd1Type:SPEC_UNIT_2Specialty Unit in which 2 nd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_126Data Sourd1Type:SPEC_UNIT_3Specialty Unit in which 3 rd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.27Data Sourd1Type:SPEC_UNIT_4Specialty Unit in which 4 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.27Data Sourd1Type:SPEC_UNIT_4Specialty Unit in which 4 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.28Data Sourd	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated	ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_4 Specialty Unit in which 4 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_4 Specialty Unit in which 4 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 28 Data Sourd 1 Type:	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba	ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8:	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_4 Specialty Unit in which 4 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 28 Data Sourd 1 Type: SPEC_UNIT_5 SPEC_UNIT_5	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric	ased on number of days ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8:	25Data Sourd1Type:SPEC_UNIT_2Specialty Unit in which 2 nd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_126Data Sourd1Type:SPEC_UNIT_3Specialty Unit in which 3 rd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.27Data Sourd1Type:SPEC_UNIT_4Specialty Unit in which 4 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.28Data Sourd1Type:SPEC_UNIT_5Specialty Unit in which 5 th most day	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric	ased on number of days ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description:	25Data Sourd1Type:SPEC_UNIT_2Specialty Unit in which 2 nd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_126Data Sourd1Type:SPEC_UNIT_3Specialty Unit in which 3 rd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.27Data Sourd1Type:SPEC_UNIT_4Specialty Unit in which 4 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.28Data Sourd1Type:SPEC_UNIT_5Specialty Unit in which 5 th most dayby Type of Bill or Revenue Code.	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric	ased on number of days ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme:	25Data Sourd1Type:SPEC_UNIT_2Specialty Unit in which 2 nd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_126Data Sourd1Type:SPEC_UNIT_3Specialty Unit in which 3 rd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.27Data Sourd1Type:SPEC_UNIT_4Specialty Unit in which 4 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.28Data Sourd1Type:SPEC_UNIT_5Specialty Unit in which 5 th most day	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba	ased on number of days ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Coding Scheme: Beginning Position:	25Data Sourd1Type:SPEC_UNIT_2Specialty Unit in which 2 nd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_126Data Sourd1Type:SPEC_UNIT_3Specialty Unit in which 3 rd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.27Data Sourd1Type:SPEC_UNIT_4Specialty Unit in which 4 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.28Data Sourd1Type:SPEC_UNIT_5Specialty Unit in which 5 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_5Specialty Unit in which 5 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba	ased on number of days ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Coding Scheme: Beginning Position: Coding Scheme: Be	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_4 Specialty Unit in which 4 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 28 Data Sourd 1 Type: SPEC_UNIT_5 Specialty Unit in which 4 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 28 Data Sourd 1 Type: Specialty Unit in which 5 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 29 Data Sourd 1 Type:	Alphanumeric s during stay occurred back ce: Calculated	ased on number of days ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9:	25Data Sourd1Type:SPEC_UNIT_2Specialty Unit in which 2 nd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_126Data Sourd1Type:SPEC_UNIT_3Specialty Unit in which 3 rd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.27Data Sourd1Type:SPEC_UNIT_4Specialty Unit in which 4 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.28Data Sourd1Type:SPEC_UNIT_5Specialty Unit in which 5 th most dayby Type of Bill or Revenue Code.same as SPEC_UNIT_1.28Data Sourd1Type:SPEC_UNIT_5Specialty Unit in which 5 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.29Data Sourd	Alphanumeric s during stay occurred back ce: Calculated Alphanumeric	ased on number of days ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Description:	25Data Sourd1Type:SPEC_UNIT_2Specialty Unit in which 2 nd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_126Data Sourd1Type:SPEC_UNIT_3Specialty Unit in which 3 rd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.27Data Sourd1Type:SPEC_UNIT_4Specialty Unit in which 4 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.28Data Sourd1Type:SPEC_UNIT_5Specialty Unit in which 5 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.28Data Sourd1Type:SPEC_UNIT_5Specialty Unit in which 5 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.29Data Sourd1Type:SEX_CODE	Alphanumeric s during stay occurred back ce: Calculated Alphanumeric s during stay occurred back	ased on number of days ased on number of days ased on number of days
Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Description:	25Data Sourd1Type:SPEC_UNIT_2Specialty Unit in which 2 nd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_126Data Sourd1Type:SPEC_UNIT_3Specialty Unit in which 3 rd most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.27Data Sourd1Type:SPEC_UNIT_4Specialty Unit in which 4 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.28Data Sourd1Type:SPEC_UNIT_5Specialty Unit in which 5 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.28Data Sourd1Type:SPEC_UNIT_5Specialty Unit in which 5 th most dayby Type of Bill or Revenue Code.Same as SPEC_UNIT_1.29Data Sourd1Type:SEX_CODEGender of the patient as recorded at	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s during stay occurred ba	ased on number of days ased on number of days ased on number of days ased on number of days
Beginning Position: Length: Field 5: Description: Coding Scheme: Beginning Position: Length: Field 6: Description: Coding Scheme: Beginning Position: Length: Field 7: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Suppression: DSHS/THCIC	25 Data Sourd 1 Type: SPEC_UNIT_2 Specialty Unit in which 2 nd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1 26 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_3 Specialty Unit in which 3 rd most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 27 Data Sourd 1 Type: SPEC_UNIT_4 Specialty Unit in which 4 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 28 Data Sourd 1 Type: SPEC_UNIT_5 Specialty Unit in which 5 th most day by Type of Bill or Revenue Code. Same as SPEC_UNIT_1. 29 Data Sourd 1 Type: SEX_CODE Gender of the patient as recorded at Code is suppressed if an ICD-10-CM cod	Alphanumeric s during stay occurred ba ce: Calculated Alphanumeric s date of start of care. e indicates drug or alcohol u or an HIV diagnosis (patien	ased on number of days ased on number of days ased on number of days ased on number of days

§290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as "U" (Unknown). If
a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID
is `999998' and Provider Name and Patient ZIP Code are blank for those patients.
M Male

Coding Sch	eme:	M F	Male Female						
		U	Unknown						
		`	Invalid						
Beginning .ength:	Position:	30 1			Data Sour Type:	ce:	Claim Alphanumeric		
ield 10:		PA.	T_COUNTY		<i>/</i> 1		•		
Description	:	FIP	S code of pat	ient's cour	nty.				
Coding sch	eme:				•				
001	Anderson		097	Cooke		193	Hamilton	289	Leon
003	Andrews		099	Coryell		195	Hansford	291	Liberty
005	Angelina		101	Cottle		197	Hardeman	293	Limestone
007	Aransas		103	Crane		199	Hardin	295	Lipscomb
009	Archer		105	Crockett		201	Harris	297	Live Oak
011	Armstrong		107	Crosby		203	Harrison	299	Llano
013	Atascosa		109	Culberson		205	Hartley	301	Loving
015	Austin		111	Dallam		207	Haskell	303	Lubbock
017	Bailey		113	Dallas		209	Hays	305	Lynn
019	Bandera		115	Dawson		211	Hemphill	307	McCulloch
021	Bastrop		117	Deaf Smith		213	Henderson	309	McLennan
023	Baylor		119	Delta		215	Hidalgo	311	McMullen
025	Bee		121	Denton		217	Hill	313	Madison
027	Bell		123	Dewitt		219	Hockley	315	Marion
029	Bexar		125	Dickens		221	Hood	317	Martin
031	Blanco		127	Dimmit		223	Hopkins	319	Mason
033	Borden		129	Donley		225	Houston	321	Matagorda
035	Bosque		131	, Duval		227	Howard	323	Maverick
037	Bowie		133	Eastland		229	Hudspeth	325	Medina
039	Brazoria		135	Ector		231	Hunt	327	Menard
041	Brazos		137	Edwards		233	Hutchinson	329	Midland
043	Brewster		139	Ellis		235	Irion	331	Milam
045	Briscoe		141	El Paso		237	Jack	333	Mills
047	Brooks		143	Erath		239	Jackson	335	Mitchell
049	Brown		145	Falls		241	Jasper	337	Montague
051	Burleson		147	Fannin		243	Jeff Davis	339	Montgomery
053	Burnet		149	Fayette		245	Jefferson	341	Moore
055	Caldwell		151	Fisher		247	Jim Hogg	343	Morris
055	Calhoun		151	Floyd		249	Jim Wells	345	Motley
059	Callahan		155	Foard		251	Johnson	345	Nacogdoches
061	Cameron		155	Fort Bend		251	Jones	349	Navarro
063	Camp		159	Franklin		255	Karnes	351	Newton
065	Carson		159	Freestone		255	Kaufman	353	Nolan
065	Cass		161	Frio		259	Kendall	355	Nueces
067	Cass Castro		165	Gaines		259 261	Kenedy	355	Ochiltree
069	Chambers		165			261	•	357	Oldham
071	Cherokee			Galveston Garza		263	Kent Kerr	359	
073	Childress		169 171	Garza Gillespie		265 267	Kimble	361	Orange Palo Pinto
073	Clay		171	Glasscock		267	King	365	Panola
077	-			Glasscock Goliad			King Kinney		
	Cochran		175			271	,	367	Parker
081 083	Coke		177	Gonzales		273	Kleberg	369 371	Parmer
	Coleman		179	Gray		275	Knox	371	Pecos
085	Collin	th	181	Grayson		283	La Salle	373	Polk
087	Collingswor	CT1	183	Gregg		277	Lamar	375	Potter
089	Colorado		185	Grimes		279	Lamb	377	Presidio
091	Comal		187	Guadalupe		281	Lampasas	379	Rains
093	Comanche		189	Hale		285	Lavaca	381	Randall
095	Concho		191	Hall		287	Lee	383	Reagan

385 F	Real		419	Shelby	453	Travis	487	Wilbarger
387 F	Red River		421	Sherman	455	Trinity	489	Willacy
389 F	Reeves		423	Smith	457	Tyler	491	Williamson
391 F	Refugio		425	Somervell	459	Upshur	493	Wilson
393 F	Roberts		427	Starr	461	Upton	495	Winkler
395 F	Robertson		429	Stephens	463	Uvalde	497	Wise
397 F	Rockwall		431	Sterling	465	Val Verde	499	Wood
	Runnels		433	Stonewall	467	Van Zandt	501	Yoakum
	Rusk		435	Sutton	469	Victoria	503	Young
	Sabine		437	Swisher	471	Walker	505	Zapata
	San August	tine	439	Tarrant	473	Waller	505	Zavala
	San Jacinto		441	Taylor	475	Ward	507	
	San Patricio		441	Terrell	473	Washington	`	Invalid
	San Saba	0	445	Terry	477	Webb		Invaliu
				-				
	Schleicher		447	Throckmorton	481	Wharton		
	Scurry		449	Titus	483	Wheeler		
417 9	Shackelford	1	451	Tom Green	485	Wichita		
Beginning Po	sition:	31			Data Source:	Assigned; based	d on patient Z	IP code
Length:		3			Гуре:	Alphanumeric		
Field 11:			STATE				· · ·	
Description:						exas and contig	uous states	. Standard 2-
				Service abb	reviation.			
Coding Schen	ne:		Arkansas					
		LA	Louisiana					
			New Mexico					
			Oklahoma					
		TX	Texas					
		ZZ		es and Americ	an rerritories			
		FC	Foreign coun	,				
Reginning Po		XX	Foreign coun	uy				
Beginning Position:		21		,	ta Source	Claim		
	sition:	34 2		, Da	ta Source:	Claim Alphanumeric		
Length:	sition:	2	710	, Da	ta Source: pe:	Claim Alphanumeric		
Length: Field 12:	sition:	2 PA1	<u>E</u>ZIP	Da Ty				
Length: Field 12: Description:		2 PAT Pati	ent's five-dig	Da Ty git ZIP code.	pe:	Alphanumeric		1016 \77/ JTC
Length: Field 12:		2 PAT Pati Last	ent's five-dig two digits are	Da Tyj git ZIP code. e blank if a ZIP	pe: ? code has fewe	Alphanumeric r than 30 patients		
Length: Field 12: Description:		2 PA1 Pati Last equa	ent's five-dig two digits are als `88888'. If	Da Tyj git ZIP code. blank if a ZIP state equals 'F	pe: ² code has fewe ² C' (foreign cou	Alphanumeric r than 30 patients ntry) ZIP code is	blank. If ICD	-10-CM indicate
Length: Field 12: Description:		2 Pati Last equa alco	ent's five-dig two digits are als `88888'. If hol or drug us	Da Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia	pe: ² code has fewe ⁵ C' (foreign cou agnosis the ZIP	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If	blank. If ICD a facility has	-10-CM indicate fewer than fifty
Length: Field 12: Description:		2 Pati Last equa alcol outp	ent's five-dig two digits are als `88888'. If hol or drug us patient service	Da Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for	pe: ² code has fewe ² C' (foreign cou agnosis the ZIP the quarter the	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank	blank. If ICD a facility has <. If a facility	-10-CM indicate fewer than fifty has fewer than
Length: Field 12: Description: Suppression:	1	2 Pati Last equa alcol outp patie	ent's five-dig two digits are als `88888'. If hol or drug us patient service	Da Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular	pe: code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng `unknown', the	blank. If ICD a facility has <. If a facility	-10-CM indicate fewer than fifty has fewer than
Length: Field 12: Description: Suppression: Beginning Po	1	2 Pati Last equa alcol outp patie 36	ent's five-dig two digits are als `88888'. If hol or drug us patient service	Da Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da	pe: code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source:	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng `unknown', the Claim	blank. If ICD a facility has <. If a facility	-10-CM indicate fewer than fifty has fewer than
Length: Field 12: Description: Suppression: Beginning Po Length:	1	2 Pati Last equa alcol outp patie 36 5	ent's five-dig two digits are als `88888'. If hol or drug us patient services ents reported o	Da Tyj git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Tyj	pe: code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng `unknown', the	blank. If ICD a facility has <. If a facility	-10-CM indicate fewer than fifty has fewer than
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13:	1	2 PAT Pati Last equa alcol outp patie 36 5 PAT	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported o	Da Tyj git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Tyj	pe: ² code has fewe ^C ' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe:	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng `unknown', the Claim Alphanumeric	blank. If ICD a facility has <. If a facility a ZIP Code is	-10-CM indicate fewer than fifty has fewer than blank.
Length: Field 12: Description: Suppression: Beginning Po Length:	1	2 PAT Pati Last equa alcol outp patie 36 5 PAT Cou	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported [_COUNTRY intry of patie	pa Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty r	pe: ² code has fewe ² C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng `unknown', the Claim	blank. If ICD a facility has <. If a facility a ZIP Code is	-10-CM indicate fewer than fifty has fewer than blank.
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description:	osition:	2 PAT Pati Last equa alcol outp patie 36 5 PAT Cou Org	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for	Da Tyj git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Tyj nt's resident Standardiza	pe: C code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO).	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng `unknown', the Claim Alphanumeric st maintained b	blank. If ICD a facility has <. If a facility a ZIP Code is	-10-CM indicate fewer than fifty has fewer than blank.
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression:	sition:	2 Pati Last equa alcol outp patie 36 5 PAT Cou Org Sup	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for pressed if fewo	Da Tyj git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Tyj nt's resident Standardiza er than 5 patie	pe: C code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng `unknown', the Claim Alphanumeric st maintained b	blank. If ICD a facility has <. If a facility a ZIP Code is	-10-CM indicate fewer than fifty has fewer than blank.
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen	osition:	2 Pati Last equa alcol outp patie 36 5 PAT Cou Org Supp See	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for pressed if fewo	Da Tyj git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Tyj nt's resident Standardiza er than 5 patie for complete I	pe: C code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co ist.	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric st maintained b ountry.	blank. If ICD a facility has <. If a facility a ZIP Code is	-10-CM indicate fewer than fifty has fewer than blank.
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po	osition:	2 Pati Last equa alcol outp patie 36 5 PAT Cou Org Supp See 41	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for pressed if fewo	Da Tyj git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Tyj nt's resident Standardiza er than 5 patie for complete I Da	pe: C code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co ist. ta Source:	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim	blank. If ICD a facility has <. If a facility a ZIP Code is	-10-CM indicate fewer than fifty has fewer than blank.
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length:	osition:	2 Pati Last equa alcol outp patie 36 5 PAT Cou Org Supp See 41 2	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported of F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org	Da Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete l Da Ty	pe: C code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co list. ta Source: pe:	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric st maintained b ountry.	blank. If ICD a facility has <. If a facility a ZIP Code is	-10-CM indicate fewer than fifty has fewer than blank.
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14:	osition:	2 PAT Pati Last equa alcol outp patie 36 5 PAT Cou Org Supp See 41 2 PUE	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL	Da Ty Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Da Ty TH_REGION	pe: C code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co list. ta Source: pe: I	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim	blank. If ICD a facility has <. If a facility a ZIP Code is	-10-CM indicate fewer than fifty has fewer than blank.
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PAT Pati Last equa alcol outp patie 36 5 PAT Cou Org Supp See 41 2 PUE	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re	Da Ty Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Da Ty TH_REGION gion of patie	pe: C code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co ist. ta Source: pe: I st. ta Source: pe: I st. ta Source: pe: I st. ta Source: pe: I st. ta Source: pe: I st. ta Source: pe: I st. ta Source: pe: I Source: Sourc	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric st maintained b ountry. Claim Alphanumeric	blank. If ICD a facility has <. If a facility e ZIP Code is by the Intern	-10-CM indicate fewer than fifty has fewer than blank. national
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14:	ne: sition:	2 PAT Pati Last equa alcol outp patie 36 5 PAT Cou Org Supp See 41 2 PUE	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B	Da Tyj git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Tyj nt's resident Standardiza er than 5 patie for complete I Da Tyj FH_REGION gion of patie ailey, Briscoe, C	pe: C code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co list. ta Source: pe: I ent's address. carson, Castro, Ch	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric	blank. If ICD a facility has <. If a facility 2 ZIP Code is by the Intern by the Intern	-10-CM indicate fewer than fifty has fewer than blank. national
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcol outp patie 36 5 PA1 Cou Org Supp See 41 2 PUB	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported of F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicker	Da Tyj git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Tyj nt's resident Standardiza er than 5 patie for complete I Da Tyj TH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyd	pe: C code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co list. ta Source: pe: I sarson, Castro, Ch d, Garza, Gray, H	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric	blank. If ICD a facility has <. If a facility 2 ZIP Code is by the Intern by the Intern Hartley, Hempl	-10-CM indicate fewer than fifty has fewer than blank. national
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcol outp patie 36 5 PA1 Cou Org Supp See 41 2 PUB	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported of I_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicke Hutchinson, F	pa Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Ty TH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyo (ing, Lamb, Lips	P code has fewe C (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co ist. ta Source: pe: I sarson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric iidress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley,	blank. If ICD a facility has <. If a facility z ZIP Code is by the Intern by the Intern hartley, Hempl , Ochiltree, Old	-10-CM indicate fewer than fifty has fewer than blank. national
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcol outp patie 36 5 PA1 Cou Org Sup See 41 2 PUB 1	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported of I_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicker Hutchinson, H Randall, Robe	Da Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Ty TH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyo (ing, Lamb, Lips erts, Sherman, S	P code has fewe C (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co ist. ta Source: pe: I sarson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L Swisher, Terry, W	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric ildress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley, heeler, Yoakum cour	blank. If ICD a facility has <. If a facility 2 ZIP Code is by the Intern by the Intern hartley, Hempl , Ochiltree, Old nties	-10-CM indicate fewer than fifty has fewer than blank. national rosby, Dallam, Dea hill, Hockley, ham, Parmer, Pott
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcol outp patie 36 5 PA1 Cou Org Supp See 41 2 PUB	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported of F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicken Hutchinson, H Randall, Robe Archer, Baylo	Da Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Da Ty TH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyo (sing, Lamb, Lips erts, Sherman, S or, Brown, Callah	P code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co ist. ta Source: pe: I ant's address. carson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L Swisher, Terry, W an, Clay, Colema	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng `unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric ildress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley, heeler, Yoakum coun n, Comanche, Cottle	blank. If ICD a facility has <. If a facility 2 ZIP Code is by the Intern by the Intern Hartley, Hempl , Ochiltree, Old nties e, Eastland, Fis	-10-CM indicate fewer than fifty has fewer than blank. national rosby, Dallam, Dea hill, Hockley, ham, Parmer, Pott her, Foard,
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcol outp patie 36 5 PA1 Cou Org Sup See 41 2 PUB 1	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicker Hutchinson, F Randall, Robe Archer, Baylo Hardeman, H Stephens, Sto	Da Tyj git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Tyj nt's resident Standardiza er than 5 patie for complete I Da Tyj FH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyo King, Lamb, Lips erts, Sherman, S or, Brown, Callah askell, Jack, Jon onewall, Taylor,	P code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co list. ta Source: pe: I ent's address. Carson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L Swisher, Terry, Wi an, Clay, Colema les, Kent, Knox, N Throckmorton, N	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric iddress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley, heeler, Yoakum coul n, Comanche, Cottle itchell, Montague, N itchita, Wilbarger, Yo	blank. If ICD a facility has <. If a facility e ZIP Code is by the Intern by the Intern , Ochiltree, Old nties e, Eastland, Fis Nolan, Runnels, bung counties	-10-CM indicate fewer than fifty has fewer than blank. national rosby, Dallam, Dea hill, Hockley, ham, Parmer, Pott her, Foard, , Scurry, Shacklefo
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcol outp patie 36 5 PA1 Cou Org Sup See 41 2 PUB 1	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported of F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicker Hutchinson, H Randall, Robe Archer, Baylo Hardeman, H Stephens, Stu Collin, Cooke	Da Tyj git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Tyj nt's resident Standardiza er than 5 patie for complete I Da Tyj FH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyo King, Lamb, Lips erts, Sherman, S or, Brown, Callah askell, Jack, Jon onewall, Taylor, Dallas, Denton	P code has fewe C (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co list. ta Source: pe: I ent's address. Carson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L Swisher, Terry, Wi ban, Clay, Colema ues, Kent, Knox, N Throckmorton, W , Ellis, Erath, Fam	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric iddress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley, heeler, Yoakum coul n, Comanche, Cottle itchell, Montague, N itchita, Wilbarger, Yo nin, Grayson, Hood,	blank. If ICD a facility has <. If a facility e ZIP Code is by the Intern by the Intern , Ochiltree, Old nties e, Eastland, Fis Nolan, Runnels, bung counties	-10-CM indicate fewer than fifty has fewer than blank. national rosby, Dallam, Dea hill, Hockley, ham, Parmer, Pott her, Foard, , Scurry, Shacklefo
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcol outp patica 36 5 PA1 Cou Org Sup See 41 2 PUB 1 2 2 3	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported of I_COUNTRY intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicker Hutchinson, H Randall, Robe Archer, Baylo Hardeman, H Stephens, Sto Collin, Cooke Palo Pinto, Pa	pa Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Standardiza er than 5 patie for complete I Da Ty IH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyos strs, Sherman, S or, Brown, Callah askell, Jack, Jon onewall, Taylor, Dallas, Denton arker, Rockwall,	P code has fewe C (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co ist. ta Source: pe: I nt's address. Carson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L Swisher, Terry, W han, Clay, Colema les, Kent, Knox, M Throckmorton, W , Ellis, Erath, Fani Somervell, Tarrat	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric ildress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley, heeler, Yoakum coun n, Comanche, Cottle litchell, Montague, N richita, Wilbarger, Yo nin, Grayson, Hood, nt, Wise counties	blank. If ICD a facility has <. If a facility e ZIP Code is by the Intern by the Intern or Hartley, Hempl , Ochiltree, Old nties e, Eastland, Fis Nolan, Runnels, bung counties Hunt, Johnson	-10-CM indicate fewer than fifty has fewer than blank. national rosby, Dallam, Dea hill, Hockley, ham, Parmer, Pott her, Foard, , Scurry, Shacklefo
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcoloutp patie 36 5 PA1 Cou Org Sup See 41 2 PUE Pub 1	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported of F_COUNTRY intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicker Hutchinson, H Randall, Robe Archer, Baylo Hardeman, H Stephens, Str Collin, Cooke Palo Pinto, Pa Anderson, Bo	pa Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Da Ty TH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyo (sing, Lamb, Lips erts, Sherman, S or, Brown, Callah askell, Jack, Jon onewall, Taylor, Dallas, Denton arker, Rockwall, wie, Camp, Cass	P code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co ist. ta Source: pe: I arson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L Swisher, Terry, Wi han, Clay, Colema les, Kent, Knox, N Throckmorton, W , Ellis, Erath, Fani Somervell, Tarrars, Cherokee, Delta	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank. ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric iddress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley, heeler, Yoakum cour n, Comanche, Cottled litchell, Montague, N 'ichita, Wilbarger, Yo nin, Grayson, Hood, t, Wise counties a, Franklin, Gregg, H	blank. If ICD a facility has <. If a facility e ZIP Code is by the Intern by the Intern Hartley, Hempl , Ochiltree, Old nties e, Eastland, Fis Nolan, Runnels, bung counties Hunt, Johnson Harrison, Hende	-10-CM indicate fewer than fifty has fewer than blank. national rosby, Dallam, Dea hill, Hockley, ham, Parmer, Pott her, Foard, , Scurry, Shacklefo , Kaufman, Navari erson, Hopkins,
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcol outp patica 36 5 PA1 Cou Org Sup See 41 2 PUB 1 2 2 3	ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicker Hutchinson, H Randall, Robe Archer, Baylo Hardeman, H Stephens, Str Collin, Cooke Palo Pinto, Pa Anderson, Bo Lamar, Mario	pa Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Da Ty TH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyo (sing, Lamb, Lips erts, Sherman, S or, Brown, Callah askell, Jack, Jon onewall, Taylor, Dallas, Denton arker, Rockwall, wie, Camp, Cass	P code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co ist. ta Source: pe: I arson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L Swisher, Terry, Wi han, Clay, Colema les, Kent, Knox, N Throckmorton, W , Ellis, Erath, Fani Somervell, Tarrars, Cherokee, Delta	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric ildress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley, heeler, Yoakum coun n, Comanche, Cottle litchell, Montague, N richita, Wilbarger, Yo nin, Grayson, Hood, nt, Wise counties	blank. If ICD a facility has <. If a facility e ZIP Code is by the Intern by the Intern Hartley, Hempl , Ochiltree, Old nties e, Eastland, Fis Nolan, Runnels, bung counties Hunt, Johnson Harrison, Hende	-10-CM indicate fewer than fifty has fewer than blank. national rosby, Dallam, Dea hill, Hockley, ham, Parmer, Pott her, Foard, , Scurry, Shacklefo , Kaufman, Navari erson, Hopkins,
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcol outp patica 36 5 PA1 Cou Org Sup See 41 2 PUB 1 2 2 3	Ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicker Hutchinson, F Randall, Robe Archer, Baylo Hardeman, H Stephens, Sto Collin, Cooke Palo Pinto, Pa Anderson, Bo Lamar, Mario counties	Da Ty Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Da Ty TH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyo (ing, Lamb, Lips erts, Sherman, S or, Brown, Callah askell, Jack, Jon onewall, Taylor, , Dallas, Denton arker, Rockwall, wie, Camp, Cass n, Morris, Panola	P code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co list. ta Source: pe: I ent's address. Carson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L Swisher, Terry, Wi an, Clay, Colema les, Kent, Knox, M Throckmorton, W , Ellis, Erath, Fani Somervell, Tarrar s, Cherokee, Delta a, Rains, Red Rive	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank. ng 'unknown', the Claim Alphanumeric ist maintained b ountry. Claim Alphanumeric iddress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley, heeler, Yoakum cour n, Comanche, Cottled litchell, Montague, N 'ichita, Wilbarger, Yo nin, Grayson, Hood, t, Wise counties a, Franklin, Gregg, H	blank. If ICD a facility has <. If a facility e ZIP Code is by the Intern of the Intern of the Intern of the Intern hites e, Eastland, Fis Volan, Runnels, bung counties Hunt, Johnson Harrison, Hendel s, Upshur, Van	-10-CM indicate fewer than fifty has fewer than blank. national national hill, Hockley, ham, Parmer, Pott her, Foard, , Scurry, Shacklefo , Kaufman, Navarn erson, Hopkins, a Zandt, Wood
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: sition:	2 PA1 Pati Last equa alcol outp patie 36 5 PA1 Cou Org Supp See 41 2 PUB 1 2 3 4	Ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicker Hutchinson, F Randall, Robe Archer, Baylo Hardeman, H Stephens, Sto Collin, Cooke Palo Pinto, Pa Anderson, Bo Lamar, Mario counties Angelina, Har	Da Ty Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Da Ty TH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyo (ing, Lamb, Lips erts, Sherman, S or, Brown, Callah askell, Jack, Jon onewall, Taylor, , Dallas, Denton arker, Rockwall, wie, Camp, Casa n, Morris, Panola	P code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co list. ta Source: pe: I ent's address. Carson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L Swisher, Terry, Wi an, Clay, Colema les, Kent, Knox, M Throckmorton, W , Ellis, Erath, Fani Somervell, Tarrar s, Cherokee, Delta a, Rains, Red Rive	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ast maintained b ountry. Claim Alphanumeric didress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley, heeler, Yoakum cou n, Comanche, Cottle tichell, Montague, N 'ichita, Wilbarger, Yo nin, Grayson, Hood, t, Wise counties a, Franklin, Gregg, F er, Rusk, Smith, Titu Nacogdoches, Newto	blank. If ICD a facility has <. If a facility e ZIP Code is by the Intern of the Intern of the Intern of the Intern hites e, Eastland, Fis Volan, Runnels, bung counties Hunt, Johnson Harrison, Hendel s, Upshur, Van	-10-CM indicate fewer than fifty has fewer than blank. national national hill, Hockley, ham, Parmer, Pott her, Foard, , Scurry, Shacklefo , Kaufman, Navarn erson, Hopkins, a Zandt, Wood
Length: Field 12: Description: Suppression: Beginning Po Length: Field 13: Description: Suppression: Coding schen Beginning Po Length: Field 14: Description:	ne: ne:	2 PA1 Pati Last equa alcol outp patie 36 5 PA1 Cou Org Supp See 41 2 PUB 1 2 3 4	Ent's five-dig two digits are als '88888'. If hol or drug us patient services ents reported F_COUNTRY Intry of patie anization for pressed if fewe www.ISO.org BLIC_HEAL lic Health Re Armstrong, B Smith, Dicker Hutchinson, F Randall, Robe Archer, Baylo Hardeman, H Stephens, Sto Collin, Cooke Palo Pinto, Pa Anderson, Bo Lamar, Mario counties Angelina, Har	pa Ty git ZIP code. blank if a ZIP state equals 'F e or an HIV dia s reported for of a particular Da Ty nt's resident Standardiza er than 5 patie for complete I Da Ty FH_REGION gion of patie ailey, Briscoe, C ns, Donley, Floyk (ing, Lamb, Lips erts, Sherman, S yr, Brown, Callah askell, Jack, Jon onewall, Taylor, , Dallas, Denton arker, Rockwall, wie, Camp, Cass n, Morris, Panola rdin, Houston, Ja an Jacinto, Shelt	P code has fewe C' (foreign cou agnosis the ZIP the quarter the gender, includi ta Source: pe: ial address. Li tion (ISO). ents from one co list. ta Source: pe: I ent's address. Carson, Castro, Ch d, Garza, Gray, H comb, Lubbock, L Swisher, Terry, Wi an, Clay, Colema les, Kent, Knox, N Throckmorton, W , Ellis, Erath, Fani Somervell, Tarrar s, Cherokee, Delta a, Rains, Red Rive asper, Jefferson, I	Alphanumeric r than 30 patients ntry) ZIP code is code is blank. If ZIP code is blank ng 'unknown', the Claim Alphanumeric ast maintained b ountry. Claim Alphanumeric didress, Cochran, Co ale, Hall, Hansford, ynn, Moore, Motley, heeler, Yoakum cou n, Comanche, Cottle tichell, Montague, N 'ichita, Wilbarger, Yo nin, Grayson, Hood, t, Wise counties a, Franklin, Gregg, F er, Rusk, Smith, Titu Nacogdoches, Newto	blank. If ICD a facility has <. If a facility e ZIP Code is by the Intern or the Intern diss a, Eastland, Fis Volan, Runnels, bung counties Hunt, Johnson Harrison, Hendel s, Upshur, Van on, Orange, Pol	-10-CM indicate fewer than fifty has fewer than blank. national national hill, Hockley, ham, Parmer, Pott her, Foard, , Scurry, Shacklefo , Kaufman, Navarn erson, Hopkins, a Zandt, Wood

