

# Texas Department of State Health Services

# Center for Health Statistics Texas Health Care Information Collection

# TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL 2024

#### **TABLE OF CONTENTS**

BACKGROUND	3
TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES	3
DATA PROCESSING AND QUALITY	7
PATIENT/PHYSICIAN CONFIDENTIALITY	7
RESTRICTIONS ON DATA USE	9
DATA LIMITATIONS	11
HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE	13
CITATION	13
DATA DICTIONARY	
INPATIENT BASE DATA #1 FILEINPATIENT BASE DATA #2 FILE	
INPATIENT CHARGES DATA FILE	
INPATIENT GROUPER DATA FILE	
OUTPATIENT BASE DATA FILE	
OUTPATIENT CHARGES DATA FILE	
OUTPATIENT CLASSIFICATION DATA FILE	
OUTPATIENT GROUPER DATA FILE	87
FACILITY TYPE DATA FILE	90
DATA FILE LAYOUTS	
Inpatient Base Data #1 File	
Inpatient Base Data #2 File	
Inpatient Charges Data File	
Inpatient Grouper Data File	
Outpatient Base Data File	
Outpatient Charges Data File	
Outpatient Classification Data File	
Outpatient Grouper Data File	

#### BACKGROUND

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

DSHS 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Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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 <a href="http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm">http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm</a>. This means

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

#### The ED PUDF contains:

- Inpatient (IP) Base Data #1 File This file contains the required data elements. For example, codes regarding facility identifier, principal diagnosis, other diagnoses, external cause of injury, principal procedure, other procedures, diagnosis related group, type of admission, source of admission, length of stay, patient ethnicity, patient race, patient residence city, county, ZIP code, patient status, primary payment source and other data used for most research topics.
- IP Base Data #2 File This file contains most of the situationally required data elements and some calculated fields. For example, codes regarding condition code, value code, occurrence code, occurrence day, charge amounts for service pay groups, and other information that may be useful regarding the inpatient stay research.
- IP Charges File This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.
- IP Grouper File This file contains grouper 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 included in the IP base #1 file of previously years but without the "frozen" prefix in the field name; variables without the suffix "frozen" in the OP Grouper File are the dynamic groupers newly added for 2022 and beyond. Frozen grouper calculations are updated yearly; dynamic grouper calculations are updated quarterly.
- 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 Refined (CCSR) codes for diagnoses and Clinical Classification Software (CCS) codes for procedures.
- 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 included in the OP charges and classification files previously but without the "frozen" prefix in the field name; variables without the suffix "frozen" in the OP Grouper File are the dynamic groupers newly added for 2022 and beyond. Frozen grouper calculations are updated quarterly.
- 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 2024 ED PUDF is available in nine fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Inpatient Grouper Data, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges Data, Outpatient Grouper Data, and Facility Type Data files. The sizes of the files are as follows:

#### First quarter, 854 facilities:

IP Base Data #1	470,906 records	156 variables	Fixed field format	349 MB	Tab-delimited	180 MB
IP Base Data #2	470,906 records	99 variables	Fixed field format	292 MB	Tab-delimited	124 MB
IP Charges Data	11,075,337 records	13 variables	Fixed field format	866 MB	Tab-delimited	528 MB
IP Grouper Data	470,906 records	21 variables	Fixed field format	30 MB	Tab-delimited	39 MB
OP Base Data	3,076,244 records	128 variables	Fixed field format	2,596 MB	Tab-delimited	1,226 MB
OP Classification Data	3,076,244 records	51 variables	Fixed field format	701 MB	Tab-delimited	321 MB
OP Charges Data	27,222,644 records	13 variables	Fixed field format	2,129 MB	Tab-delimited	1,399 MB
OP Grouper Data	27,222,644 records	17 variables	Fixed field format	2,908 MB	Tab-delimited	2,790 MB
Facility Type Data	854 records	33 variables	Fixed field format	81 KB	Tab-delimited	71 KB

#### Second quarter, 835 facilities:

IP Base Data #1	454,506 records	156 variables	Fixed field format	337 MB	Tab-delimited	173 MB
IP Base Data #2	454,506 records	99 variables	Fixed field format	282 MB	Tab-delimited	120 MB
IP Charges Data	10,634,623 records	13 variables	Fixed field format	832 MB	Tab-delimited	507 MB
IP Grouper Data	454,506 records	21 variables	Fixed field format	29 MB	Tab-delimited	37 MB
OP Base Data	2,954,538 records	128 variables	Fixed field format	2,494 MB	Tab-delimited	1,182 MB
OP Classification Data	2,954,538 records	51 variables	Fixed field format	673 MB	Tab-delimited	309 MB
OP Charges Data	26,593,253 records	13 variables	Fixed field format	2,080 MB	Tab-delimited	1,368 MB
OP Grouper Data	26,593,253 records	17 variables	Fixed field format	2,840 MB	Tab-delimited	2,725 MB
Facility Type Data	835 records	33 variables	Fixed field format	79 KB	Tab-delimited	69 KB

#### Third quarter, 829 facilities:

IP Base Data #1	465,777 records	156 variables	Fixed field format	345 MB	Tab-delimited	172 MB
IP Base Data #2	465,777 records	99 variables	Fixed field format	289 MB	Tab-delimited	123 MB
IP Charges Data	10,810,760 records	13 variables	Fixed field format	845 MB	Tab-delimited	516 MB
IP Grouper Data	465,777 records	21 variables	Fixed field format	29 MB	Tab-delimited	38 MB
OP Base Data	3,033,414 records	128 variables	Fixed field format	2,560 MB	Tab-delimited	1,215 MB
OP Charges Data	27,393,618 records	13 variables	Fixed field format	2,142 MB	Tab-delimited	1,410 MB
OP Grouper Data	27,393,618 records	17 variables	Fixed field format	2,926 MB	Tab-delimited	2,807 MB
Facility Type Data	829 records	33 variables	Fixed field format	79 KB	Tab-delimited	69 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

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	6	Last Updated: July, 2025

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

#### PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the ED PUDF was that the data and resulting information be used for the benefit of the public. This is specified in THSC Section 108.013. THSC Section 108.013(c) also stipulates that DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates THSC Section 108.013 and may incur civil or criminal penalties as stated in THSC Sections 108.014 and 108.0141, respectively. In addition, under THSC Sections

108.013(e) and (f), data and information collected by the DSHS under this statute that identifies a patient and/or physician in the ED PUDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to THSC Section 108.013, DSHS excludes all direct personal and demographic identifiers (e.g., names, address, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

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

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

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

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

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

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

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

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

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

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

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

THSC Sections 108.013(c)(1) and (2) and 108.013(g) prohibit DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any patient or physician or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the Chapter 108, THSC protection processes and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or

physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital, or FEMCF for the purpose of verifying information supplied in the DSHS ED PUDF. Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions.

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

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital, or FEMCF stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
- The licensee will not release nor permit others to release any information that identifies patients, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:
  - Texas Emergency Department Public Use Data Files, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	10	Last Updated: July, 2025

 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 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, <a href="http://www.dshs.texas.gov/thcic/">http://www.dshs.texas.gov/thcic/</a>, which should be checked periodically as notifications of an update will be posted on it.
- DSHS collects data from all hospitals, and FEMCFs in the state not specifically exempted (and not owned by the United States of America). Some hospitals may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods.
- The healthcare facility patient mix (the types of patients treated at healthcare facilities vary, due to the healthcare facility's interest and specialty services availability) should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

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

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

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

#### CITATION

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

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



## Texas Department of State Health Services

#### **Texas Emergency Department Data Set**

#### DATA DICTIONARY

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

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

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

taken from specifications manuals

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

Source

Provided to THCIC by the healthcare facility (Provider)

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

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

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

following the Data Source.
Alphanumeric or numeric

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

scheme

Type

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

#### **INPATIENT BASE DATA #1 FILE**

Field 1:	RECORD_ID					
Description:	Record Identification Number. Unique number assigned to identify the record. The					
	Record_ID in the ED Inp	atient PUDF is no	ot linkable to the	e Record_ID in the ED		
	Outpatient PUDF or ED F	Research Data Fil	les (RDFs).			
<b>Beginning Position:</b>	1	Data Source:	Assigned			
Length:	12	Type:	Alphanumeric			
Field 2:	DISCHARGE					
Description:	Discharge Quarter. Year an	d quarter of discha	irge. <i>yyyy</i> Qn.			
Beginning Position:	13	Data Source:	Assigned			
Length:	6	Туре:	Alphanumeric			
Field 3:	THCIC_ID					
DSHS/THCIC		Page		DSHS Document #25-15013		