	6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galve	eston, Harris, Liberty, Matagorda, Montgome					
	 Walker, Waller, Wharton counties Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burne Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Lin 	estone, 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 counti Andrews, Borden, Coke, Concho, Crane, Crockett, Daw Kimble, Loving, McCulloch, Martin, Mason, Menard, Mid 	es son, Ector, Gaines, Glasscock, Howard, Irion,					
	Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Win Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Pre Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Ho	sidio counties					
Beginning Position:	McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Invalid Data Source: Assigne						
Length:	2 Type: Alphani						
Field 15:	LENGTH_OF_SERVICE						
Description:	Length of service in days <i>equals</i> Statement From	Date through Statement Thru Dat					
Poginning Desition	The minimum length of service is 1 day. The ma Data Source: Calcula						
Beginning Position: Length:	2 Type: Alphani						
Field 16:	PAT_AGE						
Description:	Code indicating age of patient in days or years o	a date of service					
Coding Scheme:	00 1-28 days 10 35-39	20 85-89					
county Scheme:	01 29-365 days 10 55-59 01 29-365 days 11 40-44	21 90+					
	02 1-4 years 12 45-49	HIV-STD and drug/alcohol use patients:					
	03 5-9 13 50-54	22 0-17					
	04 10-14 14 55-59	23 18-44					
	05 15-17 15 60-64	24 45-64					
	06 18-19 16 65-69	25 65-74					
	07 20-24 17 70-74	26 75+					
	08 25-29 18 75-79 09 30-34 19 80-84	` Invalid					
Beginning Position:	47 Data Source: Assigne	d					
		u					
Lenatn:	2 Type: Alphani	Imeric					
Length: Field 17:	2 Type: Alphanu RACE	imeric					
Field 17:	RACE	ımeric					
Field 17: Description:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha						
Field 17: Description: Suppression:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5).						
Field 17: Description:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut						
Field 17: Description: Suppression:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander						
Field 17: Description: Suppression:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black						
Field 17: Description: Suppression:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White						
Field 17: Description: Suppression:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other Nutalid						
Field 17: Description: Suppression: Coding Scheme: Beginning Position:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other 2 Invalid 49 Data Source: Claim	race is changed to 'Other' (code equal					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: Claim 1 Type: Alphanu	race is changed to 'Other' (code equal					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: Claim 1 Type: Alphanu	race is changed to 'Other' (code equal					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other 1 Invalid 1 Type: Claim Claim 1 Type: 3 Black 4 White 5 Other 1 Type: Code indicating the Hispanic origin of the patient	race is changed to 'Other' (code equal Imeric					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other 1 Invalid 1 Type: Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the	race is changed to 'Other' (code equal Imeric					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other 1 Type: Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank).	race is changed to 'Other' (code equal Imeric					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: Claim Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin	race is changed to 'Other' (code equal Imeric					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: Claim Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin	race is changed to 'Other' (code equal Imeric					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: Claim Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin	race is changed to 'Other' (code equal Imeric					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: Claim Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin ` Invalid	race is changed to 'Other' (code equal Imeric ethnicity of patients of that race is					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: Claim Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 50 Data Source: Claim	race is changed to 'Other' (code equal Imeric ethnicity of patients of that race is					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: Claim Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 50 Data Source: Claim 1 Type:	race is changed to 'Other' (code equal imeric ethnicity of patients of that race is					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: 1 Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 50 Data Source: Claim 1 Hispanic Origin 2 Not of Hispanic Origin 50 Data Source: Claim 1 Type: Alphant FIRST_PAYMENT_SRC Code indicating the expected primary source of p 09 Self Pay (Removed from 5010 format, HM	race is changed to 'Other' (code equal imeric ethnicity of patients of that race is					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: 1 Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 50 Data Source: Claim 1 Hispanic Origin 2 Not of Hispanic Origin 50 Data Source: Claim 1 Type: Alphant FIRST_PAYMENT_SRC Code indicating the expected primary source of p 09 Self Pay (Removed from 5010 format, HM beginning 2Q2012 data) HM	race is changed to 'Other' (code equal umeric ethnicity of patients of that race is umeric ayment. Health Maintenance Organization					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: 1 Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 50 Data Source: Claim 1 Hispanic Origin 2 Not of Hispanic Origin 50 Data Source: Claim 1 Type: Alphant FIRST_PAYMENT_SRC Code indicating the expected primary source of p 09 Self Pay (Removed from 5010 format, HM	race is changed to 'Other' (code equal umeric ethnicity of patients of that race is umeric ayment.					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: Claim 1 Type: Alphane ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 1 Hispanic Origin 2 Not of Hispanic Origin ` Invalid 50 Data Source: Claim 1 Type: Alphane FIRST_PAYMENT_SRC Code indicating the expected primary source of p 09 Self Pay (Removed from 5010 format, HM beginning 2Q2012 data) L1 10 Other Non-federal Programs 11 Other Non-federal Programs LM	race is changed to 'Other' (code equal umeric ethnicity of patients of that race is umeric Payment. Health Maintenance Organization Liability					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: 1 Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 2 Not of Hispanic Origin 2 Not of Hispanic Origin 1 Invalid 50 Data Source: Claim 1 Type: Alphant FIRST_PAYMENT_SRC Code indicating the expected primary source of p 09 Self Pay (Removed from 5010 format, HM beginning 2Q2012 data) LI 10 Other Non-federal Programs LM 12 Preferred Provider Organization	race is changed to 'Other' (code equal imeric ethnicity of patients of that race is imeric Payment. Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: 1 Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 3 Invalid 50 Data Source: Claim Type: Alphant FIRST_PAYMENT_SRC Code indicating the expected primary source of p 09 Self Pay (Removed from 5010 format, HM beginning 2Q2012 data) LI 11 Other Non-federal Programs LM 12 Preferred Provider Organization (PPO) MA 13 Point of Service (POS) MB	race is changed to 'Other' (code equal: <u>imeric</u> ethnicity of patients of that race is <u>imeric</u> vayment. Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B Medicaid					
Field 17: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 18: Description: Suppression: Coding Scheme: Beginning Position: Length: Field 19: Description:	RACE Code indicating the patient's race. If a facility has fewer than ten patients of one race tha 5). 1 American Indian/Eskimo/Aleut 2 Asian or Pacific Islander 3 Black 4 White 5 Other ` Invalid 49 Data Source: 1 Type: Alphant ETHNICITY Code indicating the Hispanic origin of the patient If a facility has fewer than ten patients of one race the suppressed (code is blank). 1 Hispanic Origin 2 Not of Hispanic Origin 2 Not of Hispanic Origin 2 Not of Hispanic Origin 1 Invalid 50 Data Source: Claim 1 Type: Alphant FIRST_PAYMENT_SRC Code indicating the expected primary source of p 09 Self Pay (Removed from 5010 format, HM beginning 2Q2012 data) LI 10 Other Non-federal Programs LM 12 Preferred Provider Organization	race is changed to 'Other' (code equals imeric ethnicity of patients of that race is imeric Payment. Health Maintenance Organization Liability Liability Medical Medicare Part A Medicare Part B					

		16 AM BL CH	Blue Cross/B	k 1edical	yanızation	(HMU)	OF VA WC ZZ	Workers	Admir Comp	Program histration Plan vensation Health Claim ent or Unknown
		CI	Commercial	Insurance			<u>,</u>	Invalid		
		DS	Disability Ins	urance						
	g Position:	51				Source:	Claim			
Length: Field 20:		2			Туре:		Alphanur	neric		
Descripti	on:		de indicating			condary o	source of	navmer	ht.	
Coding Se		Sar	ne as field 16,	FIRST P	AYMENT	SRC		paymer	ic.	
	g Position:	53	,			Source:	Claim			
Length:		2			Type:		Alphanur	neric		
Field 21: Description			PE_OF_BILI		ation ab		aim data			First digit turns of
Description	011.		ility. Second							First digit = type of the claim
Coding So	cheme:		digit–Type of F			digit–Type		sequenc	3 rd	digit–Sequence of claim
		1	Hospital	a cincy	1		including M	edicare	0	Non-payment/Zero claim
		2	Skilled nursing		2	only	Medicare Pa	art B	1	Admit through discharge claim
		3 4	Home health Religious non-r	nedical	3 4	Outpatien Outpatien	t t Other, Me	dicare	2 3	Interim-first claim Interim-continuing claim
			health care-Ho	spital		Part B only	y			-
		5	Religious non-r health care-Ex		5 re	Intermedi	ate Care-Le	evel I	4	Interim-last claim
		6 7	Intermediate c		6 7	Sub-acute	ate Care-Le inpatient -		5 6	Late charge(s) only claim Adjustment of prior claim
		8	Special facility		8	III Swing bed	1		7 8	(Not used by Medicare) Replacement of prior clain Void/cancel of prior claim
Beginning Length:	g Position:	55 3			Data S Type:	Source:	Claim Alphanur	neric	0	
Field 22:			NDITION_C	ODE_1						
			de describing			ting to th	e claim.			
Coding So	cheme:									
01	Military serv	ice rel	ated	22		n multiple dr	rug	36		eneral care patient in a
02	Condition is related	emplo	oyment	23	regimen Home car	e giver avai	lable	37	Wa	ecial unit ard accommodation at patien quest
03	Patient cove not reflected	l here		24	HHA servi		-	38	Se	mi-private room not ailable
04	Information	only b	pill.	25	Patient is	non-US res	ident	39		vate room medically
05	Lien has bee	en fileo	ł	26		e patient ch				cessary
06			rst 18 months		certified f	ervices in a l acility	ineuicai e	40	Sa	me day transfer
07	Treatment o		ered by EGHP	27		ferred to a		41	Ра	rtial hospitalization
08	condition for Beneficiary	hosp	ice patient		diagnostic	y hospital for a laboratory	test	42		ntinuing care not related to patient admission
50	information insurance co	conce	rning other	28	secondary	nd/or spouse to Medicar	e	43	wit	ntinuing care not provided thin prescribed postdischarg
09	Neither patie employed	ent or	spouse is	29	family me	beneficiary a mber's LGH / to Medicar	IP is	44	Inj	ndow patient admission changed t tpatient
10	Patient and/ employed bu	or spo ut no E	ouse is EGHP exists	30	Non-resea	arch service s enrolled ir	s provided	45		nbiguous Gender Category
11	Disabled ber LGHP covera			31	qualified of	clinical trial student (ful	I 46	46	No file	n-availability statement on
17	Patient is ho	meles	S		day)			47		ansfer from another Home
18	Maiden nam	e reta	ined	32	Patient is	student ive/work stu	ıdv	48		alth Agency ychiatric residential
19	Child retains	moth	er's name		program)		2	-10	tre	atment centers for children
20	Beneficiary r	eques	sted billing	33		student (ful	ll time -	40		d adolescents (RTCs)
21	Billing for de	enial n	otice	34	night) Patient is	student (pa	rt-time)	49		oduct replacement within oduct lifecycle
חפחפי	THCIC				De	70			פת	SHS Document #25-1501
	shs texas go		ara		Pag	5C				t Updated: February 202

50	Duradicate Danala and in 14
50	Product Replacement for Known Recall of a Product
51	Attestation of Unrelated Outpatient Nondiagnostic Services
52	Out of Hospice Service Area
53	Initial placement of a medical device provided as part of a clinical trial or a free sample
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency
55	SNF bed not available
56	Medical appropriateness
57	SNF readmission
58	Terminated Medicare+Choice organization enrollee
59	Non-primary ESRD facility
60	Day outlier
61	Cost outlier
66	Provider does not wish cost outlier payment
67	Beneficiary elects not to use life time reserve (LTR) days
68	Beneficiary elects to use life time reserve (LTR) days
69	IME/DGME/N&AH Payment Only
70	Self-administered anemia management drug
71	Full care in unit
72	Self-care in unit
73	Self-care training
74	Home
75	Home - 100% reimbursement
76	Back-up in facility dialysis
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
78	New coverage not implemented by HMO
79	CORF services provided offsite
80	Home dialysis - nursing facility
81	C-section/Inductions <39 weeks-Medical Necessity
82	C-section/Inductions <39 weeks-Elective
83	C-section/Inductions 39 weeks or greater
84	Dialysis for Acute Kidney Injury (AKI)
85	Delayed Recertification of Hospice Terminal Illness
86	Additional Hemodialysis Treatment with Medical Justification

A2 Physically handicapped children's program Α3 Special Federal Funding A4 Family planning Α5 Disability Vaccines/Medicare 100% A6 payment Α9 Second opinion surgery AA Abortion performed due to rape AB Abortion performed due to incest AC Abortion performed due to serious fatal genetic defect, deformity, or abnormality AD Abortion performed due to life endangering physical condition AE Abortion performed due to physical health of mother that is not life endangering Abortion performed due to AF emotional/psychological health of mother AG Abortion performed due to social or economic reasons AH Elective abortion AI Sterilization AJ Payer responsible for copayment AK Air ambulance required Specialized treatment/bed AL unavailable Non-emergency medically AM necessary stretcher transport required AN Pre-admission screening not reauired В0 Medicare coordinated care demonstration claim Beneficiary is ineligible for Β1 demonstration program Admission unrelated to Β4 discharge on same day BP Gulf Oil Spill of 2010 C1 Approved as billed C2 Automatic approval as billed based on focused review C3 Partial approval C4 Admission/services denied C5 Post-payment review applicable C6 Admission Preauthorization C7 Extended Authorization D0 Changes to Service Dates D1 Changes to Charges