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 14 Last Updated: July, 2025

**Description:** Provider ID. Unique identifier assigned to the provider by DSHS. Suppression: Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including `unknown', Provider ID is '999998'. **Beginning Position:** 19 **Data Source:** Assigned Length: Alphanumeric Type: Field 4: TYPE\_OF\_ADMISSION **Description:** Code indicating the type of admission **Coding Scheme:** Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma 9 Information not available Invalid **Beginning Position:** 25 **Data Source:** Claim Length: Type: Alphanumeric Field 5: SOURCE\_OF\_ADMISSION **Description:** Code indicating source of the admission. Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) **Coding Scheme:** Clinic or Physician's Office 2 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 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 Paver Е Transfer from Ambulatory Surgery Center Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) Born inside this hospital 6 Born outside this hospital **Beginning Position:** 26 **Data Source:** Claim Length: Alphanumeric Type: Field 6: SPEC\_UNIT\_1 **Description:** Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Coronary Care Unit Pediatric Unit Detoxification Unit Psychiatric Unit D Υ Rehabilitation Unit Intensive Care Unit R Ι Н Hospice Unit U Sub-acute Care Unit Skilled Nursing Unit Ν S Nurserv В Obstetric Unit Blank Acute Care Oncology Unit **Beginning Position:** 27 Calculated Data Source: Length: Alphanumeric Type: Field 7: SPEC\_UNIT\_2 **Description:** Specialty Units in which 2<sup>nd</sup> most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC\_UNIT\_1. **Beginning Position:** 28 Data Source: Calculated Length: Type: Alphanumeric Field 8: SPEC UNIT 3 **Description:** Specialty Units in which 3<sup>rd</sup> most days during stay occurred based on number of days by Type of Bill or Revenue Code. Same as SPEC UNIT 1. **Coding Scheme: Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 9: SPEC\_UNIT\_4 **Description:** Specialty Units in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code. **Coding Scheme:** Same as SPEC UNIT 1. Data Source: **Beginning Position:** Calculated

Page

15

DSHS Document #25-15013

Last Updated: July, 2025

DSHS/THCIC

Length: Type: Alphanumeric

Field 10: SPEC\_UNIT\_5

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

by Type of Bill or Revenue Code.

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

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

Field 11: PAT STATE

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

character Postal Service abbreviation.

**Coding Scheme:** Arkansas

LA Louisiana New Mexico NM ΩK Oklahoma ΤX Texas

ZZ All other states and American Territories

FC Foreign country

XX Foreign country

**Beginning Position:** 32 **Data Source:** Claim

Length: Alphanumeric Type:

Field 12: PAT ZIP

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

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

'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV-STD diagnosis the ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules) the ZIP code is reported as "`" (back quote). If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown',

the ZIP Code is blank.

**Beginning Position:** 34 Data Source: Claim Length: Alphanumeric Type:

Field 13: **PAT COUNTRY** 

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

> Organization for Standardization (ISO). If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules),

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

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

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

**Beginning Position: Data Source:** Claim

Length: Alphanumeric Type:

#### Field 14: PAT\_COUNTY

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

Coding	scheme:
--------	---------

ing scin	enie.								
001	Anderson	037	Bowie		073	Cherokee	109	Culberson	
003	Andrews	039	Brazoria		075	Childress	111	Dallam	
005	Angelina	041	Brazos		077	Clay	113	Dallas	
007	Aransas	043	Brewster		079	Cochran	115	Dawson	
009	Archer	045	Briscoe		081	Coke	117	Deaf Smith	
011	Armstrong	047	Brooks		083	Coleman	119	Delta	
013	Atascosa	049	Brown		085	Collin	121	Denton	
015	Austin	051	Burleson		087	Collingsworth	123	Dewitt	
017	Bailey	053	Burnet		089	Colorado	125	Dickens	
019	Bandera	055	Caldwell		091	Comal	127	Dimmit	
021	Bastrop	057	Calhoun		093	Comanche	129	Donley	
023	Baylor	059	Callahan		095	Concho	131	Duval	
025	Bee	061	Cameron		097	Cooke	133	Eastland	
027	Bell	063	Camp		099	Coryell	135	Ector	
029	Bexar	065	Carson		101	Cottle	137	Edwards	
031	Blanco	067	Cass		103	Crane	139	Ellis	
033	Borden	069	Castro		105	Crockett	141	El Paso	
035	Bosque	071	Chambers		107	Crosby	143	Erath	
SHS/THCIC				Page			DSHS Docu	iment #25-15013	

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

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

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

### Field 15: PU Description: Pu

**Coding Scheme:** 

#### PUBLIC\_HEALTH\_REGION

Public Health Region of patient's address.

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

Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties

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

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

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	17	Last Updated: July, 2025

- 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
- 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
- Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
- Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
- Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
- Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, 9 Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
- Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties 10
- Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties

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

PAT\_STATUS Field 16:

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

reported

#### **Coding Scheme:**

- 01 Discharged to home or self-care (routine Discharged/Transferred to a designated disaster 69 alternate care (effective 10-1-2013) discharge) 02 Discharged to other short term general hospital Discharge/transfer to another type of health care institution not defined elsewhere in the 03 Discharged to skilled nursing facility code list 04 Discharged to intermediate care facility Discharged/transferred to other outpatient 71 05 Discharged/transferred to a Designated Cancer Discharged/transferred to institution outpatient a Planned ssion m General ned Acute effective ursing on with a at with a d Cancer anned ssion
  - er Care of nization patient
  - re Hospital -2013)
  - lealth Care spital . -2013)
  - based Planned ssion (effective 10-1-2013)

	Center or Children's Hospital	/2	Discharged/transferred to institution ou
06	Discharged to care of home health service	81	Discharged to Home or Self Care with a Acute Care Hospital Inpatient Readmiss
07	Left against medical advice		(effective 10-1-2013)
80	Discharged to care of Home IV provider	82	Discharged/Transferred to a Short Tern
09	Admitted as inpatient to this hospital		Hospital for Inpatient Care with a Plann Care Hospital Inpatient Readmission (e
20	Expired		10-1-2013)
21	Discharged/transferred to Court/Law Enforcement	83	Discharged/Transferred to a Skilled Nur Facility (SNF) with Medicare Certification
30	Still patient		Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
40	Expired at home	84	Discharged/Transferred to a Facility that
41	Expired in a medical facility		Provides Custodial or Supportive Care v Planned Acute Care Hospital Inpatient
42	Expired, place unknown		Readmission (effective 10-1-2013)
43	Discharged/transferred to federal health care facility	85	Discharged/transferred to a Designated Center or Children's Hospital with a Pla Acute Care Hospital Inpatient Readmiss
50	Discharged to hospice-home		(effective 10-1-2013)
51	Discharged to hospice-medical facility	86	Discharged/Transferred to Home under
61	Discharged/transferred within this institution Medicare-approved swing bed	to	Organized Home Health Service Organized with a Planned Acute Care Hospital Inpa Readmission (effective 10-1-2013)
62	Discharged/transferred to inpatient rehabilitation facility	87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care
63	Discharged/transferred to Medicare-certified long term care hospital		Inpatient Readmission (effective 10-1-2
64	Discharged/transferred to Medicaid-certified nursing facility	88	Discharged/Transferred to a Federal He Facility with a Planned Acute Care Hosp Inpatient Readmission (effective 10-1-2
65	Discharged/transferred to psychiatric hospita psychiatric distinct part of a hospital	l or 89	Discharged/Transferred to a Hospital-ba Medicare Approved Swing Bed with a Pl
66	Discharged/transferred to Critical Access Hospital (CAH)		Acute Care Hospital Inpatient Readmiss (effective 10-1-2013)

DSHS/THCIC **Page** 

- 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)

Inpatient Readmission (effective 10-1-2013)			2013)		
			` Invalid		
<b>Beginning Position:</b>	46	Data Source:	Claim		
Length:	2	Туре:	Alphanumeric		
Field 17:	SEX_CODE				
Description:	Gender of the patient as	recorded at dat	e of admission or start of care.		
Suppression:	Code is suppressed if an	ICD-10-CM cod	e indicates drug or alcohol use or an HIV-		
	STD diagnosis. If ICD-10	O-CM indicates a	lcohol or drug use or an HIV diagnosis		
			and 42 CFR Part 2 rules), the Gender of the		
			f a hospital has fewer than 5 patients of a		
			rovider ID is '999998' and Hospital Name and		
	Patient ZIP Code are bla				
Coding Scheme:	M Male	in ror those put			
	F Female				
	U Unknown				
	` Invalid				
<b>Beginning Position:</b>	48	Data Source:	Claim		
Length:	1	Туре:	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:	<ol> <li>American Indian/Esk</li> </ol>				
	<ol> <li>Asian or Pacific Islan</li> </ol>	der			
	3 Black				
	4 White				
	5 Other				
Basissina Basitian.	` Invalid	Data Causasi	Claire		
Beginning Position: Length:	49 1	Data Source: Type:	Claim Alphanumeric		
Field 19:	ETHNICITY	туре.	Alphanamenc		
Description:	_	anic origin of the	nationt		
Suppression:	Code indicating the Hispanic origin of the patient.  If a hospital has fewer than ten patients of one race the ethnicity of patients of that				
Suppression.	race is suppressed (code		of one race the ethnicity of patients of that		
Coding Scheme:	1 Hispanic Origin	e is bialik).			
county Scheme.	2 Not of Hispanic Origin	n			
	` Invalid	"			
Beginning Position:	50	Data Source:	Claim		
Length:	1	Type:	Alphanumeric		
Field 20:	ADMIT_WEEKDAY	7	r		

Field 21: LENGTH\_OF\_STAY

1

2

3

4

Monday

Tuesday

Thursday

Wednesday

**Description:** 

Length:

**Coding Scheme:** 

**Beginning Position:** 

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	19	Last Updated: July, 2025

**Data Source:** 

Type:

Friday

Saturday

Sunday

Invalid

6

**Assigned** 

Alphanumeric

Code indicating day of week patient is admitted

Admission/start of care date. The minimum length of stay is 1 day. The maximum is 999 days.   999 days.   10 35-39	Description:	Length of stay in days e	<i>quals</i> Statement	covers period th	nrough date <i>minus</i>
Paginning Position:   S2		Admission/start of care			
PAT_AGE	Beginning Position:	52	Data Source:		
Code   Indicating age of patient in days or years on date of discharge.			Туре:	Alphanumeric	
1		<del></del>			
1	•			r years on date o	
02	Coding Scheme:	•			
Page     Page     Page   Pa		•			
04   10-14		02 1 4 years	12 45 45		<u> </u>
05   15-17   15   60-64   225   55-74     07   20-24   17   70-74   26   75-4     08   25-29   18   75-79   26   75-4     09   30-34   19   80-84     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     19   80-84   3/15   3/15     10   10   10   10   10     10   10					
Definition   De					
07    20-24					
Description					
Beginning Position:   25   STRST PAYMENT SRC   Payment   Page					` Invalid
Field 23:   FIRST_PAYMENT_SRC	Bardanda Barddan			A:	
Field 23:				•	
Coding Scheme:				Aiphanamenc	
Coding Scheme:   09   Self Pay (Removed from 5010 format, beginning 202012 data)   Hall Health Maintenance Organization beginning 202012 data)   LI Liability Medical   Liability Medic				ource of navment	
10   Central Certification   11   Other Non-federal Programs   Li   Liability   Medicare Part A   Medicare Part A   Medicare Part B   More Pa	Coding Scheme:				
1.1   Other Non-federal Programs	-		2012 data)	1.7 12-1-12	
12   Preferred Provider Organization (PPO)			rams	,	Medical
14   Exclusive Provider Organization (EPO)   MC   Medical		12 Preferred Provider Orga		,	
15   Indemnity Insurance   16   Health Maintenance Organization (HMO)   OF   Other Federal Program			(EDO)		
Health Maintenance Organization (HMO)			inization (EPO)		
All		•	ganization (HMO)		ederal Program
Bulle Cross/Blue Shield ChamPUS   CI   Commercial Insurance   CI   Commercial Insurance   CI   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Today   Codes 09 and ZZ, combined for 2004 & 2005   Invalid   Invalid   Invalid   Invalid   Invalid   Invalid   Invalid   Inv				\/A \/atauau	Administration Disc
CHAMPUS   CI   COmmercial Insurance   Code   Codes 09 and ZZ, combined for 2004 & 2005					
Beginning Position: Length: Field 24:  Description: Coding Scheme: Beginning Position: Length:  Type:  Beginning Position: Coding Scheme:  Indicates the specific type of bill.  Indicates the specific type of Scallity  Inpatient, including Medicare Part A Part A Part B Part A  Inpatient, Medicare Part B Part					
Beginning Position: 58					9 and ZZ, combined for 2004 & 2005
Length:   2   Type:   Alphanumeric	Daniumium Danitiam	,	Data Carres	Ilivaliu	
Field 24:  Description: Coding Scheme: Beginning Position: Coding Scheme:  Indicates the specific type of bill.  Indicates the specific type of Care  Inpatient, including Medicare  Inpatient, Medicare Part B only only claim  A Religious non-medical health care—Hospital  Inpatient of the Medicare Part B only only claim  A Religious non-medical health care—Hospital  Interimediate Care—Level I A Interim—last claim health care—Extended care  Interimediate Care—Level I A Interim—last claim (Not used by Medicare)  Interimediate Care—Level I A Interimediate Care—Level I A Interim—last claim (Not used by Medicare)  Reginning Position:  Length:  TOTAL_CHARGES  Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges,  Interimediate Care—Level I A Interimediate Care—Level I A Interim—last claim (Not used by Medicare)  Novid/cancel of prior claim (Not used by Medicare)  Type: Alphanumeric  Claim  Numeric  DSHS/THCIC  Page  DSHS Document #25-15013			_ : :: : : : : : : : : : : : : : : : :		
Code indicating the expected secondary source of payment. Same as field FIRST_PAYMENT_SRC				7 apriariament	
Coding Scheme:       Same as field FTRST_PAYMENT_SRC         Beginning Position:       Coding Scheme:       TYPE_OF_BILL         Description:       Indicates the specific type of bill.         Coding Scheme:       Indicates the specific type of Facility       2nd digit—Type of Care       3rd digit—Sequence of claim         Length:       1 Hospital       1 Inpatient, including Medicare Part B only       0 Non-payment/Zero claim         Coding Scheme:       2 Skilled nursing       2 Inpatient, Medicare Part B only       1 Admit through discharge claim         2 Skilled nursing       2 Inpatient, Medicare Part B only       1 Admit through discharge claim         4 Religious non-medical health care—Hospital       4 Outpatient Other, Medicare Part B only       3 Interim—continuing claim         5 Religious non-medical health care—Hospital health care—Extended care       5 Intermediate Care—Level I Part B only       4 Interim—last claim         6 Intermediate care       6 Intermediate Care—Level I III       5 Late charge(s) only claim         7 Clinic       7 Sub-acute inpatient – Level III       6 Adjustment of prior claim         8 Special facility       8 Swing bed       7 Replacement of prior claim         Beginning Position: Length:       62 Data Source: Claim       Alphanumeric         Field 26: Data Source: Sum of accommodation charges, non-covered ancillary charges, non-covered ancillary charges, non-covered	Description:	· · · · · · · · · · · · · · · · · · ·	_	source of payme	ent.
Page	Coding Scheme:	Same as field FIRST_PAYMI		. ,	
Field 25: Description: Coding Scheme:    1st digit—Type of Facility					
Description:			Туре:	Alphanumeric	
Coding Scheme:			of hill		
Hospital   Linear Part A   Linear Part B   L				e of Care	3rd digit-Sequence of claim
2   Skilled nursing   2   Inpatient, Medicare Part B only   3   Admit through discharge claim   3   Outpatient   2   Interim-first claim   2   Interim-first claim   3   Outpatient   Other, Medicare   3   Interim-continuing claim   Part B only   Part B	county benefited				
Seginning Position:   Claim					
3   Home health   3   Outpatient   2   Interim-first claim		2 Skilled nursing		, Medicare Part B	
health care–Hospital  5 Religious non-medical health care–Extended care  6 Intermediate care		3 Home health	•	nt	
Seginning Position: Length: TOTAL_CHARGES   Sum of accommodation charges, non-covered ancillary charges.   Beginning Position: Length:   Sum of accommodation charges, non-covered ancillary charges.   Beginning Position: Length:   Sum of accommodation charges, non-covered ancillary charges.   Beginning Position: Length:   Sum of accommodation charges, non-covered ancillary charges.   Beginning Position: Length:   Sum of accommodation charges, non-covered ancillary charges.   Sum of accommodation charges, non-covered accommodation charges, ancillary charges.   Sum of accommodation charges, non-covered ancillary charges.   Sum of accommodation charges, non-covered accommodation charges, ancillary charges.   Sum of accommodation charges, non-covered accommodation charges, ancillary charges.   Sum of accommodation charges, non-covered accommodation charges, ancillary charges.   Sum of accommodation charges, non-covered accommodation charges, ancillary charges.   Sum of accommodation charges, non-covered ancillary charges   Sum of accommodation charges, non-covered ancillary charges   Sum		3			3 Interim-continuing claim
health care—Extended care    four intermediate care		•		,	1 Interim_last claim
7 Clinic 7 Sub-acute inpatient - Level 6 (Not used by Medicare) 8 Special facility 8 Swing bed 7 Replacement of prior claim 8 Special facility 7 Replacement of prior claim 8 Void/cancel of prior claim 9 Void/cancel of p		3		liate Care-Level 1	4 Interim-last claim
Beginning Position: Length:  TOTAL_CHARGES  Description: Sum of accommodation charges, non-covered ancillary charges, non-covered ancillary charges.  Beginning Position: Length:  TOTAL_CHARGES  Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges.  Beginning Position: Length:  TOTAL_CHARGES  Sum of accommodation charges, non-covered accommodation charges, ancillary charges.  Beginning Position: Length:  Type: Numeric  DSHS Document #25-15013					• , ,
Beginning Position: Length:  TOTAL_CHARGES  Description: Sum of accommodation charges, non-covered ancillary charges.  Beginning Position: Length:  Data Source: Claim Alphanumeric  Type: Alphanumeric  Claim Commodation charges, non-covered accommodation charges, ancillary charges.  Beginning Position: Length:  Data Source: Claim Commodation charges, ancillary charges.  Beginning Position: Length:  Data Source: Claim Numeric  Data Source: Data Source: Data Source: Data Source: Numeric		7 Clinic		e inpatient – Level	
Beginning Position: Length:62 3Data Source: Type:Claim AlphanumericField 26: Description:TOTAL_CHARGESDescription:Sum of accommodation charges, non-covered ancillary charges.Beginning Position: Length:65 12Data Source: Type:Claim NumericDSHS/THCICPageDSHS Document #25-15013		8 Special facility		ed	
Length:3Type:AlphanumericField 26:TOTAL_CHARGESDescription:Sum of accommodation charges, non-covered accommodation charges, ancillary charges.Beginning Position: Length:65Data Source: Type:Claim NumericDSHS/THCICPageDSHS Document #25-15013			_		8 Void/cancel of prior claim
Field 26: TOTAL_CHARGES  Description: Sum of accommodation charges, non-covered accommodation charges, ancillary charges.  Beginning Position: Length: Data Source: Type: Numeric  DSHS/THCIC Page DSHS Document #25-15013					
Description: Sum of accommodation charges, non-covered accommodation charges, ancillary charges.  Beginning Position: Length: DSHS/THCIC Sum of accommodation charges, non-covered accommodation charges, ancillary charges.  Claim Numeric DSHS Document #25-15013			туре:	Alphanumeric	_
charges, non-covered ancillary charges.  Beginning Position: Length:  DSHS/THCIC  Charges, non-covered ancillary charges.  Data Source: Type:  Claim Numeric  DSHS Document #25-15013			charges non-co	vered accommo	dation charges ancillary
Beginning Position:     65     Data Source:     Claim       Length:     12     Type:     Numeric       DSHS/THCIC     Page     DSHS Document #25-15013	200. ptioiii				actori charges, anchiary
Length:         12         Type:         Numeric           DSHS/THCIC         Page         DSHS Document #25-15013	Beginning Position:				
	DSHS/THCIC		Page		DSHS Document #25-15013
		THCIC	_		