TRICARE external partnership

program

EPSDT/CHAP

A0

A1

D3 Second or Subsequent Interim PPS Bill

- D4 Change in clinical codes (ICD) for diagnosis and/or procedure codes.
- D5 Cancel to correct Insured's ID or Provider ID
- D6 Cancel Only to Repay a Duplicate or OIG Overpayment
- D7 Change to Make Medicare the Secondary Payer
- D8 Change to Make Medicare the Primary Payer
- D9 Any Other Change
- DR Disaster related
- E0 Changes in Patient Status
- G0 Distinct Medical Visit
- H0 Delayed Filing, Statement of Intent Submitted
- H2 Discharge by a Hospice Provider for Cause
- H3 Reoccurrence of GI Bleed Comorbid Category
- H4 Reoccurrence of Pneumonia Comorbid Category
- H5 Reoccurrence of Pericarditis Comorbid Category
- P1 Do not Resuscitate Order (DNR)
- P7 Direct Inpatient Admission from Emergency Room
- R1 Request for reopening Reason Code - Mathematical or Computational Mistake
- R2 Request for reopening Reason Code -Inaccurate Data Entry
- R3 Request for reopening Reason Code - Misapplication of a Fee Schedule
- R4 Request for reopening Reason Code - Computer Errors
- R5 Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
- R6 Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
- R7 Request for reopening Reason Code - Corrections other than clerical errors
- R8 Request for reopening Reason Code - New and Material Evidence
- R9 Request for reopening Reason Code - Faulty Evidence
- WO United Mine Workers of America (UMWA) Demonstration Indicator
- W2 Duplicate of Original Bill
- W3 Level I Appeal
- W4 Level II Appeal
- W5 Level III Appeal

DSHS/THCIC

Beginning Position: Length:	58 2	Data Source: Type:	Claim Alphanumeric
Field 23:	CONDITION_CODE_2	i ypei	Aphanamene
	Code describing a condit	ion relating to t	he claim
Coding Scheme:	Same as Field CONDITION_		
Beginning Position:	60	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 24:	CONDITION_CODE_3	Туре.	Alphandmene
		ion volating to t	
Coding Schomo	Code describing a condit Same as Field CONDITION		
Coding Scheme: Beginning Position:			Claim
Length:	62 2	Data Source:	Alphanumeric
Field 25:	CONDITION_CODE_4	Туре:	Alphallumenc
Field 25:			
Cadina Cahamat	Code describing a condition	relating to the cla	aim.
Coding Scheme:	Same as Field 22.	Data Cauraa	Claim
Beginning Position:	64	Data Source:	Claim
Length: Field 26:		Туре:	Alphanumeric
riela 20:	CONDITION_CODE_5		
	Code describing a condit		ne claim.
Coding Scheme:	Same as Field CONDITION		
Beginning Position:	66	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 27:	CONDITION_CODE_6		
	Code describing a condit		he claim.
Coding Scheme:	Same as Field CONDITION		
Beginning Position:	68	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 28:	CONDITION_CODE_7		
	Code describing a condit	ion relating to t	he claim.
Coding Scheme:	Same as Field CONDITION	CODE_1.	
Beginning Position:	70	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 29:	CONDITION_CODE_8		
	Code describing a condit	ion relating to t	he claim.
Coding Scheme:	Same as Field CONDITION		
Beginning Position:	72	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 30:	PAT_REASON_FOR_V	ISIT	ł
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	74	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 31:	PRINC_DIAG_CODE	Type:	Alphandmene
		do for the princi-	pal diagnosis, including the 4th, 5th, 6th an
			d following the third character.
	zui uigius ir applicable. L	Jecimal is Implie	u ionowing the third character.
	01		
Beginning Position:	81	Data Source:	Claim
Length:	7		
	7 OTH_DIAG_CODE_1	Data Source: Type:	Claim Alphanumeric
Length:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co	Data Source: Type: de, including the	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 32:	7 OTH_DIAG_CODE_1	Data Source: Type: de, including the ving the third cha	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 32: Beginning Position:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88	Data Source: Type: de, including the	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 32: Beginning Position: Length:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7	Data Source: Type: de, including the ving the third cha	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 32: Beginning Position:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88	Data Source: Type: de, including the ving the third cha Data Source:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 32: Beginning Position: Length:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7 OTH_DIAG_CODE_2	Data Source: Type: de, including the ving the third cha Data Source: Type:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 32: Beginning Position: Length:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co	Data Source: Type: de, including the ving the third cha Data Source: Type: de, including the	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 32: Beginning Position: Length: Field 33:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co Decimal is implied follow	Data Source: Type: de, including the ving the third cha Data Source: Type: de, including the	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co	Data Source: Type: de, including the ving the third cha Data Source: Type: de, including the ving the third cha Data Source:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 32: Beginning Position: Length: Field 33:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co Decimal is implied follow 95 7	Data Source: Type: de, including the ving the third cha Data Source: Type: de, including the ving the third cha	Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co Decimal is implied follow 95 7 OTH_DIAG_CODE_3	Data Source: Type: de, including the ving the third cha Data Source: Type: de, including the ving the third cha Data Source: Type:	Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co Decimal is implied follow 95 7 OTH_DIAG_CODE_3 ICD-10-CM diagnosis co	Data Source: Type: de, including the ing the third cha Data Source: Type: de, including the ing the third cha Data Source: Type: de, including the	Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric 4 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable.
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co Decimal is implied follow 95 7 OTH_DIAG_CODE_3 ICD-10-CM diagnosis co Decimal is implied follow	Data Source: Type: de, including the ing the third cha Data Source: Type: de, including the ing the third cha Data Source: Type: de, including the ing the third cha	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34: Beginning Position:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co Decimal is implied follow 95 7 OTH_DIAG_CODE_3 ICD-10-CM diagnosis co Decimal is implied follow 102	Data Source: Type: de, including the ving the third cha Data Source: Type: de, including the ving the third cha Data Source: Type: de, including the ving the third cha Data Source:	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34:	7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis co Decimal is implied follow 88 7 OTH_DIAG_CODE_2 ICD-10-CM diagnosis co Decimal is implied follow 95 7 OTH_DIAG_CODE_3 ICD-10-CM diagnosis co Decimal is implied follow	Data Source: Type: de, including the ing the third cha Data Source: Type: de, including the ing the third cha Data Source: Type: de, including the ing the third cha	Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric e 4th, 5th, 6th and 7th digits if applicable. aracter.

Field 35:	OTH_DIAG_CODE_4		
			e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied follow 109	ving the third cha Data Source:	aracter. Claim
ength:	109 7	Data Source: Type:	Alphanumeric
ield 36:	OTH_DIAG_CODE_5	· / · ·	F
		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	116	Data Source:	Claim
ength: Field 37:		Туре:	Alphanumeric
	OTH_DIAG_CODE_6	de including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ving the third ch	aracter
Beginning Position:	123	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 38:	OTH_DIAG_CODE_7		
			e 4th, 5th, 6th and 7th digits if applicable.
a alumina De eltie	Decimal is implied follow		
Beginning Position: .ength:	130 7	Data Source: Type:	Claim Alphanumeric
ield 39:	OTH_DIAG_CODE_8		, apriariamente
		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ving the third cha	
Beginning Position:	137	Data Source:	Claim
ength:		Туре:	Alphanumeric
ield 40:	OTH_DIAG_CODE_9	de including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	144	Data Source:	Claim
.ength:	7	Туре:	Alphanumeric
ield 41:	OTH_DIAG_CODE_10		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	-	
Beginning Position: .ength:	151 7	Data Source: Type:	Claim Alphanumeric
ield 42:	OTH_DIAG_CODE_11	iype.	Aiphanumene
		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	158	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 43:	OTH_DIAG_CODE_12		Ath 5th 6th and 7th digits if applicable
	Decimal is implied follow		e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	165	Data Source:	Claim
ength:	7	Type:	Alphanumeric
ield 44:	OTH_DIAG_CODE_13	**	
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	172 7	Data Source:	Claim
<u>ength:</u> ield 45:		Туре:	Alphanumeric
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	179	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 46:	OTH_DIAG_CODE_15		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
	186 7	Data Source: Type:	Claim Alphanumeric
Beginning Position:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, aphanamene
ength:			
eginning Position: ength: ield 47: DSHS/THCIC	OTH_DIAG_CODE_16	Page	DSHS Document #25-15013

	ICD-10-CM diagnosis co	te including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	193	Data Source:	Claim
Length: Field 48:	7 OTH_DIAG_CODE_17	Туре:	Alphanumeric
		te, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	200	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 49:	OTH_DIAG_CODE_18		
			4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	Decimal is implied follow 207	Data Source:	Claim
ength:	7	Type:	Alphanumeric
ield 50:	OTH_DIAG_CODE_19		•
			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		aracter.
Beginning Position:	214	Data Source:	Claim
.ength: Field 51:		Туре:	Alphanumeric
leid 51:	OTH_DIAG_CODE_20	do including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	221	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 52:	OTH_DIAG_CODE_21		
			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	228	Data Source:	Claim
.ength: Field 53:	7 OTH_DIAG_CODE_22	Туре:	Alphanumeric
leiu 55:		te including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	235	Data Source:	Claim
ength:	7	Туре:	Alphanumeric
ield 54:	OTH_DIAG_CODE_23		
			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	242	Data Source:	Claim
ength: Field 55:		Туре:	Alphanumeric
leiu 55:	OTH_DIAG_CODE_24	do including the	4th, 5th, 6th and 7th digits if applicable.
		ie, including the	
	Decimal is implied follow	ing the third cha	
Beainning Position:	Decimal is implied follow	-	aracter.
	Decimal is implied follow 249 7	ing the third cha Data Source: Type:	
ength:	249	Data Source: Type:	aracter. Claim
ength: Field 56:	249 7 RELATED_CAUSE_COD Code identifying an acco	Data Source: Type: DE_1	aracter. Claim
ength: Field 56:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident	Data Source: Type: DE_1	aracter. Claim Alphanumeric
ength: Field 56:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse	Data Source: Type: DE_1 mpanying cause	aracter. Claim Alphanumeric
Beginning Position: Length: Field 56: Coding Scheme:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident	Data Source: Type: DE_1 mpanying cause	aracter. Claim Alphanumeric
Length: Field 56:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible	Data Source: Type: DE_1 mpanying cause	aracter. Claim Alphanumeric
Length: Field 56: Coding Scheme: Beginning Position:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible EM Employment	Data Source: Type: DE_1 mpanying cause	Claim Alphanumeric of an illness, injury or an accident. Claim
ength: Field 56: Coding Scheme: Beginning Position: Ength:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident 256 2	Data Source: Type: DE_1 mpanying cause Data Source: Type:	aracter. Claim Alphanumeric of an illness, injury or an accident.
Length: Field 56: Coding Scheme: Beginning Position: Length:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident 256 2 RELATED_CAUSE_COD	Data Source: Type: DE_1 mpanying cause Data Source: Type: DE_2	Claim Alphanumeric of an illness, injury or an accident. Claim Alphanumeric
Length: Field 56: Coding Scheme: Beginning Position: Length: Field 57:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident 256 2 RELATED_CAUSE_COD Code identifying an acco	Data Source: Type: DE_1 mpanying cause Data Source: Type: DE_2 mpanying cause	Claim Alphanumeric of an illness, injury or an accident. Claim
Length: Field 56: Coding Scheme: Beginning Position: Length: Field 57: Coding Scheme:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident 256 2 RELATED_CAUSE_COD Code identifying an acco Same as Field RELATED_CA	Data Source: Type: PE_1 mpanying cause Data Source: Type: PE_2 mpanying cause USE_CODE_1.	Claim Alphanumeric e of an illness, injury or an accident. Claim Alphanumeric e of an illness, injury or an accident.
Length: Field 56: Coding Scheme: Beginning Position: Length: Field 57: Coding Scheme: Beginning Position:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident 256 2 RELATED_CAUSE_COD Code identifying an acco	Data Source: Type: DE_1 mpanying cause Data Source: Type: DE_2 mpanying cause USE_CODE_1. Data Source:	Claim Alphanumeric of an illness, injury or an accident. Claim Alphanumeric
Length: Field 56:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident 256 2 RELATED_CAUSE_COD Code identifying an acco Same as Field RELATED_CA 258	Data Source: Type: DE_1 mpanying cause Data Source: Type: DE_2 mpanying cause USE_CODE_1. Data Source: Type:	Claim Alphanumeric e of an illness, injury or an accident. Claim Alphanumeric e of an illness, injury or an accident. Claim
Length: Field 56: Coding Scheme: Beginning Position: Length: Field 57: Coding Scheme: Beginning Position: Length:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident 256 2 RELATED_CAUSE_COD Code identifying an acco Same as Field RELATED_CA 258 2 RELATED_CAUSE_COD	Data Source: Type: Def_1 mpanying cause Data Source: Type: Def_2 mpanying cause USE_CODE_1. Data Source: Type: Data Source: Type: Def_3	Claim Alphanumeric of an illness, injury or an accident. Claim Alphanumeric of an illness, injury or an accident. Claim Alphanumeric
Length: Field 56: Coding Scheme: Beginning Position: Length: Field 57: Coding Scheme: Beginning Position: Length: Field 58:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident 256 2 RELATED_CAUSE_COD Code identifying an acco Same as Field RELATED_CA 258 2 RELATED_CAUSE_COD	Data Source: Type: PE_1 mpanying cause Data Source: Type: PE_2 mpanying cause USE_CODE_1. Data Source: Type: PE_3 mpanying cause	Claim Alphanumeric e of an illness, injury or an accident. Claim Alphanumeric e of an illness, injury or an accident. Claim
Length: Field 56: Coding Scheme: Beginning Position: Length: Field 57: Coding Scheme: Beginning Position: Length:	249 7 RELATED_CAUSE_COD Code identifying an acco AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident 256 2 RELATED_CAUSE_COD Code identifying an acco Same as Field RELATED_CAUSE 2 RELATED_CAUSE_COD Code identifying an acco	Data Source: Type: PE_1 mpanying cause Data Source: Type: PE_2 mpanying cause USE_CODE_1. Data Source: Type: PE_3 mpanying cause	Claim Alphanumeric of an illness, injury or an accident. Claim Alphanumeric of an illness, injury or an accident. Claim Alphanumeric

Beginning Position: Length:	260 2	Data Source: Type:	Claim Alphanumeric
Field 59:	E_CODE_1	<i>"</i>	-
	ICD-10-CM external caus	se of injury code,	including the 4th, 5th, 6th and 7th digits if
			of injury. A decimal is implied following the
Beginning Position: Length:	262 7	Data Source: Type:	Claim Alphanumeric
Field 60:	E_CODE_2	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Aphanamene
	ICD-10-CM external caus		including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the
Beginning Position: Length:	269 7	Data Source: Type:	Claim Alphanumeric
Field 61:	E_CODE_3	Typer	Aphanamene
	ICD-10-CM external caus		including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the
Beginning Position:	276	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 62:			including the 4th, 5th, 6th and 7th digits if of injury. Decimal is implied following the
Beginning Position:	283	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 63:			including the 4th, 5th, 6th and 7th digits if of injury. Decimal is implied following the
Beginning Position: Length:	290 7	Data Source: Type:	Claim Alphanumeric
Field 64:			including the 4th, 5th, 6th and 7th digits if of injury. Decimal is implied following the
Beginning Position: Length:	297 7	Data Source: Type:	Claim Alphanumeric
Field 65:	E CODE 7	туре.	Alphandmene
	ICD-10-CM external caus		including the 4th, 5th, 6th and 7th digits if
	third character.		e of injury. Decimal is implied following the
	third character. 304 7	Data Source: Type:	Claim
Beginning Position: Length: Field 66:	304	Data Source:	
Length:	304 7 E_CODE_8 ICD-10-CM external caus	Data Source: Type: se of injury code,	Claim
Length: Field 66: Beginning Position:	304 7 E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311	Data Source: Type: se of injury code, al external cause Data Source:	Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the Claim
Length: Field 66: Beginning Position: Length:	304 7 E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7	Data Source: Type: se of injury code, nal external cause	Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the
Length: Field 66: Beginning Position: Length: Field 67:	304 7 E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7 E_CODE_9 ICD-10-CM external cause applicable, of an addition third character.	Data Source: Type: Se of injury code, nal external cause Data Source: Type: Se of injury code,	Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the
Length: Field 66: Beginning Position: Length: Field 67: Beginning Position:	304 7 E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7 E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318	Data Source: Type: se of injury code, nal external cause Data Source: Type: se of injury code, nal external cause Data Source:	Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the Claim
Length: Field 66: Beginning Position: Length: Field 67: Beginning Position: Length:	304 7 E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7 E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318 7	Data Source: Type: se of injury code, nal external cause Data Source: Type: se of injury code, nal external cause	Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the
Length: Field 66: Beginning Position: Length: Field 67: Beginning Position:	304 7 E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7 E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318 7 E_CODE_10 ICD-10-CM external cause	Data Source: Type: Se of injury code, aal external cause Data Source: Type: Se of injury code, aal external cause Data Source: Type: Se of injury code,	Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the Claim
Length: Field 66: Beginning Position: Length: Field 67: Beginning Position: Length:	304 7 E_CODE_8 ICD-10-CM external cause applicable, of an addition third character. 311 7 E_CODE_9 ICD-10-CM external cause applicable, of an addition third character. 318 7 E_CODE_10 ICD-10-CM external cause applicable, of an addition	Data Source: Type: Se of injury code, aal external cause Data Source: Type: Se of injury code, aal external cause Data Source: Type: Se of injury code,	Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if e of injury. Decimal is implied following the Claim Alphanumeric including the 4th, 5th, 6th and 7th digits if

Beginning Position: Length:	325 7	Data Source: Type:	Claim Alphanumeric
Field 69:	PROC_CODE_1	i ypei	
		ther procedure	with the highest charge performed during
	the period covered by the		
Beginning Position:	332	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
ield 70:	PROC_CODE_2	<i>.</i>	
		r procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	337	Data Source:	Claim
ength:	5	Type:	Alphanumeric
ield 71:	PROC_CODE_3		
		r procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	342	Data Source:	Claim
ength:	5	Type:	Alphanumeric
ield 72:	PROC_CODE_4	Type:	Aphanamene
		r procoduro with	n the next highest charge performed during
	the period covered by the		CPT code
loginning Desition.	347	Dill. HCPCS of Data Source:	Claim
Beginning Position: .ength:	5		Alphanumeric
ield 73:		Туре:	Alphandmenc
	PROC_CODE_5	r procodure uit	the post high out charge portermed during
			the next highest charge performed during
	the period covered by the		
Beginning Position:	352	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
ield 74:	PROC_CODE_6		
			n the next highest charge performed during
	the period covered by the		CPT code.
Beginning Position:	357	Data Source:	Claim
ength:	5	Туре:	Alphanumeric
ield 75:	PROC_CODE_7		
	Code for surgical or othe	r procedure with	the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
Beginning Position:	362	Data Source:	Claim
	_	Type:	Alphanumeric
	5	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	5 PROC_CODE_8	. ypei	
	PROC_CODE_8		•
	PROC_CODE_8 Code for surgical or othe	r procedure with	the next highest charge performed during
ield 76:	PROC_CODE_8 Code for surgical or other the period covered by the	r procedure with e bill. HCPCS or	n the next highest charge performed during CPT code.
ield 76: Beginning Position:	PROC_CODE_8 Code for surgical or other the period covered by the 367	r procedure with e bill. HCPCS or Data Source:	n the next highest charge performed during CPT code. Claim
ield 76: Beginning Position: .ength:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5	r procedure with e bill. HCPCS or	n the next highest charge performed during CPT code.
Field 76: Beginning Position: Length:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9	r procedure with e bill. HCPCS or Data Source: Type:	n the next highest charge performed during CPT code. Claim Alphanumeric
ield 76: Beginning Position: .ength:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other	r procedure with e bill. HCPCS or Data Source: Type: r procedure with	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during
ield 76: Beginning Position: .ength: ield 77:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
eginning Position: ength: ield 77: Beginning Position:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source:	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code.
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type:	the next highest charge performed during CPT code. Claim Alphanumeric the next highest charge performed during CPT code. Claim Alphanumeric
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during
Field 76: Beginning Position: ength: Field 77: Beginning Position: ength: Field 78:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code.
Field 76: Beginning Position: Ength: Field 77: Beginning Position: Ength: Field 78: Beginning Position:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source:	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim
Field 76: Beginning Position: Ength: Field 77: Beginning Position: Ength: Field 78: Beginning Position: Ength:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code.
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type:	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 377	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 372 5	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source:	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 382 5	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 382 5 PROC_CODE_12	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or Data Source: Type:	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 382 5 PROC_CODE_12 Code for surgical or other	r procedure with e bill. HCPCS or Data Source: Type: r procedure with	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length: Field 80:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 382 5 PROC_CODE_12 Code for surgical or other the period covered by the 382 5	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric
Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length: Field 80:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 382 5 PROC_CODE_12 Code for surgical or other	r procedure with e bill. HCPCS or Data Source: Type: r procedure with	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 76: Beginning Position: Length: Field 77: Beginning Position: Length: Field 78: Beginning Position: Length: Field 79: Beginning Position: Length: Field 80: Beginning Position:	PROC_CODE_8 Code for surgical or other the period covered by the 367 5 PROC_CODE_9 Code for surgical or other the period covered by the 372 5 PROC_CODE_10 Code for surgical or other the period covered by the 377 5 PROC_CODE_11 Code for surgical or other the period covered by the 382 5 PROC_CODE_12 Code for surgical or other the period covered by the 382 5	r procedure with e bill. HCPCS or Data Source: Type: r procedure with e bill. HCPCS or	n the next highest charge performed during CPT code. Claim Alphanumeric n the next highest charge performed during CPT code. Claim Alphanumeric

Length: Field 81:	5 PROC_CODE_13	Туре:	Alphanumeric
		procedure with	the next highest charge performed during
	the period covered by the		the next highest charge performed during
Beginning Position:	392	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 82:	PROC_CODE_14	.,,,,	Aphanamene
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	397	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 83:	PROC_CODE_15		
	Code for surgical or other	procedure with	the next highest charge performed during
	the period covered by the	bill. HCPCS or	CPT code.
Beginning Position:	402	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 84:	PROC_CODE_16		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	407	Data Source:	Claim
Length: Field 85:	5 DDOC CODE 17	Туре:	Alphanumeric
rieiā 85:	PROC_CODE_17	neocodure	the post highest shares performed during
	the period servered by the		the next highest charge performed during
Reginning Desition	the period covered by the 412	DIII. HCPCS or Data Source:	CPT code. Claim
Beginning Position: Length:	412 5	Type:	Alphanumeric
Field 86:	PROC_CODE_18		- aprianamene
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	417	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 87:	PROC_CODE_19		•
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	422	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 88:	PROC_CODE_20		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	427	Data Source:	Claim
Length: Field 80	5 DDOC CODE 21	Туре:	Alphanumeric
Field 89:	PROC_CODE_21		the part bishoot shares reaformed during
			the next highest charge performed during
Reginning Desition:	the period covered by the 432	DIII. HCPCS or Data Source:	CPT Code. Claim
Beginning Position: Length:	432 5	Type:	Alphanumeric
Field 90:	PROC_CODE_22	. , pc.	Apronumene
		nrocedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	437	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 91:	PROC_CODE_23		•
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	442	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 92:	PROC_CODE_24		
	Code for surgical or other	procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	447	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
DSHS/THCIC		Page	DSHS Document #25-15013
www.dshs.texas.gov	/THCIC	68	Last Updated: February, 2023
www.uono.textus.zov			