Field 27: TOTAL\_NON\_COV\_CHARGES Description: Sum of non-covered accommodation charges, non-covered ancillary charges. **Beginning Position: Data Source:** Claim 12 Numeric Length: Type: Field 28: **TOTAL CHARGES ACCOMM Description:** Sum of covered and non-covered accommodation charges. **Beginning Position:** 89 **Data Source:** Claim Numeric Length: 12 Type: Field 29: TOTAL\_NON\_COV\_CHARGES\_ACCOMM **Description:** Sum of non-covered accommodations charges. **Beginning Position:** 101 **Data Source:** Claim Length: Type: Numeric 12 Field 30: TOTAL\_CHARGES\_ANCIL **Description:** Sum of covered and non-covered ancillary charges. **Beginning Position: Data Source:** 113 Claim Type: Numeric Length: 12 Field 31: TOTAL\_NON\_COV\_CHARGES\_ANCIL **Description:** Sum of non-covered ancillary charges. **Beginning Position:** 125 **Data Source:** Claim Length: 12 Type: Numeric Field 32: ADMITTING\_DIAGNOSIS Description: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 137 Claim Length: 7 Type: **Alphanumeric** Field 33: PRINC\_DIAG\_CODE **Description:** ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 144 **Data Source:** Claim Length: Type: Alphanumeric Field 34: POA\_PRINC\_DIAG\_CODE **Description:** Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital **Coding Scheme:** Yes Υ Ν No U Unknown W Clinically Undetermined Space (1st & 2nd Qtr. 2012 only) 1 Invalid 151 **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: Field 35: OTH\_DIAG\_CODE\_1 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 152 **Data Source:** Claim Length: **Alphanumeric** Type: Field 36: POA\_OTH\_DIAG\_CODE\_1 Description: Code identifying whether Oth\_Diag\_Code\_1 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position:** 159 Data Source: Claim Length: Type: Alphanumeric Field 37: OTH\_DIAG\_CODE\_2 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Data Source: Beginning Position:** 160 Claim Length: Type: Alphanumeric Field 38: POA OTH DIAG CODE 2 **Description:** Code identifying whether Oth Diag Code 2 code was present at the time the patient was admitted to the hospital DSHS/THCIC DSHS Document #25-15013 Page

21

Last Updated: July, 2025

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

**Beginning Position:** 167 **Data Source:** Claim Length: Type: Alphanumeric

Field 39: OTH\_DIAG\_CODE\_3

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

Decimal is implied following the third character.

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

Field 40: POA\_OTH\_DIAG\_CODE\_3

**Description:** Code identifying whether Oth\_Diag\_Code\_3 code was present at the time the patient

was admitted to the hospital

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

**Beginning Position:** 175 **Data Source:** Claim Length: Alphanumeric Type:

Field 41: OTH\_DIAG\_CODE\_4

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

Decimal is implied following the third character.

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

Type: Length: Alphanumeric

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

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

was admitted to the hospital

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

**Beginning Position:** 183 **Data Source:** Claim Length: Alphanumeric Type:

Field 43: OTH\_DIAG\_CODE\_5

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

Decimal is implied following the third character.

**Beginning Position: Data Source:** Claim

Length: Alphanumeric Type:

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

**Description:** Code identifying whether Oth\_Diag\_Code\_5 code was present at the time the patient

was admitted to the hospital

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

**Data Source: Beginning Position:** 191 Claim Length: Alphanumeric Type:

Field 45: OTH\_DIAG\_CODE\_6

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

Decimal is implied following the third character.