Field 93:	PROC_CODE_25		
			h the next highest charge performed during
Dealantin - Dealth	the period covered by th		
Beginning Position: Length:	452 5	Data Source: Type:	Claim Alphanumeric
Field 94:	OTHER_AMOUNT	iype.	лірнанишенс
	—	. Other Charge	Amount. Calculated using MEDPAR algorithr
			codes other than 0100-0219, revenue
			53X, 055X-060X, 064X-070X, 076X-078X,
	090X-095X, 099X.		
Beginning Position:	457	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 95:	PHARM_AMOUNT		
			rge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 026X, 0		
Beginning Position:	469	Data Source:	Calculated
Length: Field 96:	12 MEDSURG_AMOUNT	Туре:	Numeric
	—	Medical/Surgic	al Supply Charge Amount. Calculated using
			ciated with revenue codes other than 0100
	0219, revenue center 02		
Beginning Position:	481	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 97:	DME_AMOUNT		
			al Equipment Charge Amount. Calculated
			es associated with revenue codes other than
	0100-0219, revenue cer	nters 0290-0292	, 0294-0299.
Beginning Position:	493	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 98:	USED_DME_AMOUNT		
			Medical Equipment Charge Amount.
			m of charges associated with revenue codes
Poginning Desitions	other than 0100-0219, 1	revenue center 0 Data Source:	
Beginning Position: Length:	505 12	Data Source: Type:	Calculated Numeric
Field 99:	PT_AMOUNT		Hamene
		e. Physical Thera	py Charge Amount. Calculated using MEDPA
			ith revenue codes other than 0100-0219,
	revenue center 042X.	, 1000010100 Wi	
Beginning Position:	517	Data Source:	Calculated
Length:	517 12	Data Source: Type:	Calculated Numeric
	12 OT_AMOUNT	Туре:	Numeric
Length:	12 OT_AMOUNT Ancillary Service Charge	Type:	Numeric herapy Charge Amount. Calculated using
Length:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	Type: e, Occupational T n of charges asso	Numeric herapy Charge Amount. Calculated using
Length: Field 100:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sun 0219, revenue center 04	Type: e, Occupational T n of charges asso 43X.	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100
Length: Field 100: Beginning Position:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529	Type: e, Occupational T n of charges asso 43X. Data Source:	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated
Length: Field 100: Beginning Position: Length:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12	Type: e, Occupational T n of charges asso 43X.	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100
Length: Field 100:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT	Type: e, Occupational T n of charges asso 43X. Data Source: Type:	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric
Length: Field 100: Beginning Position: Length:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge	Type: Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric Dogy Charge Amount. Calculated using
Length: Field 100: Beginning Position: Length:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo n of charges asso	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric Dogy Charge Amount. Calculated using
Length: Field 100: Beginning Position: Length: Field 101:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04	Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo n of charges asso 44X, 047X.	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric Dogy Charge Amount. Calculated using ociated with revenue codes other than 0100
Length: Field 100: Beginning Position: Length: Field 101: Beginning Position:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541	Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo n of charges asso 44X, 047X. Data Source:	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric Dogy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated
Length: Field 100: Beginning Position: Length: Field 101: Beginning Position: Length:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12	Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo n of charges asso 44X, 047X.	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric Dogy Charge Amount. Calculated using ociated with revenue codes other than 0100
Length: Field 100: Beginning Position: Length: Field 101:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 IT_AMOUNT	Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo n of charges asso 44X, 047X. Data Source: Type:	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric ogy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric
Length: Field 100: Beginning Position: Length: Field 101: Beginning Position: Length:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 IT_AMOUNT Ancillary Service Charge	Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo n of charges asso 44X, 047X. Data Source: Type: e, Inhalation The	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric Dogy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric rapy Charge Amount. Calculated using
Length: Field 100: Beginning Position: Length: Field 101: Beginning Position: Length:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo n of charges asso 44X, 047X. Data Source: Type: e, Inhalation Theo n of charges asso	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric Dogy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric rapy Charge Amount. Calculated using
Length: Field 100: Beginning Position: Length: Field 101: Beginning Position: Length: Field 102:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04	Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo n of charges asso 44X, 047X. Data Source: Type: e, Inhalation Theo n of charges asso 41X, 046X.	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric Dogy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric rapy Charge Amount. Calculated using ociated with revenue codes other than 0100
Length: Field 100: Beginning Position: Length: Field 101: Beginning Position: Length: Field 102: Beginning Position:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo n of charges asso 44X, 047X. Data Source: Type: e, Inhalation Them n of charges asso 41X, 046X. Data Source:	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric Dogy Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated Numeric rapy Charge Amount. Calculated using
Length: Field 100: Beginning Position: Length: Field 101: Beginning Position: Length: Field 102:	12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04 553	Type: e, Occupational T n of charges asso 43X. Data Source: Type: e, Speech Patholo n of charges asso 44X, 047X. Data Source: Type: e, Inhalation Theo n of charges asso 41X, 046X.	Numeric Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric Dogy Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Numeric rapy Charge Amount. Calculated using ociated with revenue codes other than 0100- Calculated Calculated

	BLOOD_AMOUNT	.	
			led during the patient's stay. Calculated
			es associated with revenue codes other tha
	0100-0219, revenue		
Beginning Position:	565	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 104:	BLOOD_ADMIN_AM		
			ge and processing related to the patient's
			n. Sum of charges associated with revenue
De alexale a De altiera	codes other than 010		
Beginning Position:	577 12	Data Source:	Calculated Numeric
Length: Field 105:		Туре:	Numeric
Field 105.		rao Oporatina Poo	m Charge Amount. Calculated using MEDPA
			ith revenue codes other than 0100-0219,
	revenue center 036X		
Beginning Position:	589	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 106:	LITH_AMOUNT	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-		rge, Lithotrinsv Cha	arge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 079X	5	
Beginning Position:	601	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 107:	CARD_AMOUNT		
			arge Amount. Calculated using MEDPAR
	algorithm. Sum of ch	arges associated wi	ith revenue codes other than 0100-0219,
	revenue center 048X	, 073X.	
Beginning Position:	613	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 108:	ANES_AMOUNT		
			arge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 037X		
Beginning Position:	625	Data Source:	Calculated
	12	Туре:	Numeric
Length: Field 109	LAD AMOUNT		
Field 109:	LAB_AMOUNT	raa laboratory Chi	area Amount Calculated using MEDDAD
	Ancillary Service Cha		arge Amount. Calculated using MEDPAR
	Ancillary Service Char algorithm. Sum of ch	arges associated wi	ith revenue codes other than 0100-0219,
Field 109:	Ancillary Service Cha algorithm. Sum of ch revenue center 030X	arges associated wi -031X, 074X-075X.	ith revenue codes other than 0100-0219,
Field 109: Beginning Position:	Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637	arges associated wi -031X, 074X-075X. Data Source:	ith revenue codes other than 0100-0219, Calculated
Field 109: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12	arges associated wi -031X, 074X-075X.	ith revenue codes other than 0100-0219,
Field 109: Beginning Position:	Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT	arges associated wi -031X, 074X-075X. Data Source: Type:	ith revenue codes other than 0100-0219, Calculated Numeric
Field 109: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of ch revenue center 030X 637 12 RAD_AMOUNT Ancillary Service Cha	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Chai	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR
Field 109: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of ch revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Field 109: Beginning Position: <u>Length:</u> Field 110:	Ancillary Service Cha algorithm. Sum of cha revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of cha revenue center 028X,	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Field 109: Beginning Position: <u>Length:</u> Field 110: Beginning Position:	Ancillary Service Cha algorithm. Sum of ch revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,
Field 109: Beginning Position: Length: Field 110: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of cha revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of cha revenue center 028X, 649 12	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source:	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated
Field 109: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of cha revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of cha revenue center 028X, 649 12 MRI_AMOUNT	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type:	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric
Field 109: Beginning Position: <u>Length:</u> Field 110: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of char revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of char revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric
Field 109: Beginning Position: <u>Length:</u> Field 110: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of char revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of char revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric nount. Calculated using MEDPAR algorithm.
Field 109: Beginning Position: Length: Field 110: Beginning Position: Length: Field 111: Beginning Position:	Ancillary Service Cha algorithm. Sum of cha revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of cha revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges assoc	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric nount. Calculated using MEDPAR algorithm.
Field 109: Beginning Position: Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of ch. revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch. revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges assoc center 061X. 661 12	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An ciated with revenue	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric nount. Calculated using MEDPAR algorithm.
Field 109: Beginning Position: Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of cha revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of cha revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges associated center 061X. 661	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An ciated with revenue Data Source:	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue Calculated
Field 109: Beginning Position: Length: Field 110: Beginning Position: Length: Field 111:	Ancillary Service Cha algorithm. Sum of ch. revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch. revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges assoc center 061X. 661 12 OP_AMOUNT	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An ciated with revenue Data Source: Type:	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue Calculated
Field 109: Beginning Position: Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of ch. revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch. revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges assoc center 061X. 661 12 OP_AMOUNT Ancillary Service Cha	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An ciated with revenue Data Source: Type: rge, Outpatient Ser	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue Calculated Numeric
Field 109: Beginning Position: Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length:	Ancillary Service Cha algorithm. Sum of ch. revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch. revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges assoc center 061X. 661 12 OP_AMOUNT Ancillary Service Cha	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An ciated with revenue Data Source: Type: rge, Outpatient Ser um of charges associated with	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue Calculated Numeric
Field 109: Beginning Position: Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position:	Ancillary Service Cha algorithm. Sum of ch. revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch. revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges assoc center 061X. 661 12 OP_AMOUNT Ancillary Service Cha MEDPAR algorithm. S 0219, revenue center 673	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An ciated with revenue Data Source: Type: rge, Outpatient Ser um of charges associated with	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue Calculated Numeric vices Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated
Field 109: Beginning Position: Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112:	Ancillary Service Cha algorithm. Sum of ch. revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch. revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges assoc center 061X. 661 12 OP_AMOUNT Ancillary Service Cha MEDPAR algorithm. S 0219, revenue center	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An ciated with revenue Data Source: Type: rge, Outpatient Ser um of charges associated with otarges associated with revenue	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue Calculated Numeric vices Charge Amount. Calculated using ociated with revenue codes other than 0100
Field 109: Beginning Position: Length: Field 110: Beginning Position: Length: Field 111: Beginning Position: Length: Field 112: Beginning Position:	Ancillary Service Cha algorithm. Sum of ch. revenue center 030X- 637 12 RAD_AMOUNT Ancillary Service Cha algorithm. Sum of ch. revenue center 028X, 649 12 MRI_AMOUNT Ancillary Service Cha Sum of charges assoc center 061X. 661 12 OP_AMOUNT Ancillary Service Cha MEDPAR algorithm. S 0219, revenue center 673	arges associated wi -031X, 074X-075X. Data Source: Type: rge, Radiology Char arges associated wi , 032X-035X, 040X Data Source: Type: rge, MRI Charge An ciated with revenue Data Source: Type: rge, Outpatient Ser um of charges associated ser 049X-050X. Data Source:	ith revenue codes other than 0100-0219, Calculated Numeric rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric nount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue Calculated Numeric vices Charge Amount. Calculated using ociated with revenue codes other than 0100 Calculated

Field 113:			
Field 113:	ER_AMOUNT	Emorgonov Do	om Charge Amount, Calculated using
			om Charge Amount. Calculated using ociated with revenue codes other than 0100-
	0219, revenue center 04	5	
Beginning Position:	685	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 114:	AMBULANCE_AMOUNT		
	—		arge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 054X.		
Beginning Position:	697	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 115:	PRO_FEE_AMOUNT		
			e Charge Amount. Calculated using MEDPAR
			th revenue codes other than 0100-0219,
	revenue center 096X-098		
Beginning Position:	709	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 116:	ORGAN_AMOUNT	Organ Assuisit	ion Charge Amount, Calculated using
			ion Charge Amount. Calculated using ociated with revenue codes other than 0100-
	5		
Beginning Position:	0219, revenue center 08 721	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 117:	ESRD_AMOUNT	Typei	Numerie
	—	End Stage Ren	al Dialysis Charge Amount. Calculated using
			ciated with revenue codes other than 0100-
	0219, revenue center 08		
Beginning Position:	733	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 118:	CLINIC_AMOUNT		
			rge Amount. Calculated using MEDPAR
		es associated wi	th revenue codes other than 0100-0219,
	revenue center 051X.		
Beginning Position:	745	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 119:	TOTAL_CHARGES		
			vered accommodation charges, ancillary
Beginning Position:	charges, non-covered an 757	Data Source:	Claim
Length:	12	Type:	Numeric
Field 120:	TOTAL_NON_COV_CH		Hamene
			arges, non-covered ancillary charges.
Beginning Position:	769	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 121:	TOTAL_CHARGES_ANC	IL	
	Sum of covered and non	-covered ancilla	ry charges.
Beginning Position:	781	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 122:	TOTAL_NON_COV_CH		
Destaulus Destit	Sum of non-covered and		Claim
Beginning Position: Length:	793 12	Data Source: Type:	Claim Numeric
Field 123:	PHYSICIAN1_INDEX_		Nument
1 ielu 125.	FILISICIANI_INDEX_	NUMBER	

	Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1
	if reported in the 837 Professional Guide format. Physician is an individual licensed to
	practice medicine under the Medical Practice Act. Can include a health practitioner
	other than a physician who provides a diagnostic or therapeutic procedure related to
	the outpatient's surgical or radiological procedure, including a technician,
	psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist,
	authorized by the facility to treat patients.
Suppression:	Suppressed when the number of physicians reported for a facility or the number of physicians
.	reported for CCS_PROC_CODE_1 for the facility is less than five.
Coding Scheme:	999999998 Cell size less than 5 9999999999 Temporary license or license number could not be matched
Beginning Positi	
Length:	10 Type: Alphanumeric
Field 124:	PHYSICIAN2_INDEX_NUMBER
Description:	Unique identifier assigned to the licensed physician reported as the other provider, if
	reported in the 837 Institutional Guide format, or the Rendering Physician 2, if
	reported in the 837 Professional Guide format. Physician is an individual licensed to
	practice medicine under the Medical Practice Act. Can include a health practitioner
	other than a physician who provides a diagnostic or therapeutic procedure related to
	the outpatient's surgical or radiological procedure, including a technician,
	psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist,
	authorized by the facility to treat patients.
Suppression:	Suppressed when the number of physicians reported for a facility or the number of physicians
	represented for CCS_PROC_CODE_1 for a facility is less than five.
Coding Scheme:	
	9999999999 Temporary license or license number could not be matched
Beginning Positi Length:	ion: 815 Data Source: Assigned 10 Type: Alphanumeric
Field 125:	INPUT_FORMAT
	Format in which the outpatient data file was submitted by the facility
Coding Scheme:	
county senemer	1 837 Institutional
Beginning Positi	
Length:	1 Type: Alphanumeric
Length: Field 126:	1 Type: Alphanumeric SOURCE_OF_ADMISSION
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission.
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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 a Hospice Facility Y Invalid
Length: Field 126: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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
Length: Field 126: Description: Coding Scheme:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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 Y Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital
Length: Field 126: Description: Coding Scheme: Beginning	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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 ` Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital
Length: Field 126: Description: Coding Scheme: Beginning Position:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 7 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 1 Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 826 Data Source:
Length: Field 126: Description: Coding Scheme: Beginning Position: Length:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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 Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Data Source: Claim 1 Type: Alphanumeric
Length: Field 126: Description: Coding Scheme: Beginning Position: Length: Field 127:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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 Hospital If Type of Admission=4 (Newborn) 5 5 Born nuiside this hospital 6 Born outside this hospital 826 Data Source: 1 Type: 1 Type: 1 Type:
Length: Field 126: Description: Coding Scheme: Beginning Position: Length: Field 127:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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 Anospital 6 Born inside this hospital 6 Born outside this hospital 6 Born outside this hospital 6 Born outside this hospital 7 Born inside this hospital 8 Data Source: 1 Type: Alphanumeric PAT_STATUS Code indicating patient status as of the ending date of service for the period of care
Length: Field 126: Description: Coding Scheme: Beginning Position: Length: Field 127: Description:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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 Hospital If Type of Admission=4 (Newborn) 5 5 Born nuiside this hospital 6 Born outside this hospital 826 Data Source: 1 Type: 1 Type: 1 Type:
Length: Field 126: Description: Coding Scheme: Beginning Position: Length: Field 127: Description: Coding Scheme:	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 7 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 ' Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 826 Data Source: Claim 1 Type: 1 Type: Alphanumeric PAT_STATUS Code indicating patient status as of the ending date of service
Length: Field 126: Description: Coding Scheme: Beginning Position: Length: Field 127: Description: Coding Scheme: 01 Di	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 7 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 1 Invalid Iff Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 826 Data Source: 1 Type: Alphanumeric PAT_STATUS Code indicating patient status as of the ending date of service for the period of care reported ischarged to home or self-care (routine scharge) 03 Discharged/transferred to skilled nursing
Length: Field 126: Description: Coding Scheme: Beginning Position: Length: Field 127: Description: Coding Scheme: 01 Di dis 02 Di	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a nother health care facility, intermediate care 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 Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital 826 Data Source: 1 Type: 9 Alphanumeric 9 Transfer from a Hospice Facility 1 Type: 826 Data Source: 1 Type: 1 Type:
Length: Field 126: Description: Coding Scheme: Beginning Position: Length: Field 127: Description: Coding Scheme: 01 Di dis 02 Di	1 Type: Alphanumeric SOURCE_OF_ADMISSION Code indicating source of the admission. 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 7 Transfer from one businct Unit of the Hospital to another Distinct Unit of the Same Hospital 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 E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility ' Invalid If Type of Admission=4 (Newborn) 5 5 Born inside this hospital 6 Born outside this hospital 826 Data Source: Claim 1 Type: Alphanumeric PAT_STATUS Code indicating

- 04 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)
- 06 Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice
- 08 Admitted as inpatient to this hospital
- 09 Expired
- 20 Discharged/transferred to Court/Law Enforcement
- 21 Still patient
- 30 Expired at home
- 40 Expired in a medical facility
- 41 Expired, place unknown
- 42 Discharged/transferred to federal government operated health facility
- 43 Hospice-home
- 50 Hospice-medical facility (Certified) providing hospice level of care
- 51 Discharged/transferred within this institution to Medicare-approved swing bed
- 61 Discharged/transferred to inpatient rehabilitation facility
- 62 Discharged/transferred to Medicare-certified long term care hospital
- 63 Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
- 64 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
- 65 Discharged/transferred to Critical Access Hospital (CAH)
- 66 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
- 69 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
- 70 Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
- 81 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 82 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a

Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

- 83 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 84 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 85 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 86 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 87 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 88 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 89 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)
- 90 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 91 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 92 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 93 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 94 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
- 95 Discharged to home or self-care (routine discharge)
 - Invalid

Beginning Position:	827	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 128:	PROVIDER_NAME				
Description:	Name provided by the facility.				
Suppression:	Facilities reporting fewer than 50 events (Provider ID equals `999999') are assigned the name `Low Volume Facility'. If a facility reported fewer than 5 events for a particular gender, including `unknown', Provider Name is blank.				
Beginning Position:	829	Data Source:	Provider		
Length:	55	Туре:	Alphanumeric		

OUTPATIENT CHARGES DATA FILE

Field 1: Description:		RECORD_I					
				n Number. Unique n	umber a	ssigned	to identify the record. The
		Record_ID in	n the ED	Outpatient PUDF is	s not link	able to	the Record_ID in the ED
			DF or El	D Research Data Fil			
Beginning Position:		1		Data Source:	Assig		
Length Field 2		12 DEVENUE		Туре:	Alpha	numeric	
Descri		REVENUE_		to oach crocific acc	ammad	tion on	cillant convice or billing
Jesch	ption.			the services being		ation, an	cillary service or billing
Coding	J Scheme:						
0100	All-inclusive roor ancillary	n charges plus	0132	Room charges for semi - 3/4 beds - rooms - ot		0155	Room charges for ward rooms - hospice
0101	All-inclusive roor	n charges	0133	Room charges for semi - 3/4 beds - rooms - pe		0156	Room charges for ward rooms - detoxification
0110	Room charges fo rooms - general	r private	0134	Room charges for semi - 3/4 beds - rooms - ps		0157	Room charges for ward rooms - oncology
0111	Room charges fo rooms - medical/		0135	Room charges for semi - 3/4 beds - rooms - ho		0158	Room charges for ward rooms - rehabilitation
0112	Room charges fo rooms - obstetric		0136	Room charges for semi - 3/4 beds - rooms -	-private	0159	Room charges for ward rooms - other
0113	Room charges fo rooms - pediatric		0137	detoxification Room charges for semi		0160	Room charges for other rooms - general
0114	Room charges fo rooms - psychiat	ric	0138	- 3/4 beds - rooms - or Room charges for semi	•	0164	Room charges for other rooms – Sterile Environment
0115	Room charges fo rooms - hospice	r private		- 3/4 beds - rooms - rehabilitation		0167	Room charges for other rooms – self care
0116	Room charges fo rooms - detoxific		0139	Room charges for semi - 3/4 beds - rooms - ot	her	0169	Room charges for other rooms - other
0117	Room charges fo rooms - oncology		0140	Room charges for priva (deluxe) rooms - gener	al	0170	Room charges for nursery - general
0118	Room charges fo rooms - rehabilit		0141	Room charges for priva (deluxe) rooms - medical/surgical/GYN	ite	0171	Room charges for nursery - newborn level I
0119	Room charges fo rooms - other	r private	0142	Room charges for priva (deluxe) rooms - obste		0172	Room charges for nursery - newborn level II
0120	Room charges fo rooms - general	r semi-private	0143	Room charges for priva (deluxe) rooms - pedia	ite	0173	Room charges for nursery - newborn level III
0121	Room charges fo rooms - medical/		0144	Room charges for priva (deluxe) rooms - psych	ite	0174	Room charges for nursery - newborn level IV
0122	Room charges fo rooms - obstetric		0145	Room charges for priva (deluxe) rooms - hospi	ite	0179	Room charges for nursery - other
0123	Room charges fo rooms - pediatric		0146	Room charges for priva (deluxe) rooms - detox	ite	0180	Room charges for LOA - genera
0124	Room charges fo rooms - psychiat		0147	Room charges for priva (deluxe) rooms - oncolo	ite	0182 0183	Room charges for LOA - patient convenience-charges billable Room charges for LOA -
0125	Room charges fo rooms - hospice	r semi-private	0148	Room charges for priva (deluxe) rooms - rehab	ite	0185	therapeutic leave Room charges for LOA –
0126	Room charges fo rooms - detoxific		0149	Room charges for priva (deluxe) rooms - other	ite	0100	nursing home (for hospitalization)
0127	Room charges fo rooms - oncology		0150	Room charges for ward general		0189	Room charges for LOA - other
0128	Room charges fo rooms - rehabilit	ation	0151	Room charges for ward medical/surgical/GYN	rooms -	0190	Room charges for subacute care - general
0129	Room charges fo rooms - other	·	0152	Room charges for ward obstetrics	rooms -	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges fo - 3/4 beds - roor	ns - general	0153	Room charges for ward pediatric	rooms -	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges fo - 3/4 beds - roor medical/surgical/	ns -	0154	Room charges for ward psychiatric	rooms -		care)
DSHS/	THCIC			Page			DSHS Document #25-15013
	shs.texas.gov/TH			1 agc 74			Last Updated: February, 202

0193	Room charges for subacute care - Level III (complex care)	02
0194	Room charges for subacute care - Level IV (intensive care)	02
0199	Room charges for subacute care - other	02
0200	Room charges for intensive care - general	02
0201	Room charges for intensive	02
0202	care - surgical Room charges for intensive	02
0203	care - medical Room charges for intensive	02
0204	care - pediatric Room charges for intensive	02
0206	care - psychiatric Room charges for intensive	02
	care - intermediate intensive care unit (ICU)	02
0207	Room charges for intensive care - burn care	02
0208	Room charges for intensive care - trauma	02
0209	Room charges for intensive care - other	02
0210	Room charges for coronary care - general	02
0211	Room charges for coronary care - myocardial infarction	02
0212	Room charges for coronary care - pulmonary care	02
0213	Room charges for coronary care	02
0214	 heart transplant Room charges for coronary care 	02
0211	- intermediate coronary care unit (CCU)	02
0219	Room charges for coronary care - other	02
0220	Special charges - general	02
0221	Special charges - admission charge	02
0222	Special charges - technical support charge	02
0223	Special charges - UR service charge	02
0224	Special charges - late discharge, medically necessary	02
0229	Special charges - other	02
0230	Incremental nursing care -	02
0231	general Incremental nursing care -	02
0232	nursery Incremental nursing care - OB	02
0233	Incremental nursing care - ICU	02
0234	(includes transitional care) Incremental nursing care - CCU (includes transitional care)	02
0235	Incremental nursing care -	02
	hospice	

0239	Incremental nursing care - other
0240	All-inclusive ancillary - general
0241	All-inclusive ancillary - basic
0242	All-inclusive ancillary - comprehensive
0243	All-inclusive ancillary - specialty
0249	All-inclusive ancillary - other
0250	Pharmacy - general
0251	Pharmacy - generic drugs
0252	Pharmacy – non-generic drugs
0253	Pharmacy - take-home drugs
0254	Pharmacy - drugs incident to other diagnostic services
0255	Pharmacy - drugs incident to radiology
0256	Pharmacy - experimental drugs
0257	Pharmacy - nonprescription
0258	Pharmacy - IV solutions
0259	Pharmacy - other
0260	IV Therapy - general
0261	IV Therapy - infusion pump
0262	IV Therapy - pharmacy services
0263	IV Therapy - drug/supply delivery
0264	IV Therapy - supplies
0269	IV Therapy - other
0270	Medical surgical supplies and devices - general
0271	Medical surgical supplies and devices - nonsterile
0272	Medical surgical supplies and devices - sterile
0273	Medical surgical supplies and devices - take-home
0274	Medical surgical supplies and devices - prosthetic/orthotic
0275	Medical surgical supplies and devices - pacemaker
0276	Medical surgical supplies and devices - intraocular lens (IOL)
0277	Medical surgical supplies and devices - oxygen - take-home
0278	Medical surgical supplies and devices - other implants
0279	Medical surgical supplies and devices - other
0280	Oncology - general

0289	Oncology - other
0290	DME - general
0291	DME - rental
0292	DME - purchase of new
0293	DME - purchase of used
0294	DME - supplies/drugs for DME effectiveness
0299	DME - other equipment
0300	Laboratory - general
0301	Laboratory - chemistry
0302	Laboratory - immunology
0303	Laboratory - renal patient (home)
0304	Laboratory – non-routine dialysis
0305	Laboratory - hematology
0306	Laboratory - bacteriology and microbiology
0307	Laboratory - urology
0309	Laboratory - other
0310	Laboratory pathological - general
0311	Laboratory pathological - cytology
0312	Laboratory pathological - histology
0314	Laboratory pathological - biopsy
0319	Laboratory pathological - other
0320	Radiology - diagnostic - general
0321	Radiology - diagnostic - angiocardiography
0322	Radiology - diagnostic - arthrography
0323	Radiology - diagnostic - arteriography
0324	Radiology - diagnostic - chest x-ray
0329	Radiology - diagnostic - other
0330	Radiology - therapeutic and/or chemotherapy administration - general
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy

0225		0200	Diand and bland services.	
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0390	Blood and blood component administration, storage and processing - general	
0339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration	
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	
0341	Nuclear medicine - diagnostic procedures	0200	processing – processing and storage Blood and blood component	
0342	Nuclear medicine - therapeutic procedures	0399	administration, storage and processing - other	
0343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	
0344	Nuclear medicine - therapeutic radiopharmaceuticals	0401	Other imaging services -	
0349	Nuclear medicine - other	0402	diagnostic mammography Other imaging services -	
0350	CT scan - general		ultrasound	
0351	CT scan - head	0403	Other imaging services - screening mammography	
0352	CT scan - body	0404	Other imaging services - PET	
0359	CT scan - other	0409	Other imaging services - other	
0360	Operating room services - general	0410	Respiratory services - general	
0361	Operating room services - minor surgery	0412	Respiratory services - inhalation	
0362	Operating room services - organ transplant other than kidney	0413 0419	Respiratory services - hyperbaric oxygen therapy Respiratory services - other	
0367	Operating room services -	0419	Respiratory services - other	
0000	kidney transplant	0420	Physical therapy - general	
0369	Operating room services - other	0421	Physical therapy - visit charge	
0370	Anesthesia - general	0422	Physical therapy - hourly charge	
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate	
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	
0374	Anesthesia - acupuncture	0429	Physical therapy - other	
0379	Anesthesia - other	0430	Occupational therapy - general	
0380	Blood - general	0431	Occupational therapy - visit charge	
0381	Blood - packed red cells	0432	Occupational therapy - hourly charge	
0382	Blood - whole blood	0433	Occupational therapy - group rate	
0383	Blood - plasma	0434	Occupational therapy -	
0384	Blood - platelets	0439	evaluation or reevaluation Occupational therapy - other	
0385	Blood - leukocytes			
0386	Blood - other components	0440	Speech-language pathology - general	
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	
0389	Blood - other	0442	Speech-language pathology - hourly charge	
DSHS/7	FHCIC		Page	

0443	Speech-language pathology - group rate
0444	Speech-language pathology - evaluation or reevaluation
0449	Speech-language pathology - other
0450	Emergency room - general
0451	Emergency room - EMTALA emergency medical screening services
0452	Emergency room - beyond EMTALA screening
0456	Emergency room - urgent care
0459	Emergency room - other
0460	Pulmonary function - general
0469	Pulmonary function - other
0470	Audiology - general
0471	Audiology - diagnostic
0472	Audiology - treatment
0479	Audiology - other
0480	Cardiology - general
0481	Cardiology - cardiac cath lab
0482	Cardiology - stress test
0483	Cardiology - echocardiology
0489	Cardiology - other
0490	Ambulatory surgical care - general
0499	Ambulatory surgical care - other
0500	Outpatient services - general
0509	Outpatient services - other
0510	Clinic - general
0511	Clinic - chronic pain
0512	Clinic - dental
0513	Clinic - psychiatric
0514	Clinic - OB/GYN
0515	Clinic - pediatric
0516	Clinic - urgent care
0517	Clinic - family practice
0519	Clinic - other
0520	Freestanding Clinic - general
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
	DSHS Document #25-15013
	Last Updated: February, 2023

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0523	Freestanding Clinic - family practice
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A 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
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0529	Freestanding Clinic - other
0520	Octoonathic convice concret
0530	Osteopathic service - general
0531	Osteopathic service - therapy
0539	Osteopathic service - other
0540	Ambulance service - general
0541	Ambulance service - supplies
0542	Ambulance service - medical transport
0543	Ambulance service - heart mobile
0544	Ambulance service - oxygen
0545	Ambulance service - air ambulance
0546	Ambulance service - neonatal
0547	Ambulance service - pharmacy
0548	Ambulance service - telephone
0549	transmission EKG Ambulance service - other
0550	Skilled nursing - general
0551	Skilled nursing - visit charge
0552	Skilled nursing - hourly charge
0559	Skilled nursing - other
0560	Medical social services - general
0561	Medical social services - visit charge

0562	Medical social services - hourly charge
0569	Medical social services - other
0570	Home health aide - general
0571	Home health aide - visit charge
0572	Home health aide - hourly charge
0579	Home health aide - other
0580	Other visits (home health) - general
0581	Other visits (home health) - visit charge
0582	Other visits (home health) - hourly charge
0583	Other visits (home health) - assessment
0589	Other visits (home health) - other
0590	Units of service (home health) - general
0600	Oxygen (home health) - general
0601	Oxygen (home health) - stat/equip/supply or contents
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0604	Oxygen (home health) - portable add-in
0609	Oxygen (home health) - other
0610	Magnetic Resonance Technology (MRT) - MRI - general
0611	- Magnetic Resonance Technology (MRT) - MRI - brain
0612	(including brain stem) Magnetic Resonance Technology (MRT) - MRI -
0614	spinal cord (including spine) Magnetic Resonance
0014	Technology (MRT) - MRI - other
0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0618	Magnetic Resonance Technology (MRT) - MRA – other
0619	Magnetic Resonance Technology (MRT) - Other MRT
0621	Medical/surgical supplies - incident to radiology

0622	Medical/surgical supplies - incident to other diagnostic services
0623	Medical/surgical supplies - surgical dressings
0624	Medical/surgical supplies - FDA investigational devices
0631	Drugs requiring specific identification - single source
0632	Drugs requiring specific identification - multiple source
0633	Drugs requiring specific identification - restrictive prescription
0634	Drugs requiring specific identification - EPO, less than 10,000 units
0635	Drugs requiring specific identification - EPO, 10,000 or more units
0636	Drugs requiring specific identification - requiring detailed coding
0637	Drugs requiring specific identification - self- administrable
0640	Home IV therapy services - general
0641	Home IV therapy services – non-routine nursing, central line
0642	Home IV therapy services - IV site care, central line
0643	Home IV therapy services - IV start/change, peripheral line
0644	Home IV therapy services – non-routine nursing, peripheral line
0645	Home IV therapy services - training patient/caregiver, central line
0646	Home IV therapy services - training, disabled patient, central line
0647	Home IV therapy services - training, patient/caregiver, peripheral
0648	Home IV therapy services - training, disabled patient, peripheral
0649	Home IV therapy services - other
0650	Hospice services - general
0651	Hospice services - routine home care
0652	Hospice services - continuous home care
0655	Hospice services - inpatient respite care
0656	Hospice services - general inpatient care (non-respite)
0657	Hospice services - physician services

DSHS/THCIC

www.dshs.texas.gov/THCIC

0658	Hospice services - room and board - nursing facility
0659	Hospice services - other
0660	Respite care - general
0661	Respite care - hourly charge/skilled nursing
0662	Respite care - hourly charge/aide/homemaker/compa nion
0663	Respite care - daily charge
0669	Respite care - other
0670	Outpatient special residence - general
0671	Outpatient special residence - hospital based
0672	Outpatient special residence - contracted
0679	Outpatient special residence - other
0681	Trauma response - level I
0682	Trauma response - level II
0683	Trauma response - level III
0684	Trauma response - level IV
0689	Trauma response - other
0690	Pre-hospice/Palliative Care Services - general
0691	Pre-hospice/Palliative Care Services – visit charge
0692	Pre-hospice/Palliative Care Services – hourly charge
0693	Pre-hospice/Palliative Care Services - evaluation
0694	Pre-hospice/Palliative Care Services – consultation and education
0695	Pre-hospice/Palliative Care Services – inpatient care
0696	Pre-hospice/Palliative Care Services – physician services
0699	Pre-hospice/Palliative Care Services - other
0700	Cast Room services - general
0710	Recovery Room services - general
0720	Labor/Delivery Room services - general
0721	Labor/Delivery Room services - labor
0722	Labor/Delivery Room services - delivery
0723	Labor/Delivery Room services - circumcision
0724	Labor/Delivery Room services - birthing center

0729	Labor/Delivery Room services - other
0730	EKG/ECG services - general
0731	EKG/ECG services - Holter monitor
0732	EKG/ECG services - telemetry
0739	EKG/ECG services - other
0740	EEG services - general
0750	Gastrointestinal services - general
0760	Treatment or observation room services - general
0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0762	Specialty Room - Treatment/ Observation Room - Observation Room
0769	Treatment or observation room services - other
0770	Preventive care services - general
0771	Preventive care services - vaccine administration
0780	Telemedicine services - general
0790	Extra-corporeal shockwave therapy - general
0800	Inpatient renal dialysis services - general
0801	Inpatient renal dialysis services - hemodialysis
0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0809	Inpatient renal dialysis services - other
0810	Acquisition of body components- general
0811	Acquisition of body components - living donor
0812	Acquisition of body components - cadaver donor
0813	Acquisition of body components - unknown donor
0814	Acquisition of body components - unsuccessful organ search- donor bank charges
0815	Acquisition of body components – stem cells- allogeneic
0819	Acquisition of body components - other donor

0820	Hemodialysis - outpatient or home - general
0821	Hemodialysis - outpatient or home - composite or other rate
0822	Hemodialysis - outpatient or home – home supplies
0823	Hemodialysis - outpatient or home – home equipment
0824	Hemodialysis - outpatient or home – maintenance 100%
0825	Hemodialysis - outpatient or home - support services
0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0829	Hemodialysis - outpatient or home - other
0830	Peritoneal dialysis - outpatient or home - general
0831	Peritoneal dialysis - outpatient or home - composite or other rate
0832	Peritoneal dialysis - outpatient or home – home supplies
0833	Peritoneal dialysis - outpatient or home – home equipment
0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0835	Peritoneal dialysis - outpatient or home - support services
0839	Peritoneal dialysis - outpatient or home - other
0840	CAPD - outpatient or home - general
0841	CAPD - outpatient or home - composite or other rate
0842	CAPD - outpatient or home – home supplies
0843	CAPD - outpatient or home – home equipment
0844	CAPD - outpatient or home – maintenance 100%
0845	CAPD - outpatient or home - support services
0849	CAPD - outpatient or home - other
0850	CCPD - outpatient or home - general
0851	CCPD - outpatient or home - composite or other rate
0852	CCPD - outpatient or home - home supplies
0853	CCPD - outpatient or home - home equipment
0854	CCPD - outpatient or home - maintenance 100%
0855	CCPD - outpatient or home - support services
0859	CCPD - outpatient or home - other
0860	Magnetoencephalography (MEG) - General
	DSHS Document #25-15013
	Last Updated: February, 2023

DSHS/THCIC

0861	Magnetoencephalography (MEG) - MEG	09
0880	Miscellaneous dialysis - general	09
0881	Miscellaneous dialysis - ultrafiltration	09
0882	Miscellaneous dialysis - home aide visit	09
0889	Miscellaneous dialysis - other	09
0900	Behavior health treatments/services - general	09
0901	Behavior health treatments/services - electroshock	09
0902	Behavior health treatments/services - milieu	09
0903	therapy Behavioral health treatments/services - play therapy	09
0904	Behavior health treatments/services - activity	09
0905	therapy Behavior health	09
0905	treatments/services - intensive outpatient services - psychiatric	09
0906	Behavior health treatments/services - intensive outpatient services - chemical dependency	09
0907	Behavior health treatments/services - community behavioral health	09
0911	program Behavior health	09
	treatment/services - rehabilitation	09
0912	Behavior health treatment/services - partial hospitalization - less intensive	09
0913	Behavior health treatment/services - partial hospitalization - intensive	09
0914	Behavior health treatment/services - individual	09
0915	therapy Behavior health treatment/services - group	09
0016	therapy	09
0916	Behavior health treatment/services - family therapy	09
0917	Behavior health treatment/services - biofeedback	09
0918	Behavior health treatment/services - testing	09
0919	Behavior health treatment/services - other	09
0920	Other diagnostic services - general	09
0921	Other diagnostic services - peripheral vascular lab	09
0922	Other diagnostic services - electromyogram	09

0923	Other diagnostic services - pap smear
0924	Other diagnostic services - allergy test
0925	Other diagnostic services - pregnancy test
0929	Other diagnostic services - other
0931	Medical rehabilitation day program - half day
0932	Medical rehabilitation day program - full day
0940	Other therapeutic services - general
0941	Other therapeutic services - recreational therapy
0942	Other therapeutic services - education/training
0943	Other therapeutic services - cardiac rehabilitation
0944	Other therapeutic services - drug rehabilitation
0945	Other therapeutic services - alcohol rehabilitation
0946	Other therapeutic services - complex medical equipment - routine
0947	Other therapeutic services - complex medical equipment - ancillary
0948	Other therapeutic services – pulmonary rehabilitation
0949	Other therapeutic services - other
0951	Other therapeutic services – athletic training
0952	Other therapeutic services - kinesiotherapy
0953	Other therapeutic services – chemical dependency (drug and alcohol)
0960	Professional fees - general
0961	Professional fees - psychiatric
0962	Professional fees - ophthalmology
0963	Professional fees - anesthesiologist (MD)
0964	Professional fees - anesthetist (CRNA)
0969	Professional fees - other
0971	Professional fees - laboratory
0972	Professional fees - radiology - diagnostic
0973	Professional fees - radiology - therapeutic
0974	Professional fees - radiology - nuclear medicine
0975	Professional fees - operating room
	D

0976	Professional fees - respiratory therapy
0977	Professional fees - physical therapy
0978	Professional fees - occupational therapy
0979	Professional fees - speech therapy
0981	Professional fees - emergency room
0982	Professional fees - outpatient services
0983	Professional fees - clinic
0984	Professional fees - medical social services
0985	Professional fees - EKG
0986	Professional fees - EEG
0987	Professional fees - hospital visit
0988	Professional fees - consultation
0989	Professional fees - private duty nurse
0990	Patient convenience items - general
0991	Patient convenience items - cafeteria/guest tray
0992	Patient convenience items - private linen service
0993	Patient convenience items - telephone/telegraph
0994	Patient convenience items - TV/radio
0995	Patient convenience items - nonpatient room rentals
0996	Patient convenience items - late discharge charge
0997	Patient convenience items - admission kits
0998	Patient convenience items - beauty shop/barber
0999	Patient convenience items - other
1000	Behavior health accommodations - general
1001	Behavior health accommodations - residential treatment - psychiatric
1002	Behavior health accommodations - residential treatment - chemical dependency
1003	Behavior health accommodations - supervised living
1004	Behavior health accommodations - halfway house
1005	Behavior health accommodations - group home

DSHS/THCIC

2100	Alternative thera	ipv services -	2105	Alternative therapy servic	es -	3103	Adult day care, medical and
	general			biofeedback			social - daily
2101	Alternative thera acupuncture	py services -	2106	Alternative therapy servic hypnosis	es -	3104	Adult day care, social - daily
2102	Alternative thera acupressure	py services -	2109	Alternative therapy servic other	es -	3105	Adult foster care - daily
2103	Alternative thera massage	py services -	3101	Adult day care, medical an social - hourly	nd	3109	Adult foster care - other
2104	Alternative thera	ipy services -	3102	Adult day care, social - ho	ourly		
Beginn	ing Position:	13		Data Source:	Claim		
Length		4		Туре:	Alphanu	umeric	
Field 3:	-	HCPCS_QUA					have see and the
Descrip		HCPCS_PROC	CEDURE			e num	ber used in
-	ing Position:	17		Data Source:	Claim		
<u>Length</u> Field 4	•				Alphanu	Imeric	
Descrip	otion:	HCPCS_PRC			(HCDCC) codo	applicable to ancillary
h		services or a			LUCE CO	, coue	applicable to allellially
Coding	Scheme:		w.cms.h		odeSets/A	NHCPC	CS/list.asp for complete list of
	ing Position:	19		Data Source:	Claim		
Length	:	5		Туре:	Alphanu	Imeric	
Field 5:		MODIFIER_	-	au an a ha a sea a s	+	fa	non of the service
Descrip Codina	Scheme:	identifies spe	ecial cire	cumstances related to	o the per	iormai	nce of the service
-			50	Changed on Delete d Dure			Drofossional During the
22	Increased proce		58	Staged or Related Procedu Service by the Same Phys			Professional During the Postoperative Period
23	Unusual Anesthe	sia		or Other Qualified Health		80	Assistant Surgeon
24	Unrelated Evalua			Professional During the Postoperative Period		81	Minimum Assistant Surgeon
	Management Se Same Physician		59	Distinct Procedural Service	e	82	
	Qualified Health	Care	62	Two Surgeons	-	02	Repeat procedure by same physician
	Professional duri Postoperative Pe			-	nfanta	90	Reference (Outside) Laboratory
25	Significant, Sepa		63	Procedure Performed on I less than 4kg	nrants	91	Repeat Clinical Diagnostic
	Identifiable Eval	uation and	66	Surgical Team			Laboratory Test
	Management Se Same Physician		73	Discontinued Outpatient		92	Alternative Laboratory Platform Testing
	Qualified Health	Care		Hospital/Ambulatory Surg		95	Synchronous Telemedicine
	Professional on t of the Procedure			Center (ASC) Procedure p the Administration of	πισι το		Service Rendered Via a Real-
	Service			Anesthesia			Time Interactive Audio and Video Telecommunications
26	Professional Con	nponent	74	Discontinued Outpatient			System
27	Multiple Outpatie			Hospital/Ambulatory Surg Center (ASC) Procedure a		99	Multiple Modifiers
	E/M Encounters Date	on the Same		Administration of Anesthe	sia	1P	Performance Measure Exclusion
32	Mandated Servic	es	76	Repeat Procedure by Sam Physician or Other Qualifie		e -	Modifier due to Medical Reasons
33	Preventive Servi			Health Care Professional	eu	2P	Performance Measure Exclusion Modifier due to Patient Reasons
47	Anesthesia by Si		77	Repeat Procedure by Anot Physician or Other Qualifie		3P	Performance Measure Exclusion
50	, Bilateral Procedu	2		Health Care Professional	eu	00	Modifier due to System Reasons
51	Multiple Procedu	res	78	Unplanned Return to the	m hv	8P	Performance Measure Reporting Modifier- Action not performed,
52	Reduced Service	S		Operating/Procedure Roor the Same Physician or Oth		D1	reason not otherwise specified
53	Discontinued Pro	ocedure		Qualified Health Care Professional Following Init	tial	P1 P2	A normal healthy patient
54	Surgical Care Or	lly		Procedure for a Related		٢Z	A patient with mild systemic disease
55	Postoperative Ma	anagement		Procedure During the Postoperative Period		Р3	A patient with severe systemic disease
56	Only Preoperative Ma	nagement Only	79	Unrelated Procedure or Se		P4	A patient with severe systemic
50 57	Preoperative Man Decision for Sure			by the Same Physician or Qualified Health Care	otner		disease that is a constant threat to life
57		J					נוווכמר נט ווופ
DSHS/1	THCIC			Page			DSHS Document #25-15013