**Beginning Position:** 192 **Data Source:** 

Length: Alphanumeric Type:

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

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

Claim

was admitted to the hospital

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

**Data Source: Beginning Position:** 199 Claim Length: Type: Alphanumeric

Field 47: OTH\_DIAG\_CODE\_7

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

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

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

was admitted to the hospital

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

**Beginning Position:** 207 **Data Source:** Claim

Length: Alphanumeric Type:

Field 49: OTH DIAG CODE 8

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

Decimal is implied following the third character.

DSHS/THCIC DSHS Document #25-15013 Page www.dshs.texas.gov/THCIC Last Updated: July, 2025 22

**Beginning Position:** 208 **Data Source:** Claim Length: Alphanumeric Type:

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

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

was admitted to the hospital

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

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

Length: Alphanumeric Type:

Field 51: OTH\_DIAG\_CODE\_9

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

> Decimal is implied following the third character. **Data Source:** Claim 216

**Beginning Position:** Length: Type: Alphanumeric

Field 52: POA OTH DIAG CODE 9

**Description:** Code identifying whether Oth Diag Code 9 code was present at the time the patient

was admitted to the hospital

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

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

Length: Alphanumeric Type:

Field 53: OTH DIAG CODE 10

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

Decimal is implied following the third character.

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

Length: Alphanumeric Type:

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

**Description:** Code identifying whether Oth Diag Code 10 code was present at the time the

> patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE

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

Length: Type: Alphanumeric

Field 55: OTH\_DIAG\_CODE\_11

**Coding Scheme:** 

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

Field 56: POA\_OTH\_DIAG\_CODE\_11

**Description:** Code identifying whether Oth Diag Code 11 code was present at the time the

> patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE

**Coding Scheme: Beginning Position:** 239 **Data Source:** Claim

Length: Type: Alphanumeric

Field 57: OTH DIAG CODE 12

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

Decimal is implied following the third character.

**Beginning Position:** 240 **Data Source:** Claim Alphanumeric Length: Type:

Field 58: POA\_OTH\_DIAG\_CODE\_12

**Description:** Code identifying whether Oth Diag Code 12 code was present at the time the

patient was admitted to the hospital

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

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

Length: Type: Field 59: OTH\_DIAG\_CODE\_13

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

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

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

patient was admitted to the hospital

DSHS/THCIC DSHS Document #25-15013 Page

www.dshs.texas.gov/THCIC 23 Last Updated: July, 2025 **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

**Beginning Position:** 255 **Data Source:** Claim

Length: Type: Alphanumeric

Field 61: OTH\_DIAG\_CODE\_14

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

Decimal is implied following the third character.

**Beginning Position:** Data Source: Claim

Length: Alphanumeric Type:

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

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

patient was admitted to the hospital

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

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

Length: Alphanumeric Type:

Field 63: OTH\_DIAG\_CODE\_15

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

Field 64: POA\_OTH\_DIAG\_CODE\_15

**Description:** Code identifying whether Oth\_Diag\_Code\_15 code was present at the time the

> patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE

**Coding Scheme: Beginning Position:** 271 **Data Source:** Claim

Length: Alphanumeric Type:

Field 65: OTH\_DIAG\_CODE\_16

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

Decimal is implied following the third character.

**Beginning Position: Data Source:** Claim

Length: Type: Alphanumeric

Field 66: POA\_OTH\_DIAG\_CODE\_16

**Description:** Code identifying whether Oth\_Diag\_Code\_16 code was present at the time the

patient was admitted to the hospital

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

**Data Source: Beginning Position:** 279 Claim

Length: Alphanumeric Type:

Field 67: OTH\_DIAG\_CODE\_17

280

**Beginning Position:** 

Field 68:

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

Data Source:

Claim

Alphanumeric

Decimal is implied following the third character.

Length: Type:

POA\_OTH\_DIAG\_CODE\_17 **Description:** Code identifying whether Oth\_Diag\_Code\_17 code was present at the time the

patient was admitted to the hospital

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

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

Length: Type: Alphanumeric

Field 69: OTH\_DIAG\_CODE\_18

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

Decimal is implied following the third character.

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

Length: Type: Alphanumeric

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

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

patient was admitted to the hospital

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

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

Length: Alphanumeric Type:

Field 71: OTH DIAG CODE 19

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

Decimal is implied following the third character.

DSHS/THCIC DSHS Document #25-15013 Page www.dshs.texas.gov/THCIC Last Updated: July, 2025 24

**Beginning Position:** 296 **Data Source:** Claim Length: Type: Alphanumeric Field 72: POA OTH DIAG CODE 19 **Description:** Code identifying whether Oth\_Diag\_Code\_19 code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 303 Data Source: Claim Length: Alphanumeric Type: Field 73: OTH\_DIAG\_CODE\_20 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 304 **Data Source:** Claim Length: Alphanumeric Type: Field 74: POA\_OTH\_DIAG\_CODE\_20 **Description:** Code identifying whether Oth Diag Code 20 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Beginning Position: Data Source:** Claim 311 Length: Alphanumeric Type: Field 75: OTH\_DIAG\_CODE\_21 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 312 Claim Lenath: Type: Alphanumeric Field 76: POA\_OTH\_DIAG\_CODE\_21 **Description:** Code identifying whether Oth\_Diag\_Code\_21 code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Beginning Position:** 319 **Data Source:** Claim Length: Alphanumeric Type: Field 77: OTH\_DIAG\_CODE\_22 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 320 Claim Length: Type: Alphanumeric Field 78: **POA OTH DIAG CODE 22 Description:** Code identifying whether Oth\_Diag\_Code\_22 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 327 Data Source: Claim Length: Alphanumeric Type: Field 79: OTH\_DIAG\_CODE\_23 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Length: Type: Alphanumeric Field 80: POA\_OTH\_DIAG\_CODE\_23 **Description:** Code identifying whether Oth Diag Code 23 code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Data Source: Beginning Position:** 335 Claim Length: Type: Alphanumeric Field 81: OTH\_DIAG\_CODE\_24 **Description:** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 336 Data Source: Claim Lenath: Alphanumeric Type: Field 82: POA\_OTH\_DIAG\_CODE\_24 Description: Code identifying whether Oth\_Diag\_Code\_24 code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE

Beginning Position: 343
Length: 1
Type: Alphanumeric

Field 83: E\_CODE\_1

Description: ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character.

Beginning Position:344Data Source:ClaimLength:7Type:Alphanumeric

Field 84: POA\_E\_CODE\_1

**Description:** Code identifying whether E\_Code\_1 external cause of injury code was present at the

time the patient was admitted to the hospital

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

Beginning Position:351Data Source:ClaimLength:1Type:Alphanumeric

Field 85: E\_CODE\_2

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

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

third character.

Beginning Position:352Data Source:ClaimLength:7Type:Alphanumeric

Field 86: POA E CODE 2

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

time the patient was admitted to the hospital

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

Beginning Position:359Data Source:ClaimLength:1Type:Alphanumeric

Field 87: E\_CODE\_3

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

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

third character.

Beginning Position:360Data Source:ClaimLength:7Type:Alphanumeric

Field 88: POA E CODE 3

**Description:** Code identifying whether E\_Code\_3 external cause of injury code was present at the

time the patient was admitted to the hospital

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

**Beginning Position:** 367 **Data Source:** Claim

Length: 1 Type: Alphanumeric

Field 89: E\_CODE\_4

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

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

third character.

Beginning Position:368Data Source:ClaimLength:7Type:Alphanumeric

Field 90: POA\_E\_CODE\_4

**Description:** Code identifying whether E Code 4 external cause of injury code was present at the

time the patient was admitted to the hospital

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

**Beginning Position:** 375 **Data Source:** Claim

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

Field 91: E\_CODE\_5

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

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

third character.

Beginning Position:376Data Source:ClaimLength:7Type:Alphanumeric

Field 92: POA\_E\_CODE\_5

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

time the patient was admitted to the hospital

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

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

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 26 Last Updated: July, 2025

Length: Alphanumeric Type: Field 93: E\_CODE\_6 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 384 **Data Source:** Claim Length: Alphanumeric Type: Field 94: POA\_E\_CODE\_6 **Description:** Code identifying whether E Code 6 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 391 **Data Source:** Claim Alphanumeric Length: Type: Field 95: E\_CODE\_7 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 392 **Data Source:** Claim Lenath: Alphanumeric Type: Field 96: POA\_E\_CODE\_7 **Description:** Code identifying whether E\_Code\_7 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA\_PRINC\_DIAG\_CODE **Coding Scheme: Beginning Position:** 399 **Data Source:** Claim Length: Type: Alphanumeric Field 97: E\_CODE\_8 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Data Source: Beginning Position:** 400 Claim Length: Alphanumeric Type: Field 98: POA E CODE 8 **Description:** Code identifying whether E\_Code\_8 external cause of injury code was present at the time the patient was admitted to the hospital Same as Field POA PRINC DIAG CODE **Coding Scheme: Beginning Position:** 407 **Data Source:** Claim Alphanumeric Length: Type: Field 99: E CODE 9 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position:** 408 **Data Source:** Claim Length: Type: Alphanumeric Field 100: POA E CODE 9 **Description:** Code identifying whether E Code 9 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA PRINC DIAG CODE **Beginning Position:** 415 **Data Source:** Claim Length: Alphanumeric Type: Field 101: E\_CODE\_10 **Description:** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. **Beginning Position: Data Source:** 416 Claim Alphanumeric Length: Type: Field 102: POA E CODE 10 **Description:** Code identifying whether E Code 10 external cause of injury code was present at the time the patient was admitted to the hospital **Coding Scheme:** Same as Field POA\_PRINC\_DIAG\_CODE **Data Source: Beginning Position:** 423 Claim Length: Type: Alphanumeric DSHS/THCIC **DSHS** Document #25-15013 Page

27

Last Updated: July, 2025

Field 103: PRINC\_SURG\_PROC\_CODE **Description:** Code for the principal surgical or other B performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 424 Claim Length: 7 Alphanumeric Type: Field 104: PRINC\_SURG\_PROC\_DAY **Description:** Day of principal surgical or other procedure equals Principal Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 431 **Data Source:** Calculated Length: Alphanumeric 4 Type: Field 105: OTH SURG PROC CODE 1 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position: Data Source:** 435 Claim Alphanumeric Length: Type: Field 106: OTH\_SURG\_PROC\_DAY\_1 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 442 Calculated Length: 4 Type: Alphanumeric Field 107: OTH\_SURG\_PROC\_CODE\_2 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 446 **Data Source:** Claim Length: Alphanumeric Type: Field 108: OTH\_SURG\_PROC\_DAY\_ 2 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 453 **Data Source:** Calculated Length: 4 Alphanumeric Type: Field 109: OTH\_SURG\_PROC\_CODE\_3 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 457 **Data Source:** Claim Length: Alphanumeric Type: Field 110: OTH SURG PROC DAY 3 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 464 Calculated Length: Alphanumeric 4 Type: Field 111: OTH\_SURG\_PROC\_CODE\_4 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. **Beginning Position:** 468 **Data Source:** Claim Lenath: Type: Alphanumeric Field 112: OTH\_SURG\_PROC\_DAY\_4 Description: Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position: Data Source:** 475 Calculated Length: 4 Type: Alphanumeric Field 113: OTH\_SURG\_PROC\_CODE\_5 **Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code. 479 **Data Source: Beginning Position:** Claim Length: Type: Alphanumeric Field 114: OTH\_SURG\_PROC\_DAY\_5 **Description:** Day of other surgical or other procedure equals Other Surgical Procedure Date minus Admission/Start of Care Date **Beginning Position:** 486 Data Source: Calculated Lenath: Type: Alphanumeric Field 115: OTH\_SURG\_PROC\_CODE\_6 DSHS/THCIC DSHS Document #25-15013 Page

28

Last Updated: July, 2025

**Description:** Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.

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

Length: 7 Alphanumeric Type:

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

**Data Source: Beginning Position:** 497 Calculated Alphanumeric Length: Type:

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.

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

Length: 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 Lenath: Alphanumeric Type:

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.

**Data Source: Beginning Position:** 512 Claim

Length: 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

**Data Source: Beginning Position:** Calculated 519 Length: 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: 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: Alphanumeric Type:

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

Alphanumeric Length: Type:

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 Alphanumeric Length: Type:

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.

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

Length: 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: Type: Alphanumeric

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

DSHS/THCIC DSHS Document #25-15013 Page www.dshs.texas.gov/THCIC 29 Last Updated: July, 2025

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:
Length:
Type: Alphanumeric

Field 128:
Description:
Description:
Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.

Claim
Type: Alphanumeric

OTH\_SURG\_PROC\_DAY\_12

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

Admission/Start of Care Date. **Beginning Position:** 563 **Data Source:** Calculated

Length: 4 Type: Calculated Alphanumeric

Field 129: OTH\_SURG\_PROC\_CODE\_13

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

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

**Beginning Position:** 567 **Data Source:** Claim

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

Field 130: OTH\_SURG\_PROC\_DAY\_13

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

Admission/Start of Care Date.

Beginning Position:574Data Source:CalculatedLength:4Type:Alphanumeric

Field 131: OTH\_SURG\_PROC\_CODE\_14

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

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

Beginning Position: 578 Data Source: Claim

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

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

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

Admission/Start of Care Date.

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

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

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

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

Beginning Position:589Data Source:ClaimLength:7Type:Alphanumeric

Field 134: OTH\_SURG\_PROC\_DAY\_15

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

Admission/Start of Care Date.

Beginning Position:596Data Source:CalculatedLength:4Type:Alphanumeric

Field 135: OTH\_SURG\_PROC\_CODE\_16

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

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

**Beginning Position:** 600 **Data Source:** Claim

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

Field 136: OTH\_SURG\_PROC\_DAY\_16

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

Admission/Start of Care Date.

Beginning Position:607Data Source:CalculatedLength:4Type:Alphanumeric

Field 137: OTH\_SURG\_PROC\_CODE\_17

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

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

**Beginning Position:** 611 **Data Source:** Claim

Length: 7 Type: Alphanumeric

Field 138: OTH SURG PROC DAY 17

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

Admission/Start of Care Date.

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

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

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 30 Last Updated: July, 2025

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

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

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

Length: Alphanumeric 7 Type:

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

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

Admission/Start of Care Date.

**Data Source: Beginning Position:** 629 Calculated Alphanumeric Length: Type:

Field 141: OTH SURG PROC CODE 19

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

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

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

Length: Type: Alphanumeric

Field 142: OTH SURG PROC DAY 19

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

Admission/Start of Care Date.

**Beginning Position:** 640 **Data Source:** Calculated Lenath: Alphanumeric Type:

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

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

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

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

Length: Type: Alphanumeric

Field 144: OTH SURG PROC DAY 20

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

Admission/Start of Care Date.

**Data Source: Beginning Position:** Calculated 651 Length: Type: Alphanumeric

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

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

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

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

Lenath: Type: Alphanumeric

Field 146: OTH SURG PROC DAY 21

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

Admission/Start of Care Date.

**Beginning Position:** 662 **Data Source:** Calculated Length: Alphanumeric Type:

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

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

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

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

Alphanumeric Length: Type:

Field 148: OTH SURG PROC DAY 22

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

Admission/Start of Care Date.

**Beginning Position:** 673 **Data Source:** Calculated Alphanumeric Length: Type:

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

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

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

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

Length: Type: Alphanumeric

Field 150: OTH SURG PROC DAY 23

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

Admission/Start of Care Date.

**Beginning Position:** 684 **Data Source:** Calculated Length: Type: Alphanumeric

Field 151: OTH SURG PROC CODE 24

DSHS/THCIC DSHS Document #25-15013 Page www.dshs.texas.gov/THCIC Last Updated: July, 2025 31

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

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

**Beginning Position:** 688 **Data Source:** 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:695Data Source:CalculatedLength:4Type: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 nationts to begritals or who provide

individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists,

chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists

authorized by the hospital to admit or treat patients.

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

minimum cell size of five.

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

99999999999999 Temporary license or license number could not be matched

Beginning Position:699Data Source:AssignedLength:10Type:Alphanumeric

Field 154: OPERATING\_PHYSICIAN\_UNIF\_ID

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

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

including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives,

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

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

less than the minimum cell size of five.