www.daha tayaa goy/TUCIC	
www.dshs.texas.gov/THCIC	

Р5	A moribund pati		FA	Left hand, thumb		RT	Right side of the body
	expected to surv operation	vive without the	GG	Performance and payment		T1	procedure Left foot, second digit
P6	A declared brain whose organs ar			screening mammography diagnostic mammograph	y on	T2	Left foot, third digit
	removed for don	5	<u></u>	same patient, same day.		Т3	Left foot, fourth digit
E1	Upper left eyelid		GH	Diagnostic mammogram converted from screening]	T4	Left foot, fifth digit
E2	Lower left eyelid			mammogram on same d	•	Т5	Right foot, great toe
E3	Upper right eyel	id	LC	Left circumflex coronary	artery	T6	Right foot, second digit
E4	Lower right eyel	id	LD	Left anterior descending coronary artery		T7	Right foot, third digit
F1	Left hand, secon	d digit	LM	Left main coronary arter	/	Т8	Right foot, fourth digit
F2	Left hand, third	digit	LT	Left side of the body pro	cedure	Т9	Right foot, fifth digit
F3	Left hand, fourth	n digit	Q	Ambulance service provi	ded	TA	Left foot, great toe
F4	Left hand, fifth o	ligit	М	under arrangement by a provider of services		XE	Separate Encounter
F5	Right hand, thur	nb	QN	Ambulance service furnis	hed	XS	Separate Structure
F6	Right hand, seco	ond digit		directly by a provider of services		XP	Separate Practitioner
F7	Right hand, third	l digit	RC	Right coronary artery		XU	Unusual Non-Overlapping
F8	Right hand, four	th digit	RI	Ramus intermedius coror	nary		Service
F9	Right hand, fifth	digit		artery			
	ning Position:	24		Data Source:	Claim		
Lengt		2		Туре:	Alphan	umeric	
Field (MODIFIER_2					
	iption:			cumstances related t	o the pe	rforma	nce of the service.
	g Scheme:	Same as Field M	ODIFIE	_	.		
	ning Position:	26		Data Source:	Claim		
Lengt		2		Туре:	Alphan	umeric	
Field 2 Descr	/: iption:	MODIFIER_3		cumstances related t	o the ne	rforma	nce of the service
	g Scheme:	Same as Field M			o the pe	nonna	
Begin	ning Position:	28		Data Source:	Claim		
Lengt		2		Туре:	Alphan	umeric	
Field 8		MODIFIER_4		our stan and valated t	a tha na	efo enos o	nee of the comise
	iption: g Scheme:	Same as Field M		cumstances related t =R 1	o the pe	riorma	nce of the service.
	ning Position:	30	001111	Data Source:	Claim		
Lengt		2		Туре:	Alphan	umeric	
Field		UNIT_MEASU					
	iption:	Code specifyin	g the	units in which a valu	e is bein	g expr	essed.
Coain	g Scheme:	DA Days F2 Interna	tional	unit			
		UN Unit					
Begin Lengt	ning Position:	32 2		Data Source: Type:	Claim Alphan	umoric	
Field		UNITS_OF_S	FRVT		Alphan	unicite	
	iption:	Numeric value					
	ning Position:	34	•	Data Source:	Claim		
Lengt Field				Туре:	Numer	IC	
	iption:	UNIT_RATE					
	ning Position:	Rate per unit 41		Data Source:	Claim		
Lengt		12		Type:	Numer	ic	
Field		CHRGS_LINE	ITE	/ i	amer		
	iption:	Total amount of					
	ning Position:	53		Data Source:	Assigne	ed	
Lenat		14			Numer		

	55		,	
Length:	14	Туре:	Numeric	
Field 13:	CHRGS_NON_COV			
Description:	Total non-covered amou	int of the charge		
Beginning Position:	67	Data Source:	Assigned	
DSHS/THCIC		Page		DSHS Document #25-15013
www.dshs.texas.gov/Tl	HCIC	81		Last Updated: February, 2023

Lenath:

14

Numeric

OUTPATIENT CLASSIFICATION DATA FILE

Field 1:	RECORD_ID		
Description:	Record Identification Nu	mber. Unique nu	mber assigned to identify the record. The
			not linkable to the Record_ID in the ED
	Inpatient PUDF or ED Re		
Beginning Position:	1	Data Source:	Assigned
Length:	12	Туре:	Alphanumeric
Field 2:	CCSR_PRIN_DIAG_CO		
	Clinical Classifications So	oftware (CCS) cla	assification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis cat	egory.	
Beginning Position:	13	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 3:	CCSR_OTH_DIAG_CO		
			assification of OTH_DIAG_CODE_1 into
	clinically meaningful diag		
Beginning Position:	17	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 4:	CCSR_OTH_DIAG_COL		
			assification of OTH_DIAG_CODE_2 into
	clinically meaningful diag		
Beginning Position:	21	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 5:	CCSR_OTH_DIAG_CO		
			assification of OTH_DIAG_CODE_3 into
	clinically meaningful diag		
Beginning Position:	25	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 6:	CCSR_OTH_DIAG_CO	DE_4	
			assification of OTH_DIAG_CODE_4 into
	clinically meaningful diag		
Beginning Position:	29	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 7:	CCSR_OTH_DIAG_CO		
			assification of OTH_DIAG_CODE_5 into
	clinically meaningful diag		
Beginning Position:	33	Data Source:	Assigned
Length: Field 8:	4	Туре:	Alphanumeric
Field 8:	CCSR_OTH_DIAG_COL		A STATE OF A STATE DIAG CODE C Inte
			assification of OTH_DIAG_CODE_6 into
Dealaning Dealth	clinically meaningful diag		Assigned
Beginning Position:	37 4	Data Source:	Assigned Alphanumeric
Length: Field 9:	 CCSR_OTH_DIAG_COI	Type:	Арнанишенс
			assification of OTH DIAC CODE 7 into
			assification of OTH_DIAG_CODE_7 into
Poginning Desition	clinically meaningful diag		Accienced
Beginning Position: Length:	41 4	Data Source: Type:	Assigned Alphanumeric
Field 10:	CCSR_OTH_DIAG_COL		
			assification of OTH_DIAG_CODE_8 into
	clinically meaningful diac		
Beginning Position:	45	Data Source:	Assigned
Length:	45 4	Type:	Assigned Alphanumeric
Field 11:	CCSR_OTH_DIAG_COL		
			assification of OTH_DIAG_CODE_9 into
	clinically meaningful diag		
DSHS/THCIC		Page	DSHS Document #25-15013
www.dshs.texas.gov	/THCIC	82	Last Updated: February, 2023

Beginning Position: Length:	49 4	Data Source: Type:	Assigned Alphanumeric
Field 12:	CCSR_OTH_DIAG_CO		Aphanamene
			assification of OTH_DIAG_CODE_10 into
	clinically meaningful dia		
Beginning Position:	53	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 13:	CCSR_OTH_DIAG_CO		Alphandmene
			assification of OTH DIAC CODE 11 into
			assification of OTH_DIAG_CODE_11 into
	clinically meaningful dia		
Beginning Position:	57	Data Source:	Assigned
Length: Field 14:	4	Type:	Alphanumeric
Field 14:	CCSR_OTH_DIAG_CO		
			assification of OTH_DIAG_CODE_12 into
	clinically meaningful dia		
Beginning Position:	61	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 15:	CCSR_OTH_DIAG_CO		
			assification of OTH_DIAG_CODE_13 into
	clinically meaningful dia		
Beginning Position:	65	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 16:	CCSR_OTH_DIAG_CO		
			assification of OTH_DIAG_CODE_14 into
	clinically meaningful dia	agnosis category.	
Beginning Position:	69	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 17:	CCSR_OTH_DIAG_CO	DE_15	
			assification of OTH_DIAG_CODE_15 into
	clinically meaningful dia		
Beginning Position:	73	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 18:	CCSR_OTH_DIAG_CO		Aphanamene
			assification of OTH_DIAG_CODE_16 into
	clinically meaningful dia		
Beginning Position:	77	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 19:	CCSR_OTH_DIAG_CO		Alphanamene
			assification of OTH_DIAG_CODE_17 into
Designing Desition.	clinically meaningful dia		
Beginning Position:	81	Data Source:	Assigned
Length: Field 20:		Туре:	Alphanumeric
	CCSR_OTH_DIAG_CO	NDE 10	·
	Clinical Classification of		antipation of OTH DIAC CODE 10 inte
		Software (CCS) cl	assification of OTH_DIAG_CODE_18 into
	clinically meaningful dia	Software (CCS) cl agnosis category.	
	clinically meaningful dia 85	Software (CCS) cl agnosis category. Data Source:	Assigned
Length:	clinically meaningful dia 85 4	Software (CCS) cl agnosis category. Data Source: Type:	
Length:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO	Goftware (CCS) cl agnosis category. Data Source: Type: DDE_19	Assigned Alphanumeric
Length:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S	Software (CCS) cl agnosis category. Data Source: Type: DE_19 Software (CCS) cl	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into
Length: Field 21:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia	Software (CCS) cl agnosis category. Data Source: Type: DDE_19 Software (CCS) cl agnosis category.	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into
Length: Field 21: Beginning Position:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89	Software (CCS) cl agnosis category. Data Source: Type: DDE_19 Software (CCS) cl agnosis category. Data Source:	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned
Length: Field 21: Beginning Position: Length:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4	Software (CCS) cl agnosis category. Data Source: Type: DDE_19 Software (CCS) cl agnosis category. Data Source: Type:	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into
Length: Field 21: Beginning Position: Length:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4 CCSR_OTH_DIAG_CO	Software (CCS) cl agnosis category. Data Source: Type: DDE_19 Software (CCS) cl agnosis category. Data Source: Type: DDE_20	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned Alphanumeric
Length: Field 21: Beginning Position: Length:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4 CCSR_OTH_DIAG_CO Clinical Classifications S	Software (CCS) cl agnosis category. Data Source: Type: DE_19 Software (CCS) cl agnosis category. Data Source: Type: DE_20 Software (CCS) cl	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned Alphanumeric assification of OTH_DIAG_CODE_20 into
Length: Field 21: Beginning Position: Length: Field 22:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia	Software (CCS) cl agnosis category. Data Source: Type: DE_19 Software (CCS) cl agnosis category. Data Source: Type: DE_20 Software (CCS) cl agnosis category.	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned Alphanumeric assification of OTH_DIAG_CODE_20 into
Length: Field 21: Beginning Position: Length: Field 22: Beginning Position:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 93	Software (CCS) cl agnosis category. Data Source: Type: DE_19 Software (CCS) cl agnosis category. Data Source: Type: DE_20 Software (CCS) cl	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned Alphanumeric assification of OTH_DIAG_CODE_20 into Assigned
Length: Field 21: Beginning Position: Length: Field 22: Beginning Position: Length:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 93 4	Software (CCS) cl agnosis category. Data Source: Type: DE_19 Software (CCS) cl agnosis category. Data Source: Type: DE_20 Software (CCS) cl agnosis category. Data Source: Type: Data Source: Type:	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned Alphanumeric assification of OTH_DIAG_CODE_20 into
Length: Field 21: Beginning Position: Length: Field 22: Beginning Position: Length:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 93 4 CCSR_OTH_DIAG_CO	Software (CCS) cl agnosis category. Data Source: Type: DE_19 Software (CCS) cl agnosis category. Data Source: Type: DE_20 Software (CCS) cl agnosis category. Data Source: Type: DE_21	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned Alphanumeric assification of OTH_DIAG_CODE_20 into Assigned Alphanumeric
Length: Field 21: Beginning Position: Length: Field 22: Beginning Position: Length:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 93 4 CCSR_OTH_DIAG_CO	Software (CCS) cl agnosis category. Data Source: Type: DE_19 Software (CCS) cl agnosis category. Data Source: Type: DE_20 Software (CCS) cl agnosis category. Data Source: Type: DE_21	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned Alphanumeric assification of OTH_DIAG_CODE_20 into Assigned Alphanumeric
Length: Field 21: Beginning Position: Length: Field 22: Beginning Position: Length:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 93 4 CCSR_OTH_DIAG_CO Clinical Classifications S	Software (CCS) cl agnosis category. Data Source: Type: DE_19 Software (CCS) cl agnosis category. Data Source: Type: DE_20 Software (CCS) cl agnosis category. Data Source: Type: DE_21 Software (CCS) cl	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned Alphanumeric assification of OTH_DIAG_CODE_20 into Assigned Alphanumeric assification of OTH_DIAG_CODE_21 into
Length: Field 21: Beginning Position: Length: Field 22: Beginning Position: Length: Field 23:	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 93 4 CCSR_OTH_DIAG_CO	Software (CCS) cl agnosis category. Data Source: Type: DE_19 Software (CCS) cl agnosis category. Data Source: Type: DE_20 Software (CCS) cl agnosis category. Data Source: Type: DE_21 Software (CCS) cl	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned Alphanumeric assification of OTH_DIAG_CODE_20 into Assigned Alphanumeric assification of OTH_DIAG_CODE_21 into
Beginning Position: Length: Field 21: Beginning Position: Length: Field 22: Beginning Position: Length: Field 23: Beginning Position: DSHS/THCIC	clinically meaningful dia 85 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 89 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia 93 4 CCSR_OTH_DIAG_CO Clinical Classifications S clinically meaningful dia	Software (CCS) cl agnosis category. Data Source: Type: DE_19 Software (CCS) cl agnosis category. Data Source: Type: DE_20 Software (CCS) cl agnosis category. Data Source: Type: DE_21 Software (CCS) cl agnosis category.	Assigned Alphanumeric assification of OTH_DIAG_CODE_19 into Assigned Alphanumeric assification of OTH_DIAG_CODE_20 into Assigned Alphanumeric assification of OTH_DIAG_CODE_21 into

ength:	4 Type:	Alphanumeric
ield 24:	CCSR_OTH_DIAG_CODE_22	CCC) elassification of OTH DIAC CODE 22 inte
		CCS) classification of OTH_DIAG_CODE_22 into
eginning Position:	clinically meaningful diagnosis ca 101 Data So	•
ngth:	4 Type:	Alphanumeric
ld 25:	CCSR_OTH_DIAG_CODE_23	
		CCS) classification of OTH_DIAG_CODE_23 into
	clinically meaningful diagnosis ca	
ginning Position:	105 Data Se	
ngth:	4 Type:	Alphanumeric
eld 26:	CCSR_OTH_DIAG_CODE_24	
		CCS) classification of OTH_DIAG_CODE_24 into
	clinically meaningful diagnosis ca	•
eginning Position: ength:	109 Data So 4 Type:	ource: Assigned Alphanumeric
eld 27:	CCS_PROC_CODE_1	Alphanument
		CCS) for Services and Procedures classification of
	PROC_CODE_1 into clinically mea	
eginning Position:	113 Data Se	
ength:	3 Type:	Alphanumeric
ield 28:	CCS_PROC_CODE_2	
	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_2 into clinically mea	
eginning Position:	116 Data So	
ength: ield 29:	<u>3</u> Type: CCS_PROC_CODE_3	Alphanumeric
ICIU 27.		CCS) for Services and Procedures classification of
	PROC_CODE_3 into clinically mea	aningful procedure category
Beginning Position:	119 Data Se	
ength:	3 Type:	Alphanumeric
ield 30:	CCS_PROC_CODE_4	•
	Clinical Classifications Software (CCS) for Services and Procedures classification of
	PROC_CODE_4 into clinically mea	aningful procedure category.
Beginning Position:	122 Data Se	5
ength: ield 31:		Alphanumeric
	CCS_PROC_CODE_5	CCS) for Services and Procedures classification of
	PROC_CODE_5 into clinically mea	CCS) for Services and Procedures classification of
eginning Position:	125 Data Se	
ength:	3 Type:	Alphanumeric
ield 32:	CCS_PROC_CODE_6	- Iphanamene
		CCS) for Services and Procedures classification of
	PROC_CODE_6 into clinically mea	
Beginning Position:	128 Data Se	ource: Assigned
ength:	<u>3</u> Type:	Alphanumeric
ield 33:	CCS_PROC_CODE_7	
		CCS) for Services and Procedures classification of
oginning Desitions	PROC_CODE_7 into clinically mea	
eginning Position: ength:	131 Data So 3 Type:	burce: Assigned Alphanumeric
ield 34:	CCS_PROC_CODE_8	Aphananene
		CCS) for Services and Procedures classification of
	PROC CODE 8 into clinically mea	
eginning Position:	134 Data Se	5,
ength:	3 Type:	Alphanumeric
ield 35:	CCS_PROC_CODE_9	
		CCS) for Services and Procedures classification of
	PROC_CODE_9 into clinically mea	
Beginning Position:	137 Data Se	ource: Assigned
.ength:	3 Type:	Alphanumeric
	Daga	DSHS Document #25-15013
DSHS/THCIC	Page	DSH5 Document #25-1501.

CCS PROC CODE 10		
	ftware (CCS) fo	r Services and Procedures classification of
PROC_CODE_10 into clin	ically meaningfu	Il procedure category.
140	Data Source:	Assigned
	Туре:	Alphanumeric
	(() () () () () () () () () (
		Assigned Alphanumeric
	туре.	Alphanameric
	ftware (CCS) fo	r Services and Procedures classification of
		Assigned
3	Туре:	Alphanumeric
CCS_PROC_CODE_13		·
Clinical Classifications So	ftware (CCS) for	r Services and Procedures classification of
149	Data Source:	Assigned
3	Туре:	Alphanumeric
		Assigned
	Гуре:	Alphanumeric
	ft	- Complete and Dread upon all asification of
		Assigned
		Alphanumeric
	Type:	Aphanamene
	ftware (CCS) fo	r Services and Procedures classification of
		Assigned
3		Alphanumeric
CCS_PROC_CODE_17		· · · · · · · · · · · · · · · · · · ·
Clinical Classifications So	ftware (CCS) for	r Services and Procedures classification of
PROC_CODE_17 into clin	ically meaningfu	Il procedure category.
161	Data Source:	Assigned
	Туре:	Alphanumeric
		Assigned
	туре:	Alphanumeric
		r Convision and Dread was also alter the st
		Assigned Alphanumeric
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Aphanamene
	ftware (CCS) fo	r Services and Procedures classification of
	Data Source:	Assigned
3	Туре:	Alphanumeric
CCS_PROC_CODE_21		
	ftware (CCS) fo	r Services and Procedures classification of
173	Data Source:	Assigned
3	Туре:	Alphanumeric
· · · · · · · · · · · · · · · · · · ·		
	_	
/THCIC	Page	DSHS Document #25-15013 Last Updated: February, 2023
	PROC_CODE_10 into clin 140 3 CCS_PROC_CODE_11 Clinical Classifications So PROC_CODE_11 into clin 143 3 CCS_PROC_CODE_12 Clinical Classifications So PROC_CODE_13 into clin 146 3 CCS_PROC_CODE_14 Clinical Classifications So PROC_CODE_14 into clin 152 3 CCS_PROC_CODE_15 Clinical Classifications So PROC_CODE_15 into clin 155 3 CCS_PROC_CODE_16 Clinical Classifications So PROC_CODE_16 into clin 158 3 CCS_PROC_CODE_17 Clinical Classifications So PROC_CODE_17 into clin 158 3 CCS_PROC_CODE_17 Clinical Classifications So PROC_CODE_17 into clin 161 3 CCS_PROC_CODE_18 Clinical Classifications So PROC_CODE_18 into clin 161 3 CCS_PROC_CODE_19 Clinical Classifications So PROC_CODE_18 into clin 164 3 CCS_PROC_CODE_19 Clinical Classifications So PROC_CODE_19 into clin 167 3 CCS_PROC_CODE_20 Clinical Classifications So PROC_CODE_20 into clin 170 3	Clinical Classifications Software (CCS) fo PROC_CODE_10 into clinically meaningfu 140 Data Source: 3 Type: CCS_PROC_CODE_11 Clinical Classifications Software (CCS) fo PROC_CODE_12 into clinically meaningfu 143 Data Source: 3 Type: CCS_PROC_CODE_12 Clinical Classifications Software (CCS) fo PROC_CODE_12 into clinically meaningfu 146 Data Source: 3 Type: CCS_PROC_CODE_13 CCS_PROC_CODE_14 Clinical Classifications Software (CCS) fo PROC_CODE_13 into clinically meaningfu 149 Data Source: 3 Type: CCS_PROC_CODE_14 Clinical Classifications Software (CCS) fo PROC_CODE_14 into clinically meaningfu 152 Data Source: 3 Type: CCS_PROC_CODE_15 Clinical Classifications Software (CCS) fo PROC_CODE_15 into clinically meaningfu 155 Data Source: 3 Type: CCS_PROC_CODE_16 Clinical Classifications Software (CCS) fo PROC_CODE_15 into clinically meaningfu 155 Data Source: 3 Type: CCS_PROC_CODE_16 Clinical Classifications Software (CCS) fo PROC_CODE_16 into clinically meaningfu 158 Data Source: 3 Type: CCS_PROC_CODE_17 Clinical Classifications Software (CCS) fo PROC_CODE_17 into clinically meaningfu 161 Data Source: 3 Type: CCS_PROC_CODE_18 Clinical Classifications Software (CCS) fo PROC_CODE_17 into clinically meaningfu 164 Data Source: 3 Type: CCS_PROC_CODE_19 Clinical Classifications Software (CCS) fo PROC_CODE_19 into clinically meaningfu 167 Data Source: 3 Type: CCS_PROC_CODE_20 Clinical Classifications Software (CCS) fo PROC_CODE_20 into clinically meaningfu 167 Data Source: 3 Type: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) fo PROC_CODE_20 into clinically meaningfu 167 Data Source: 3 Type: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) fo PROC_CODE_21 into clinically meaningfu 167 Data Source: 3 Type: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) fo PROC_CODE_21 into clinically meaningfu 170 Data Source: 3 Type: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) fo PROC_CODE_21 into clinically meaningfu 170 Data

Field 48:	CCS_PROC_CODE_22	
) for Services and Procedures classification of
	PROC CODE 22 into clinically meaning	
Beginning Position:	176 Data Source	5,
Length:	3 Type:	Alphanumeric
Field 49:	CCS_PROC_CODE_23	· · · · ·
	Clinical Classifications Software (CCS)) for Services and Procedures classification of
	PROC CODE 23 into clinically meaning	
Beginning Position:	179 Data Source	5,
Length:	3 Type:	Alphanumeric
Field 50:	CCS_PROC_CODE_24	
	Clinical Classifications Software (CCS)) for Services and Procedures classification of
	PROC_CODE_24 into clinically meaning	igful procedure category.
Beginning Position:	182 Data Source	Assigned
Length:	3 Type:	Alphanumeric
Field 51:	CCS_PROC_CODE_25	
	Clinical Classifications Software (CCS)) for Services and Procedures classification of
	PROC_CODE_25 into clinically meaning	igful procedure category.
Beginning Position:	185 Data Source	Assigned
Length:	3 Type:	Alphanumeric

OUTPATIENT GROUPER DATA FILE

Field 1:	RECORD_ID			
Description:	Record Identifi	cation Number. Unique	e number assigned to identify the record. Firs	
	available 1 st qu	arter 2002. Does NOT	match the RECORD_ID in THCIC Research	
	Data Files (RDI	=′s).		
Beginning	1	Data	Assigned	
Position:		Source:		
Length:	12	Туре:	Alphanumeric	
Field 2:		E_SEQUENCE_NUM		
			e order of submission of the revenue codes.	
Beginning	13	Data	a Source: Assigned	
Position:	_	_		
Length:	3	Туре:	Alphanumeric	
Field 3:	FROZEN_EAPG			
	Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG			
	Grouper.			
Beginning	16	Data	Source: Assigned	
Position:		_		
Length:	12	Туре:	Alphanumeric	
Field 4:		AL_EAPG_CAT_CODE		
			(EAPG) category code, as assigned by 3M™	
Doginging	28	Not available 4Q09. Data	Assigned	
Beginning Position:	28	Source:	Assigned	
Length:	2	Type:	Alphanumeric	
Field 5:		AL_EAPG_TYPE_COD		
Field 5.			✓E (EAPG) type code, as assigned by 3M [™] EAPG	
	Grouper. Not a		(LAPO) type code, as assigned by SM EAPO	
Beginning	30	Data	Assigned	
Position:	50	Source:	Ablighta	
Length:	2	Type:	Alphanumeric	
Field 6:	FROZEN_FIN			
			roup (EAPG), as assigned by 3M [™] EAPG	
	Grouper. Not a	,		
DSHS/THCIC		Page	DSHS Document #25-15013	
www.dshs.texas.go	ov/THCIC	86	Last Updated: February, 2023	

Beginning Position:	32	Data	Assigned
Length:	5	Source: Type:	Alphanumeric
Field 8:	FROZEN_APC_G		Alphanumenc
rielu ö.		ent Classification (Al	PC) Version Number as assigned by 3M APC
Beginning Position:	47	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 9:		ROCEDURE_CODE	
		ent Classification (A	APC) procedure code as assigned by $3M^{TM}$ APC
Beginning	59	Data	Assigned
Position:		Source:	
_ength:	5	Type:	Alphanumeric
ield 10:	FROZEN_APC_P	X_STATUS_IND_	CODE
	Ambulatory Paym		APC) procedure status indicator as assigned by
Beginning	64	Data	Assigned
Position:		Source:	
Length:	2	Туре:	Alphanumeric
Field 11:	FROZEN_APC_V	VEIGHT	
	Ambulatory Paym Grouper. Not ava		APC) weighting as assigned by 3M [™] APC
Beginning	66	Data	Assigned
Position:		Source:	
Length:	9	Type:	Alphanumeric
Field 13:	Grouper		ersion Number, as assigned by 3M EAPG
Beginning Position:	80		Source: Assigned
Length:	12	Туре:	Alphanumeric
Field 14:	FINAL_EAPG_C		
	Enhanced Ambula	atory Patient Group	(EAPG) category code, as assigned by $3M^{TM}$
	Enhanced Ambula EAPG Grouper. No	atory Patient Group ot available 4Q09.	
	Enhanced Ambula	atory Patient Group ot available 4Q09. Data	(EAPG) category code, as assigned by 3M [™] Assigned
Position:	Enhanced Ambula EAPG Grouper. No 92	atory Patient Group ot available 4Q09. Data Source:	Assigned
Position: Length:	Enhanced Ambula EAPG Grouper. No 92 2	atory Patient Group ot available 4Q09. Data Source: Type:	
Beginning Position: <u>Length:</u> Field 15:	Enhanced Ambula EAPG Grouper. No 92 2 FINAL_EAPG_T Enhanced Ambula	atory Patient Group ot available 4Q09. Data Source: <u>Type:</u> YPE_CODE atory Patient Group	Assigned
Position: Length: Field 15:	Enhanced Ambula EAPG Grouper. No 92 2 FINAL_EAPG_T	atory Patient Group ot available 4Q09. Data Source: <u>Type:</u> YPE_CODE atory Patient Group	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG
Position: _ength: Field 15: Beginning	Enhanced Ambula EAPG Grouper. No 92 2 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data	Assigned Alphanumeric
Position: Length: Field 15: Beginning Position:	Enhanced Ambula EAPG Grouper. No 92 2 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source:	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG Assigned
Position: Length: Field 15: Beginning Position: Length:	Enhanced Ambula EAPG Grouper. No 92 2 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG
Position: Length:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG Assigned
Position: Length: Field 15: Beginning Position: Length: Field 16:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G	Assigned <u>Alphanumeric</u> (EAPG) type code, as assigned by 3M [™] EAPG Assigned <u>Alphanumeric</u> Group (EAPG), as assigned by 3M [™] EAPG
Position: Length: Field 15: Beginning Position: Length: Field 16: Beginning	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A Grouper. Not ava	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G ilable 4Q09.	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG Assigned Alphanumeric
Position: Length: Field 15: Beginning Position: Length: Field 16: Beginning Position:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A Grouper. Not ava 96	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G ilable 4Q09. Data Source:	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M [™] EAPG Assigned
Position: Length: Field 15: Beginning Position: Length: Field 16: Beginning Position: Length:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A Grouper. Not ava 96 5	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G ilable 4Q09. Data	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M [™] EAPG
Position: Length: Field 15: Beginning Position: Length: Field 16: Beginning Position:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A Grouper. Not ava 96 5 APC_GRP_VER Ambulatory Payme	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G ilable 4Q09. Data Source: Type: ent Classification (Al	Assigned <u>Alphanumeric</u> (EAPG) type code, as assigned by 3M [™] EAPG Assigned <u>Alphanumeric</u> Group (EAPG), as assigned by 3M [™] EAPG Assigned
Position: Length: Field 15: Beginning Position: Length: Field 16: Beginning Position: Length: Field 18:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A Grouper. Not ava 96 5 APC_GRP_VER	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G ilable 4Q09. Data Source: Type: ent Classification (Al	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M [™] EAPG Assigned Alphanumeric PC) Version Number as assigned by 3M APC
Position: Length: Field 15: Beginning Position: Length: Field 16: Beginning Position: Length:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A Grouper. Not ava 96 5 APC_GRP_VER Ambulatory Payme Grouper. Not avail	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G ilable 4Q09. Data Source: Type: ent Classification (Al	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M [™] EAPG Assigned Alphanumeric
Position: Length: Field 15: Beginning Position: Length: Field 16: Beginning Position: Length: Field 18: Beginning Position:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A Grouper. Not ava 96 5 APC_GRP_VER Ambulatory Payme Grouper. Not avail 111	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G ilable 4Q09. Data Source: Type: ent Classification (Al able 4Q09. Data Source:	Assigned <u>Alphanumeric</u> (EAPG) type code, as assigned by 3M [™] EAPG Assigned <u>Alphanumeric</u> Group (EAPG), as assigned by 3M [™] EAPG <u>Assigned</u> <u>Alphanumeric</u> PC) Version Number as assigned by 3M APC <u>Assigned</u>
Position: Length: Field 15: Beginning Position: Length: Field 16: Beginning Position: Length: Field 18: Beginning Position: Length:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A Grouper. Not ava 96 5 APC_GRP_VER Ambulatory Payme Grouper. Not avail 111	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G ilable 4Q09. Data Source: Type: ent Classification (Al able 4Q09. Data Source: Type:	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M [™] EAPG Assigned Alphanumeric PC) Version Number as assigned by 3M APC
Position: Length: Field 15: Beginning Position: Length: Field 16: Beginning Position: Length: Field 18: Beginning Position: Length: Field 19:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A Grouper. Not ava 96 5 APC_GRP_VER Ambulatory Payme Grouper. Not avail 111	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G ilable 4Q09. Data Source: Type: ent Classification (Al able 4Q09. Data Source: Type: ent Classification (Al able 4Q09. Data Source: Type: RE_CODE	Assigned Alphanumeric (EAPG) type code, as assigned by 3M [™] EAPG Assigned Alphanumeric Group (EAPG), as assigned by 3M [™] EAPG Assigned Alphanumeric PC) Version Number as assigned by 3M APC Assigned Alphanumeric
Position: Length: Field 15: Beginning Position: Length: Field 16: Beginning Position: Length: Field 18: Beginning Position:	Enhanced Ambula EAPG Grouper. No 92 FINAL_EAPG_T Enhanced Ambula Grouper. Not ava 94 2 FINAL_EAPG Final Enhanced A Grouper. Not ava 96 5 APC_GRP_VER Ambulatory Payme Grouper. Not avail 111 12 APC_PROCEDUE	atory Patient Group ot available 4Q09. Data Source: Type: YPE_CODE atory Patient Group ilable 4Q09. Data Source: Type: mbulatory Patient G ilable 4Q09. Data Source: Type: ent Classification (Al able 4Q09. Data Source: Type:	Assigned <u>Alphanumeric</u> (EAPG) type code, as assigned by 3M [™] EAPG Assigned <u>Alphanumeric</u> Group (EAPG), as assigned by 3M [™] EAPG <u>Assigned</u> <u>Alphanumeric</u> PC) Version Number as assigned by 3M APC <u>Assigned</u>

	Ambulatory Payment Classification (APC) procedure code as assigned by $3M^{TM}$ APC Grouper. Not available 4Q09.			
Beginning	123	Data	Assigned	
Position:		Source:		
Length:	5	Type:	Alphanumeric	
Field 20:	APC_PX_STA	TUS_IND_CODE		
		ayment Classification (A uper. Not available 4Q0	PC) procedure status indicator as assigned by 9.	
Beginning	128	Data	Assigned	
Position:		Source:	-	
Length:	2	Туре:	Alphanumeric	
Field 22:	APC_PX_STA	TUS_IND_CODE		
		ayment Classification (A uper. Not available 4Q0	PC) procedure status indicator as assigned by 9.	
Beginning	139	Data	Assigned	
Position:		Source:	-	
Length:	5	Туре:	Alphanumeric	
Field 21:			PC) weighting as assigned by 3M [™] APC	
Beginning	130	Data	Assigned	
Position:		Source:		
Length:	9	Туре:	Alphanumeric	

FACILITY TYPE DATA FILE

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

Description: Provider ID. Unique identifier assigned to the provider by DSHS. The THCIC_I consistent throughout each quarter of data and generally throughout a full year THCIC_ID may change Provider_Name during the middle of a year. This will b noted in such cases in which we are aware of those mid-year name changes. Beginning Position: 1 Data Source: Assigned Length: 6 Type: Alphanumeric Field 2: FACILITY_TYPE Alphanumeric Beginning Position: 7 Data Source: Provider Length: 4 Type: Alphanumeric Field 3: FAC_TEACHING_IND Alphanumeric Description: Teaching Facility Indicator. Suppression: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). Coding Scheme: 1 Data Source: Provider Alphanumeric Field 4: FAC_PSYCH_IND Provider Provider Length: 1 Type: Alphanumeric Field 4: FAC_PSYCH_IND Provider Provider Length: 1 Type: Alphanumeric Field 4: FAC_PSYCH_IND Provider Provider Length: 1 Type: Alphanumeric </th <th>Field 1:</th> <th>THCIC_ID</th> <th></th> <th></th>	Field 1:	THCIC_ID				
consistent throughout each quarter of data and generally throughout a full yee THCIC_ID may change Provider_Name during the middle of a year. This will b noted in such cases in which we are aware of those mid-year name changes. 1 Data Source: Assigned Length: 6 Type: Alphanumeric Field 2: FACILITY_TYPE Alphanumeric Description: Types of healthcare facilities. Provider Length: 4 Type: Alphanumeric Field 3: FAC_TEACHING_IND Data Source: Provider Length: 4 Type: Alphanumeric Field 3: FAC_TEACHING_IND Suppression: Suppression: Suppression: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). Coding Scheme: A Member, Council of Teaching Hospitals X Other teaching facility I Type: Alphanumeric Field 4: FAC_PSYCH_IND Description: Psychiatric Facility Indicator. Suppression: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). Beginning Position: 1 Type: Alphanumeric I <t< th=""><th></th><th colspan="5"></th></t<>						
THCIC_ID may change Provider_Name during the middle of a year. This will b noted in such cases in which we are aware of those mid-year name changes.Beginning Position:1Data Source: AlphanumericLength:6Type:Alphanumeric6Type:AlphanumericField 2:FACILITY_TYPEDescription:Types of healthcare facilities.Beginning Position:7Data Source: ProviderLength:4Type:AlphanumericField 3:FAC_TEACHING_INDDescription:Teaching Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Coding Scheme:A Member, Council of Teaching Hospitals X Other teaching facilityBeginning Position:11Data Source: ProviderField 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Gesting Health 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:12Data Source: ProviderIIType:AlphanumericField 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.Bescription:Rehabilitation Facility Indicator.	Description.					
noted in such cases in which we are aware of those mid-year name changes.Beginning Position:1Data Source: Type:Assigned AlphanumericField 2:FACILITY_TYPE Description:FACILITY_TYPE Types of healthcare facilities.Provider AlphanumericBeginning Position:7Data Source: Type:Provider AlphanumericField 3:FAC_TEACHING_IND Teaching Facility Indicator.Provider AlphanumericDescription:Teaching Facility Indicator.Suppression: Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Coding Scheme:A Member, Council of Teaching Hospitals X Other teaching facilityProvider HospitalsBeginning Position:11Data Source: Type:Provider AlphanumericField 4:FAC_PSYCH_IND Poscription:Data Source: ProviderProvider AlphanumericField 4:FAC_PSYCH_IND Description:Data Source: ProviderProvider ID equals '999999').Beginning Position:1Type:AlphanumericField 5:FAC_REHAB_IND Rehabilitation Facility Indicator.Provider Provider						
Beginning Position: 1 Data Source: Assigned Length: 6 Type: Alphanumeric Field 2: FACILITY_TYPE Alphanumeric Description: Types of healthcare facilities. Provider Length: 4 Type: Alphanumeric Field 3: FAC_TEACHING_IND Provider Description: Teaching Facility Indicator. Suppression: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). Coding Scheme: A Member, Council of Teaching Hospitals X Other teaching facility Provider Beginning Position: 11 Data Source: Provider Length: 1 Type: Alphanumeric Field 4: FAC_PSYCH_IND Provider Equals '999999'). Description: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). Equals '999999'). Beginning Position: 1 Type: Alphanumeric Field 4: FAC_PSYCH_IND Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). Description: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '9999999'). Data Source:						
Length:6Type:AlphanumericField 2:FACILITY_TYPEDescription:Types of healthcare facilities.Beginning Position:7Data Source:Length:4Type:AlphanumericField 3:FAC_TEACHING_INDDescription:Teaching Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Coding Scheme:A Member, Council of Teaching Hospitals X Other teaching facilityBeginning Position:11Data Source:Field 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Field 4:FAC_PSYCH_INDDescription:Psychiatric Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Image: Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:1Type:AlphanumericField 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.						
Field 2:FACILITY_TYPEDescription:Types of healthcare facilities.Beginning Position:7Length:44Type:AlphanumericField 3:FAC_TEACHING_INDDescription:Teaching Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Coding Scheme:A Member, Council of Teaching Hospitals X Other teaching facilityBeginning Position:11Data Source:ProviderLength:1Type:AlphanumericField 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Field 4:FAC_PSYCH_INDDescription:Psychiatric Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').12Data Source:ProviderLength:113Type:14AlphanumericField 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.	5 5					
Description:Types of healthcare facilities.Beginning Position:7Data Source:ProviderLength:4Type:AlphanumericField 3:FAC_TEACHING_INDDescription:Teaching Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Coding Scheme:A Member, Council of Teaching Hospitals X Other teaching facilityBeginning Position:11Data Source:Field 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Field 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:1Data Source:Field 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:12Data Source:Field 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.Field 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.	-		Туре:	Alphanumeric		
Beginning Position:7Data Source: Type:ProviderLength:4Type:AlphanumericField 3:FAC_TEACHING_INDDescription:Teaching Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Coding Scheme:A Member, Council of Teaching Hospitals X Other teaching facilityBeginning Position:11Data Source: ProviderLength:1Type:AlphanumericField 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:11Type:AlphanumericField 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:12Data Source:ProviderLength:1Type:AlphanumericField 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.						
Length:4Type:AlphanumericField 3:FAC_TEACHING_INDDescription:Teaching Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Coding Scheme:A Member, Council of Teaching Hospitals X Other teaching facilityBeginning Position:11Data Source:1Type:AlphanumericField 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:11Type:AlphanumericField 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:121Type:AlphanumericField 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.	•	Types of healthcare	e facilities.			
Field 3:FAC_TEACHING_INDDescription:Teaching Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Coding Scheme:A Member, Council of Teaching Hospitals X Other teaching facilityBeginning Position:11Length:1Teaching Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:11Data Source:ProviderField 4:FAC_PSYCH_INDDescription:Psychiatric Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:12Data Source:ProviderLength:1Type:AlphanumericField 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.	5	7		Provider		
Description:Teaching Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Coding Scheme:A Member, Council of Teaching Hospitals X Other teaching facilityBeginning Position:11Data Source:Length:1Type:Field 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:Psychiatric Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:12Data Source:ProviderImage: Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:12Data Source:ProviderImage: Suppression:Suppression:Beginning Position:12Data Source:ProviderImage: Suppression:Suppression:Beginning Position:12Bead Suppression:Rehabilitation Facility Indicator.Field 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.	Length:	4	Type:	Alphanumeric		
Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Coding Scheme:A Member, Council of Teaching Hospitals X Other teaching facilityBeginning Position:11Data Source:Length:1Type:AlphanumericField 4:FAC_PSYCH_INDDescription:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:Psychiatric Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:12Data Source:Length:1Type:AlphanumericFAC_REHAB_INDDescription:Rehabilitation Facility Indicator.	Field 3:	FAC_TEACHING_	IND			
Coding Scheme: A Member, Council of Teaching Hospitals X Other teaching facility Beginning Position: 11 Data Source: Provider Length: 1 Type: Alphanumeric Field 4: FAC_PSYCH_IND Psychiatric Facility Indicator. Description: Suppression: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). Beginning Position: 12 Data Source: Provider Length: 1 Type: Alphanumeric Field 5: FAC_REHAB_IND Pace: Alphanumeric Field 5: FAC_REHAB_IND Rehabilitation Facility Indicator.	Description:					
Beginning Position: 11 Data Source: Provider Length: 1 Type: Alphanumeric Field 4: FAC_PSYCH_IND Psychiatric Facility Indicator. Description: Psychiatric Facility Indicator. Suppression: Suppression: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). Beginning Position: 12 Data Source: Length: 1 Type: Alphanumeric FAC_REHAB_IND Description: Rehabilitation Facility Indicator.	Suppression:					
Beginning Position:11Data Source:ProviderLength:1Type:AlphanumericField 4:FAC_PSYCH_INDDescription:Psychiatric Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:12Data Source:Length:1Type:AlphanumericField 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.	Coding Scheme:					
Length:1Type:AlphanumericField 4:FAC_PSYCH_INDDescription:Psychiatric Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:12Length:1Type:AlphanumericField 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.		X Other teaching facil	lity			
Field 4:FAC_PSYCH_INDDescription:Psychiatric Facility Indicator.Suppression:Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').Beginning Position:12Data Source:Length:1Type:AlphanumericField 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.		11	Data Source:			
Description: Psychiatric Facility Indicator. Suppression: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). Beginning Position: 12 Data Source: Length: 1 Type: Alphanumeric Field 5: FAC_REHAB_IND Rehabilitation Facility Indicator.		1	<u> </u>	Alphanumeric		
Suppression: Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999'). Beginning Position: 12 Data Source: Provider Length: 1 Type: Alphanumeric Field 5: FAC_REHAB_IND Rehabilitation Facility Indicator.	Field 4:	FAC_PSYCH_IND				
Beginning Position: 12 Data Source: Provider Length: 1 Type: Alphanumeric Field 5: FAC_REHAB_IND Rehabilitation Facility Indicator.	•	Psychiatric Facility	Indicator.			
Length:1Type:AlphanumericField 5:FAC_REHAB_INDDescription:Rehabilitation Facility Indicator.		Suppressed for hospit				
Field 5: FAC_REHAB_IND Description: Rehabilitation Facility Indicator.	Beginning Position:	12	Data Source:	Provider		
Description: Rehabilitation Facility Indicator.		1		Alphanumeric		
	Field 5:	FAC_REHAB_IND				
DSHS/THCIC Page DSHS Document #25-150	Description:	Rehabilitation Facili	ity Indicator.			
	DSHS/THCIC		Page	DSHS Document #25-15013		
	www.dshs.texas.gov/TH	łCIC		Last Updated: February, 2023		

Beginning Position:	13	Data Source:	Provider
Length:		Туре:	Alphanumeric
Field 6:	FAC_ACUTE_CARE_		
Description:	Acute Care Facility Inc		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:	14	Data Source:	Provider
Length: Field 7:	1 FAC ONE IND	Туре:	Alphanumeric
	FAC_SNF_IND	. Traditation	
Description:	Skilled Nursing Facility		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:	15	Data Source:	Provider
Length: Field 8:		Type:	Alphanumeric
	FAC_LONG_TERM_A		
Description:	Long Term Acute Care		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:	16	Data Source:	Provider
Length: Field 9:		Туре:	Alphanumeric
	FAC_OTHER_LTC_IN		
Description:	Other Long Term Care		
Suppression:			discharges (Provider ID equals '999999').
Beginning Position:	17	Data Source:	Provider
Length: Field 10:	1 EAC DEDS IND	Туре:	Alphanumeric
	FAC_PEDS_IND		
Description:	Pediatric Facility Indica	ator.	
Suppression:	Suppressed for hospitals	with fewer than 50	discharges (Provider ID equals '999999').
Coding Scheme:			s Hospitals and Related Institutions (NACHRI)
Poginning Docition	X Facilities that also treat		Provider
Beginning Position: Length:	18 1	Data Source: Type:	Alphanumeric
Length: Field 11:	FAC_CARDIOVASCU		
Description:	Cardiovascular facility		Drovidor
Beginning Position:	19	Data Source:	Provider
Length: Field 12:		Туре:	Alphanumeric
	FAC_CHIROPRACTIC		
Description:	Chiropractic care facili	•	Drewider
Beginning Position:	20	Data Source:	Provider
Length: Field 13:	1 EAC ENDOSCODY T	Type:	Alphanumeric
	FAC_ENDOSCOPY_I		
Description:	Endoscopy facility indi		Dravidar
Beginning Position:	21	Data Source:	Provider
Length: Field 14:		Туре:	Alphanumeric
	FAC_FOOT_IND	- •	
Description:	Foot care facility indica		
Beginning Position:	22	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 15:	FAC_GASTROENTER		
Description:	Gastroenterology facili		
Beginning Position:	23	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 16:	FAC_GENERAL_IND		
Description:	General care facility in		
Beginning Position:	24	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 17:	FAC_NEUROLOGICA		
Description:	Neurological care facili	ity indicator.	
Beginning Position:	25	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 18:	FAC_OB_GYN_IND		
Description:	Obstetric and gynecolo	ogy facility indica	tor.
Beginning Position:	26	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
DSHS/THCIC			•
www.dshs.texas.gov/TH		_ Page 89	DSHS Document #25-15013 Last Updated: February, 2023
			Lost Lindotodi Lohmione, 202

Field 19:	FAC_OPTHAMOLOGY		
Description:	Ophthalmology facility	indicator.	
Beginning Position:	27	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 20:	FAC_ORAL_IND		
Description:	Oral health care facility	/ indicator.	
Beginning Position:	28	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 21:	FAC_ORTHOPEDIC_I		
Description:	Orthopedic care facility		
Beginning Position:	29	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 22:	FAC_OTOLARYNGOL		
Description:	Otolaryngology facility		
Beginning Position:	30	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 23:	FAC_ PAIN_MNGMT		Aphanamene
Description:			
Beginning Position:	Pain management facil 31	•	Provider
	1	Data Source:	
Length: Field 24:		Туре:	Alphanumeric
	FAC_PLASTIC_IND		
Description:	Plastic surgery facility		
Beginning Position:	32	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 25:	FAC_THORACIC_IND		
Description:	Thoracic care facility in		
Beginning Position:	33	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 26:	FAC_UROLOGY_IND		
Description:	Urology care facility inc		
Beginning Position:	34	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 27:	FAC_OTHER_IND		
Description:	Other facility indicator.		
Beginning Position:	35	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 28:	FAC_EMERGENCY_D		
Description:			s, including Hospital-owned FEMCFs, starting
	with the 4 th Quarter 2020	Facility Type Data	a File.
	Note:		
	The FEMCFs names are a	vailable at https://	dshs.texas.gov/thcic/ (downloadable Excel
			r "Facility Reporting Requirement". The
			l sheet are more current than the ones in the
			mplementation, 4^{th} Quarter 2020, the facility
	indicator has incomplete d	iata due to implem	ientation timing.
	26		
Beginning Position:	36	Data Source:	Provider
Length:		Туре:	Alphanumeric
Field 29:	FAC_ONCOLOGY_IN		
Description:	Oncology facility indica		
Beginning Position:	37	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 30:	PROVIDER_NAME		
Description:	Hospital name provide		
Beginning Position:	38	Data Source:	Provider
Length:	55	Туре:	Alphanumeric
Field 21.			