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

999999999 Temporary license or license number could not be matched

Beginning Position:709Data Source:AssignedLength:10Type:Alphanumeric

Field 155: ENCOUNTER INDICATOR

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

Beginning Position:719Data Source:CalculatedLength:2Type:Alphanumeric

Field 166: PROVIDER NAME

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

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

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

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

Beginning Position:721Data Source:ProviderLength:55Type:Alphanumeric

#### INPATIENT BASE DATA #2 FILE

Field 1: RECORD\_ID

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

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

Outpatient PUDF or ED Research Data Files (RDFs).

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

Field 2: PRIVATE\_AMOUNT

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

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

center 011X, 014X

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

Field 3: SEMI PRIVATE AMOUNT

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

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

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

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

Field 4: WARD AMOUNT

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

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

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

Field 5: ICU AMOUNT

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

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

revenue center 020X.

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

Field 6: CCU AMOUNT

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

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

revenue center 021X.

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

Field 7: OTHER AMOUNT

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

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

090X-095X, 099X.

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

Field 8: PHARM\_AMOUNT

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

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

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

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

Field 9: MEDSURG\_AMOUNT

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

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

0219, revenue center 027X, 062X.

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

Field 10: DME\_AMOUNT **Description:** Ancillary Service Charge, Durable Medical Equipment Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299. **Beginning Position:** Data Source: Calculated Length: Numeric 12 Type: Field 11: **USED DME AMOUNT Description:** Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293. **Beginning Position: Data Source:** Calculated 121 Length: Numeric 12 Type: Field 12: PT AMOUNT **Description:** Ancillary Service Charge, Physical Therapy Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. **Beginning Position:** 133 **Data Source:** Calculated Length: Numeric 12 Type: Field 13: **OT AMOUNT Description:** Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X. **Beginning Position:** 145 **Data Source:** Calculated Length: Numeric 12 Type: **SPEECH AMOUNT** Field 14: **Description:** Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X. **Beginning Position:** 157 Data Source: Calculated Length: 12 Type: Numeric IT\_AMOUNT Field 15: **Description:** Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X. **Beginning Position:** 169 **Data Source:** Calculated Length: 12 Type: Numeric Field 16: **BLOOD\_AMOUNT Description:** Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X. **Beginning Position:** 181 **Data Source:** Calculated Length: Numeric Type: 12 Field 17: **BLOOD ADMIN AMOUNT Description:** Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X. **Beginning Position:** 193 **Data Source:** Calculated Length: Numeric 12 Type: OR\_AMOUNT Field 18: **Description:** Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X. **Beginning Position:** 205 **Data Source:** Calculated Numeric Length: 12 Type: Field 19: LITH AMOUNT **Description:** Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X. **Beginning Position: Data Source:** Calculated 217 Length: 12 Type: Numeric

Page

34

DSHS Document #25-15013

Last Updated: July, 2025

DSHS/THCIC

Field 20: CARD\_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR **Description:** algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X. **Beginning Position:** 229 **Data Source:** Calculated Length: Type: Numeric Field 21: **ANES AMOUNT** Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR **Description:** algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X. **Beginning Position:** 241 **Data Source:** Calculated Length: Numeric Type: Field 22: LAB AMOUNT **Description:** Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X. **Beginning Position:** 253 Data Source: Calculated Lenath: 12 Type: Numeric Field 23: RAD AMOUNT **Description:** Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X. Data Source: Calculated **Beginning Position:** 265 Length: Numeric 12 Type: Field 24: MRI\_AMOUNT Description: Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X. **Beginning Position:** Data Source: 277 Calculated Length: Numeric 12 Type: Field 25: OP\_AMOUNT Description: Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X. **Beginning Position:** 289 **Data Source:** Calculated Length: 12 Type: Numeric Field 26: **ER\_AMOUNT Description:** Ancillary Service Charge, Emergency Room Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X. **Beginning Position: Data Source:** Calculated Length: Numeric 12 Type: Field 27: AMBULANCE AMOUNT **Description:** Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X. **Beginning Position: Data Source:** Calculated 313 Length: Type: Numeric Field 28: PRO FEE AMOUNT **Description:** Ancillary Service Charge, Professional Fee Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X. **Beginning Position:** 325 **Data Source:** Calculated Length: Numeric 12 Type: Field 29: **ORGAN AMOUNT Description:** Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X. **Beginning Position:** Data Source: Calculated

Page

35

DSHS Document #25-15013

Last Updated: July, 2025

DSHS/THCIC

Length: 12 Numeric Type: Field 30: **ESRD\_AMOUNT** Description: Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X. **Beginning Position:** Data Source: Calculated 349 Length: 12 Numeric Type: Field 31: **CLINIC AMOUNT** Description: Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X. **Beginning Position:** 361 Data Source: Calculated Length: 12 Type: Numeric Field 32: OCCUR\_CODE\_1 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Auto accident 01 27 Date Home Health Plan 47 Date cost outlier status begins Established or Last Reviewed 02 No Fault Insurance Involved -Birthdate - Insured A Α1 28 Date Comprehensive Outpatient Including Auto Accident/Other Α2 Effective Date - Insured A Rehabilitation Plan Established 03 Accident/ Tort Liability Policy or Last Reviewed Accident/ Employment Related 04 Payer A benefits exhausted Α3 29 Date Outpatient PT Plan established or last reviewed 05 Other accident Α4 Split Bill Date 30 Date Outpatient ST Plan 06 Crime Victim В1 Birthdate - Insured B established or last reviewed 09 Start of Infertility Treatment 31 Date beneficiary notified of B2 Effective date - Insured B Policy Cycle intent to bill (accommodations) ВЗ Payer B benefits exhausted 32 Date beneficiary notified of Last Menstrual Period 10 C1 Birthdate - Insured C intent to bill (procedures or 11 Onset of Symptoms/ Illness treatments) C2 Effective date - Insured C Policy 12 Date of Onset for a Chronically 37 Date of inpatient hospital C3 Payer C benefits exhausted Dependent Individual discharge for non-covered transplant patients Date of Last Therapy 16 DR Katrina disaster related 38 Date treatment started for Date Outpatient OT Plan 17 E1 Birthdate - Insured D home IV therapy Established or Last Reviewed E2 Effective date - Insured D 39 Date discharged on a 18 Date of Retirement continuous course if IV therapy Policy Patient/Beneficiary E3 Payer D benefits exhausted 40 Scheduled date of admission 19 Date of Retirement - Spouse 41 Date of first test of pre-F1 Birthdate - Insured E 20 Date Guarantee of Payment admission testing F2 Effective date - Insured E Policy Began 42 Date of discharge (hospice Date UR Notice Received 21 F3 Payer E benefits exhausted 22 Date Active Care Ended 43 Scheduled date of canceled G1 Birthdate - Insured F surgery 24 Date Insurance Denied Effective date - Insured F Policy G2 44 Date treatment started - OT Date Benefits Terminated by 25 G3 Payer F benefits exhausted 45 Primary Payer Date treatment started - ST Date SNF Bed Became Available 26 46 Date treatment started Cardiac rehabilitation **Beginning Position:** 373 Data Source: Claim Length: Type: Alphanumeric Field 33: OCCUR\_DAY\_1 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 375 **Data Source:** Calculated Length: Type: Alphanumeric Field 34: OCCUR CODE 2 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR\_CODE\_1. **Beginning Position:** 379 Data Source: Claim Length: Alphanumeric Type: Field 35: OCCUR DAY 2 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. DSHS/THCIC **Page** DSHS Document #25-15013