Description:	dicator identifying whether facility is required to submit Diagnosis Present on Admission DA) codes. 25 TAC, Section 421.9(e) identifies the following facility types as exempt om reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation spitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric spitals and Long-Term Care Hospitals.
Coding Scheme:	Mixed (Facility has sections that would be exempted from reporting POA for those patients) Required Exempt Invalid
Beginning Position:	Data Source: Assigned
Length:	Type: Alphanumeric
Field 32:	RT_STATUS_IP
Description:	signment of a code to indicate the certification of data (inpatient) and
•	bmission of comments by the hospital.
Coding Scheme:	Certified, without comment
J	Certified, with comment
	Certified, with comment, comment not received by deadline
	Hospital elected not to certify
	Hospital closed, data not certified
	Hospital out of compliance, did not certify data
	Data not certified. Facility affected by natural or man-made disaster (4Q2016)
	No Emergency Department data submitted
Beginning Position:	Data Source: Assigned
Length:	Type: Alphanumeric
Field 33:	RT_STATUS_OP
Description:	signment of a code to indicate the certification of data (outpatient) and
	bmission of comments by the hospital.
Coding Scheme:	Certified, without comment
	Certified, with comment
	Certified, with comment, comment not received by deadline
	Hospital elected not to certify
	Hospital closed, data not certified
	Hospital out of compliance, did not certify data
	Data not certified. Facility affected by natural or man-made disaster (4Q2016)
	No Emergency Department data submitted
Beginning Position:	Data Source: Assigned
- <u>.</u>	Type: Alphanumeric



Texas Hospital Emergency Department Data Set

DATA FILE LAYOUTS

Inpatient Base Data #1 File

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

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

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

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

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

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	ATTENDING_PHYSICIAN_UNIF_ID	699	10	Alphanumeric
154	OPERATING_PHYSICIAN_UNIF_ID	709	10	Alphanumeric
155	ENCOUNTER_INDICATOR	719	2	Alphanumeric
156	PROVIDER_NAME	721	55	Alphanumeric
	Record_Length		775	

Inpatient Base Data #2 File

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
	RECORD_ID - not linkable to the			
1	Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2		13	12	•
3	PRIVATE_AMOUNT			Numeric
	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric
HS/THCIC	Daga		Delle	Document #25, 15013

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC_AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric
37	OCCUR_DAY_3	387	4	Alphanumeric
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric
54	OCCUR_CODE_12	439	2	Alphanumeric
55	OCCUR_DAY_12	441	4	Alphanumeric
56	OCCUR_SPAN_CODE_1	445	2	Alphanumeric
57	OCCUR_SPAN_FROM_1	447	6	Alphanumeric
58	OCCUR_SPAN_THRU_1	453	6	Alphanumeric
59	OCCUR_SPAN_CODE_2	459	2	Alphanumeric
60	OCCUR_SPAN_FROM_2	461	6	Alphanumeric
61	OCCUR_SPAN_THRU_2	467	6	Alphanumeric
62	OCCUR_SPAN_CODE_3	473	2	Alphanumeric
63	OCCUR_SPAN_FROM_3	475	6	Alphanumeric

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

Number	Field Name (IP Base Data #2 File)	Position	Length	Field Type
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric
77	VALUE_AMOUNT_1	519	9	Numeric
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
	Record_Length		648	

Inpatient Charges Data File

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

Number	Field Name	Position	Length	Field Type
1	RECORD_ID	1	12	Alphanumeric
2	FROZEN_MS_DRG	13	3	Alphanumeric
3	FROZEN_MS_MDC	16	2	Alphanumeric
4	FROZEN_MS_GRP_VER	18	5	Alphanumeric
5	FROZEN_MS_GRP_ERROR_CODE	23	2	Alphanumeric
6	FROZEN_APR_DRG	25	3	Alphanumeric
7	FROZEN_RISK_MORTALITY	28	1	Alphanumeric
8	FROZEN_ILLNESS_SEVERITY	29	1	Alphanumeric
9	FROZEN_APR_MDC	30	2	Alphanumeric
10	FROZEN_APR_GRP_VER	32	5	Alphanumeric
11	FROZEN_APR_GRP_ERROR_CODE	37	2	Alphanumeric
12	MS_DRG	39	3	Alphanumeric
13	MS_MDC	42	2	Alphanumeric
14	MS_GRP_VER	44	5	Alphanumeric
15	MS_GRP_ERROR_CODE	49	2	Alphanumeric
16	APR_DRG	51	3	Alphanumeric
17	RISK_MORTALITY	54	1	Alphanumeric
18	ILLNESS_SEVERITY	55	1	Alphanumeric
19	APR_MDC	56	2	Alphanumeric
20	APR_GRP_VER	58	5	Alphanumeric
21	APR_GRP_ERROR_CODE	63	2	Alphanumeric
	Record_Length		64	

Inpatient Grouper Data File

Outpatient Base Data File

Number	Field Name (OP Base Data File)	Position	Length	Field Type
1	SERVICE_QUARTER	1	6	Alphanumeric
2	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	7	12	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	SPEC_UNIT_1	25	1	Alphanumeric
5	SPEC_UNIT_2	26	1	Alphanumeric
6	SPEC_UNIT_3	27	1	Alphanumeric
7	SPEC_UNIT_4	28	1	Alphanumeric
8	SPEC_UNIT_5	29	1	Alphanumeric
9	SEX_CODE	30	1	Alphanumeric
10	PAT_COUNTY	31	3	Alphanumeric
11	PAT_STATE	34	2	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
12	PAT_ZIP	36	5	Alphanumeric
13	PAT_COUNTRY	41	2	Alphanumeric
14	PUBLIC_HEALTH_REGION	43	2	Alphanumeric
15	LENGTH_OF_SERVICE	45	2	Alphanumeric
16	PAT_AGE	47	2	Alphanumeric
17	RACE	49	1	Alphanumeric
18	ETHNICITY	50	1	Alphanumeric
19	FIRST_PAYMENT_SRC	51	2	Alphanumeric
20	SECONDARY_PAYMENT_SRC	53	2	Alphanumeric
21	TYPE_OF_BILL	55	3	Alphanumeric
22	CONDITION_CODE_1	58	2	Alphanumeric
23	CONDITION_CODE_2	60	2	Alphanumeric
24	CONDITION_CODE_3	62	2	Alphanumeric
25	CONDITION_CODE_4	64	2	Alphanumeric
26	CONDITION_CODE_5	66	2	Alphanumeric
27	CONDITION_CODE_6	68	2	Alphanumeric
28	CONDITION_CODE_7	70	2	Alphanumeric
29	CONDITION_CODE_8	72	2	Alphanumeric
30	PAT_REASON_FOR_VISIT	74	7	Alphanumeric
31	PRINC_DIAG_CODE	81	7	Alphanumeric
32	OTH_DIAG_CODE_1	88	7	Alphanumeric
33	OTH_DIAG_CODE_2	95	7	Alphanumeric
34	OTH_DIAG_CODE_3	102	7	Alphanumeric
35	OTH_DIAG_CODE_4	109	7	Alphanumeric
36	OTH_DIAG_CODE_5	116	7	Alphanumeric
37	OTH_DIAG_CODE_6	123	7	Alphanumeric
38	OTH_DIAG_CODE_7	130	7	Alphanumeric
39	OTH_DIAG_CODE_8	137	7	Alphanumeric
40	OTH_DIAG_CODE_9	144	7	Alphanumeric
41	OTH_DIAG_CODE_10	151	7	Alphanumeric
42	OTH_DIAG_CODE_11	158	7	Alphanumeric
43	OTH_DIAG_CODE_12	165	7	Alphanumeric
44	OTH_DIAG_CODE_13	172	7	Alphanumeric
45	OTH_DIAG_CODE_14	179	7	Alphanumeric
46	OTH_DIAG_CODE_15	186	7	Alphanumeric
47	OTH_DIAG_CODE_16	193	7	Alphanumeric
48	OTH_DIAG_CODE_17	200	7	Alphanumeric
49	OTH_DIAG_CODE_18	207	7	Alphanumeric
50	OTH_DIAG_CODE_19	214	7	Alphanumeric
51	OTH_DIAG_CODE_20	221	7	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
52	OTH_DIAG_CODE_21	228	7	Alphanumeric
53	OTH_DIAG_CODE_22	235	7	Alphanumeric
54	OTH_DIAG_CODE_23	242	7	Alphanumeric
55	OTH_DIAG_CODE_24	249	7	Alphanumeric
56	RELATED_CAUSE_CODE_1	256	2	Alphanumeric
57	RELATED_CAUSE_CODE_2	258	2	Alphanumeric
58	RELATED_CAUSE_CODE_3	260	2	Alphanumeric
59	E_CODE_1	262	7	Alphanumeric
60	E_CODE_2	269	7	Alphanumeric
61	E_CODE_3	276	7	Alphanumeric
62	E_CODE_4	283	7	Alphanumeric
63	E_CODE_5	290	7	Alphanumeric
64	E_CODE_6	297	7	Alphanumeric
65	E_CODE_7	304	7	Alphanumeric
66	E_CODE_8	311	7	Alphanumeric
67	E_CODE_9	318	7	Alphanumeric
68	E_CODE_10	325	7	Alphanumeric
69	PROC_CODE_1	332	5	Alphanumeric
70	PROC_CODE_2	337	5	Alphanumeric
71	PROC_CODE_3	342	5	Alphanumeric
72	PROC_CODE_4	347	5	Alphanumeric
73	PROC_CODE_5	352	5	Alphanumeric
74	PROC_CODE_6	357	5	Alphanumeric
75	PROC_CODE_7	362	5	Alphanumeric
76	PROC_CODE_8	367	5	Alphanumeric
77	PROC_CODE_9	372	5	Alphanumeric
78	PROC_CODE_10	377	5	Alphanumeric
79	PROC_CODE_11	382	5	Alphanumeric
80	PROC_CODE_12	387	5	Alphanumeric
81	PROC_CODE_13	392	5	Alphanumeric
82	PROC_CODE_14	397	5	Alphanumeric
83	PROC_CODE_15	402	5	Alphanumeric
84	PROC_CODE_16	407	5	Alphanumeric
85	PROC_CODE_17	412	5	Alphanumeric
86	PROC_CODE_18	417	5	Alphanumeric
87	PROC_CODE_19	422	5	Alphanumeric
88	PROC_CODE_20	427	5	Alphanumeric
89	PROC_CODE_21	432	5	Alphanumeric
90	PROC_CODE_22	437	5	Alphanumeric
91	PROC_CODE_23	442	5	Alphanumeric

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

Number	Field Name (OP Base Data File)	Position	Length	Field Type
92	PROC_CODE_24	447	5	Alphanumeric
93	PROC_CODE_25	452	5	Alphanumeric
94	OTHER_AMOUNT	457	12	Numeric
95	PHARM_AMOUNT	469	12	Numeric
96	MEDSURG_AMOUNT	481	12	Numeric
97	DME_AMOUNT	493	12	Numeric
98	USED_DME_AMOUNT	505	12	Numeric
99	PT_AMOUNT	517	12	Numeric
100	OT_AMOUNT	529	12	Numeric
101	SPEECH_AMOUNT	541	12	Numeric
102	IT_AMOUNT	553	12	Numeric
103	BLOOD_AMOUNT	565	12	Numeric
104	BLOOD_ADM_AMOUNT	577	12	Numeric
105	OR_AMOUNT	589	12	Numeric
106	LITH_AMOUNT	601	12	Numeric
107	CARD_AMOUNT	613	12	Numeric
108	ANES_AMOUNT	625	12	Numeric
109	LAB_AMOUNT	637	12	Numeric
110	RAD_AMOUNT	649	12	Numeric
111	MRI_AMOUNT	661	12	Numeric
112	OP_AMOUNT	673	12	Numeric
113	ER_AMOUNT	685	12	Numeric
114	AMBULANCE_AMOUNT	697	12	Numeric
115	PRO_FEE_AMOUNT	709	12	Numeric
116	ORGAN_AMOUNT	721	12	Numeric
117	ESRD_AMOUNT	733	12	Numeric
118	CLINIC_AMOUNT	745	12	Numeric
119	TOTAL_CHARGES	757	12	Numeric
120	TOTAL_NON_COV_CHARGES	769	12	Numeric
121	TOTAL_CHARGES_ANCIL	781	12	Numeric
122	TOTAL_NON_COV_CHARGES_ANCIL	793	12	Numeric
123	PHYSICIAN1_INDEX_NUMBER	805	10	Alphanumeric
124	PHYSICIAN2_INDEX_NUMBER	815	10	Alphanumeric
125	INPUT_FORMAT	825	1	Alphanumeric
126	SOURCE_OF_ADMISSION	826	1	Alphanumeric
127	PAT_STATUS	827	2	Alphanumeric
128	PROVIDER_NAME	829	55	Alphanumeric
	Record_Length		883	

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

Outpatient Charges Data File

Outpatient Classification Data File

Number	Field Name (OP Classification File)	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	CCSR_PRINC_DIAG_CODE	13	4	Alphanumeric
3	CCSR_OTH_DIAG_CODE_1	17	4	Alphanumeric
4	CCSR_OTH_DIAG_CODE_2	21	4	Alphanumeric
5	CCSR_OTH_DIAG_CODE_3	25	4	Alphanumeric
6	CCSR_OTH_DIAG_CODE_4	29	4	Alphanumeric
7	CCSR_OTH_DIAG_CODE_5	33	4	Alphanumeric
8	CCSR_OTH_DIAG_CODE_6	37	4	Alphanumeric
9	CCSR_OTH_DIAG_CODE_7	41	4	Alphanumeric
10	CCSR_OTH_DIAG_CODE_8	45	4	Alphanumeric
11	CCSR_OTH_DIAG_CODE_9	49	4	Alphanumeric
12	CCSR_OTH_DIAG_CODE_10	53	4	Alphanumeric
13	CCSR_OTH_DIAG_CODE_11	57	4	Alphanumeric
14	CCSR_OTH_DIAG_CODE_12	61	4	Alphanumeric
15	CCSR_OTH_DIAG_CODE_13	65	4	Alphanumeric
16	CCSR_OTH_DIAG_CODE_14	69	4	Alphanumeric
17	CCSR_OTH_DIAG_CODE_15	73	4	Alphanumeric
HS/THCIC	Page DSHS Document #25-150			

Number	Field Name (OP Classification File)	Position	Length	Field Type
18	CCSR_OTH_DIAG_CODE_16	77	4	Alphanumeric
19	CCSR_OTH_DIAG_CODE_17	81	4	Alphanumeric
20	CCSR_OTH_DIAG_CODE_18	85	4	Alphanumeric
21	CCSR_OTH_DIAG_CODE_19	89	4	Alphanumeric
22	CCSR_OTH_DIAG_CODE_20	93	4	Alphanumeric
23	CCSR_OTH_DIAG_CODE_21	97	4	Alphanumeric
24	CCSR_OTH_DIAG_CODE_22	101	4	Alphanumeric
25	CCSR_OTH_DIAG_CODE_23	105	4	Alphanumeric
26	CCSR_OTH_DIAG_CODE_24	109	4	Alphanumeric
27	CCS_PROC_CODE_1	113	3	Alphanumeric
28	CCS_PROC_CODE_2	116	3	Alphanumeric
29	CCS_PROC_CODE_3	119	3	Alphanumeric
30	CCS_PROC_CODE_4	122	3	Alphanumeric
31	CCS_PROC_CODE_5	125	3	Alphanumeric
32	CCS_PROC_CODE_6	128	3	Alphanumeric
33	CCS_PROC_CODE_7	131	3	Alphanumeric
34	CCS_PROC_CODE_8	134	3	Alphanumeric
35	CCS_PROC_CODE_9	137	3	Alphanumeric
36	CCS_PROC_CODE_10	140	3	Alphanumeric
37	CCS_PROC_CODE_11	143	3	Alphanumeric
38	CCS_PROC_CODE_12	146	3	Alphanumeric
39	CCS_PROC_CODE_13	149	3	Alphanumeric
40	CCS_PROC_CODE_14	152	3	Alphanumeric
41	CCS_PROC_CODE_15	155	3	Alphanumeric
42	CCS_PROC_CODE_16	158	3	Alphanumeric
43	CCS_PROC_CODE_17	161	3	Alphanumeric
44	CCS_PROC_CODE_18	164	3	Alphanumeric
45	CCS_PROC_CODE_19	167	3	Alphanumeric
46	CCS_PROC_CODE_20	170	3	Alphanumeric
47	CCS_PROC_CODE_21	173	3	Alphanumeric
48	CCS_PROC_CODE_22	176	3	Alphanumeric
49	CCS_PROC_CODE_23	179	3	Alphanumeric
50	CCS_PROC_CODE_24	182	3	Alphanumeric
51	CCS_PROC_CODE_25	185	3	Alphanumeric
	Record_Length		237	

Outpatient Grouper Data File

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	1	12	Alphanumeric
2	REVENUE_CODE_SEQUENCE_NUMBER	13	3	Alphanumeric
3	FROZEN_EAPG_GRP_VER	16	12	Alphanumeric
4	FROZEN_APC_GRP_VER	28	12	Alphanumeric
5	FROZEN_FINAL_EAPG_CATEGORY_CODE	40	2	Alphanumeric
6	FROZEN_FINAL_EAPG_TYPE_CODE	42	2	Alphanumeric
7	FROZEN_FINAL_EAPG	44	5	Alphanumeric
8	FROZEN_APC_PROCEDURE_CODE	49	5	Alphanumeric
9	FROZEN_APC_PX_STATUS_IND_CODE	54	2	Alphanumeric
10	FROZEN_APC_WEIGHT	56	9	Alphanumeric
11	EAPG_GRP_VER	65	12	Alphanumeric
12	APC_GRP_VER	77	12	Alphanumeric
13	FINAL_EAPG_CATEGORY_CODE	89	2	Alphanumeric
14	FINAL_EAPG_TYPE_CODE	91	2	Alphanumeric
15	FINAL_EAPG	93	5	Alphanumeric
16	APC_PROCEDURE_CODE	98	5	Alphanumeric
17	APC_PX_STATUS_IND_CODE	103	2	Alphanumeric
18	APC_WEIGHT	105	9	Alphanumeric
	Record_Length		113	

Facility Type Data File

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	FACILITY_TYPE	7	4	Alphanumeric
3	FAC_TEACHING_IND	11	1	Alphanumeric
4	FAC_PSYCH_IND	12	1	Alphanumeric
5	FAC_REHAB_IND	13	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	14	1	Alphanumeric
7	FAC_SNF_IND	15	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	16	1	Alphanumeric
9	FAC_OTHER_LTC_IND	17	1	Alphanumeric
10	FAC_PEDS_IND	18	1	Alphanumeric
11	FAC_CARDIOVASCULAR_IND	19	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	20	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	21	1	Alphanumeric
14	FAC_FOOT_IND	22	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	23	1	Alphanumeric
16	FAC_GENERAL_IND	24	1	Alphanumeric

17	FAC_NEUROLOGICAL_IND	25	1	Alphanumeric
18	FAC_OB_GYN_IND	26	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	27	1	Alphanumeric
20	FAC_ORAL_IND	28	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	29	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	30	1	Alphanumeric
23	FAC_PAIN_MNGMT_IND	31	1	Alphanumeric
24	FAC_PLASTIC_IND	32	1	Alphanumeric
25	FAC_THORACIC_IND	33	1	Alphanumeric
26	FAC_UROLOGY_IND	34	1	Alphanumeric
27	FAC_OTHER_IND	35	1	Alphanumeric
28	FAC_EMERGENCY_DEPARTMENT_IND	36	1	Alphanumeric
29	FAC_ONCOLOGY_IND	37	1	Alphanumeric
30	PROVIDER_NAME	38	55	Alphanumeric
31	POA_PROVIDER_INDICATOR	93	1	Alphanumeric
32	CERT_STATUS_IP	94	1	Alphanumeric
33	CERT_STATUS_OP	95	1	Alphanumeric
	Record_Length		95	