**36** 

Last Updated: July, 2025

**Beginning Position:** 381 **Data Source:** Calculated Length: Alphanumeric Type: Field 36: OCCUR CODE 3 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 385 **Data Source:** Claim Length: Alphanumeric Type: Field 37: OCCUR\_DAY\_3 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 387 Length: Alphanumeric Type: Field 38: OCCUR\_CODE\_4 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 391 **Data Source:** Claim Length: Alphanumeric Type: Field 39: OCCUR\_DAY\_4 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated Length: Alphanumeric Type: Field 40: OCCUR\_CODE\_5 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR\_CODE\_1. **Beginning Position: Data Source:** 397 Claim Length: Type: Alphanumeric Field 41: OCCUR\_DAY\_5 Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Description: Beginning Position:** 399 Data Source: Calculated Length: Type: Alphanumeric Field 42: OCCUR CODE 6 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR CODE 1. Coding Scheme: **Beginning Position:** 403 **Data Source:** Claim Length: Type: Alphanumeric Field 43: OCCUR\_DAY\_6 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 405 **Data Source:** Calculated Length: Type: Alphanumeric Field 44: OCCUR\_CODE\_7 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR\_CODE\_1. **Beginning Position:** 409 Data Source: Claim Length: Alphanumeric Type: Field 45: OCCUR DAY 7 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 411 Length: 4 Type: Alphanumeric OCCUR\_CODE\_8 Field 46: **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position:** 415 **Data Source:** Claim Alphanumeric Length: Type: Field 47: OCCUR\_DAY\_8 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 417 **Data Source:** Calculated Length: Type: Alphanumeric Field 48: OCCUR CODE 9 Description: Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 421 **Data Source:** Alphanumeric Length: Type: Field 49: OCCUR\_DAY\_9 DSHS/THCIC DSHS Document #25-15013 Page

37

www.dshs.texas.gov/THCIC

Last Updated: July, 2025

**Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** 423 **Data Source:** Calculated Length: Alphanumeric Type: Field 50: OCCUR CODE 10 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR CODE 1. Coding Scheme: **Beginning Position:** 427 Data Source: Claim Length: Alphanumeric Type: Field 51: OCCUR\_DAY\_10 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated Length: Alphanumeric Type: Field 52: OCCUR\_CODE\_11 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR\_CODE 1. **Coding Scheme: Beginning Position:** 433 **Data Source:** Claim Length: Type: Alphanumeric Field 53: OCCUR\_DAY\_11 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Data Source: Beginning Position:** 435 Calculated Length: Type: Alphanumeric Field 54: OCCUR CODE 12 **Description:** Code describing a significant event relating to the claim. Coding Scheme: Same as Field OCCUR CODE 1. **Beginning Position: Data Source:** 439 Claim Length: Alphanumeric Type: Field 55: OCCUR\_DAY\_12 Description: Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 441 Length: Alphanumeric Type: Field 56: OCCUR SPAN CODE 1 Description: Code describing a significant event relating to the claim that may affect payer processing. Oualifying stay dates (for SNF use only) 78 **Coding Scheme:** 70 SNF prior stay dates 80 Prior Same SNF prior stay dates for Payment 71 Prior stay dates Ban Purposes 72 First/Last Visit 81 Antepartum Days at Reduced Level of Care 73 Benefit eligibility period M0 QIO/UR approved stay dates 74 Noncovered level of care/Leave of absence М1 Provider liability - no utilization 75 SNF level of care M2 Inpatient respite dates 76 Patient Liability Period М3 ICF level of care 77 Provider Liability - Utilization Charged Μ4 Residential level of care **Beginning Position:** 445 **Data Source:** Claim Length: Alphanumeric Type: Field 57: OCCUR SPAN FROM 1 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. Data Source: **Beginning Position:** 447 Calculated Length: Alphanumeric Type: Field 58: OCCUR\_SPAN\_THRU\_1 Description: Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 453 **Data Source:** Calculated Lenath: Alphanumeric 6 Type: Field 59: OCCUR\_SPAN\_CODE\_2 **Description:** Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 459 **Data Source:** Claim Length: Type: Alphanumeric Field 60: OCCUR\_SPAN\_FROM\_2 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. DSHS/THCIC DSHS Document #25-15013 Page

38

Last Updated: July, 2025

**Beginning Position:** 461 **Data Source:** Calculated Length: Alphanumeric Type: Field 61: **OCCUR SPAN THRU 2 Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 467 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 62: OCCUR SPAN CODE 3 **Description:** Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 473 **Data Source:** Claim Length: Alphanumeric Type: Field 63: OCCUR\_SPAN\_FROM\_3 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 475 Data Source: Calculated Alphanumeric Length: Type: Field 64: OCCUR SPAN THRU 3 **Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care **Beginning Position:** 481 Data Source: Calculated Length: Alphanumeric 6 Type: Field 65: OCCUR\_SPAN\_CODE\_4 **Description:** Code describing a significant event relating to the claim that may affect payer processina. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 487 **Data Source:** Claim Length: Type: Alphanumeric Field 66: **OCCUR SPAN FROM 4 Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 489 **Data Source:** Calculated Length: Type: Alphanumeric Field 67: **OCCUR SPAN THRU 4 Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 495 Data Source: Calculated Lenath: **Alphanumeric** Type: Field 68: CONDITION\_CODE\_1 **Description:** Code describing a condition relating to the claim. **Coding Scheme:** 01 Military service related 11 Disabled beneficiary but no 27 Patient referred to a sole community hospital for a LGHP coverage exists Condition is employment 02 diagnostic laboratory test 17 Patient is homeless related 28 Patient and/or spouse's EGHP is 03 Patient covered by insurance 18 Maiden name retained secondary to Medicare not reflected here 19 Child retains mother's name 29 Disabled beneficiary and/or 04 Information only bill. family member's LGHP is 20 Beneficiary requested billing secondary to Medicare 05 Lien has been filed 21 Billing for denial notice 30 Non-research services provided 06 ESRD patient in first 18 months to patients enrolled in a 22 Patient on multiple drug of entitlement covered by EGHP qualified clinical trial regimen 07 Treatment of non-terminal 31 Patient is student (full time -23 Home care giver available condition for hospice patient day) 80 Beneficiary would not provide Home IV patient also receiving 24 Patient is student 32 information concerning other **HHA** services (cooperative/work study insurance coverage 25 Patient is non-US resident program) Neither patient or spouse is 09 33 Patient is student (full time -VA eligible patient chooses to 26 employed night) receive services in a Medicare 10 Patient and/or spouse is certified facility 34 Patient is student (part-time) employed but no EGHP exists DSHS/THCIC DSHS Document #25-15013 Page

39

Last Updated: July, 2025

36	General care patient in a	74	Home	AM	Non-emergency medically
37	special unit  Ward accommodation at patient	75	Home - 100% reimbursement		necessary stretcher transport required
	request	76	Back-up in facility dialysis	AN	Pre-admission screening not required
38	Semi-private room not available	77	Provider accepts or is obligated/required due to a	В0	Medicare coordinated care
39	Private room medically necessary		contractual arrangement or law to accept payment by a primary	В1	demonstration claim Beneficiary is ineligible for
40	Same day transfer	78	payer as payment  New coverage not implemented	В4	demonstration program  Admission unrelated to
41	Partial hospitalization		by HMO		discharge on same day
42	Continuing care not related to inpatient admission	79	CORF services provided offsite	BP	Gulf Oil Spill of 2010
43	Continuing care not provided	80	Home dialysis - nursing facility	C1	Approved as billed
	within prescribed postdischarge window	81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review
44	Inpatient admission changed to outpatient	82	C-section/Inductions <39 weeks-Elective	C3	Partial approval
45	Ambiguous Gender Category	83	C-section/Inductions 39 weeks	C4	Admission/services denied
46	Non-availability statement on	84	or greater Dialysis for Acute Kidney Injury	C5	Postpayment review applicable
47	file	04	(AKI)	C6	Admission Preauthorization
47	Transfer from another Home Health Agency	85	Delayed Recertification of	C7	Extended Authorization
48	Psychiatric residential	86	Hospice Terminal Illness Additional Hemodialysis	D0	Changes to Service Dates
	treatment centers for children and adolescents (RTCs)	00	Treatment with Medical	D1	Changes to Charges
49	Product replacement within product lifecycle	Α0	Justification TRICARE external partnership	D3	Second or Subsequent Interim PPS Bill
50	Product Replacement for Known Recall of a Product	A1	program EPSDT/CHAP	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
51	Attestation of Unrelated Outpatient Nondiagnostic	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID or Provider ID
	Services	А3	Special Federal Funding	D6	Cancel Only to Repay a
52	Out of Hospice Service Area	A4	Family planning		Duplicate or OIG Overpaymen
53	Initial placement of a medical device provided as part of a	A5	Disability	D7	Change to Make Medicare the Secondary Payer
54	clinical trial or a free sample No Skilled Home Health Visits in	A6	Vaccines/Medicare 100% payment	D8	Change to Make Medicare the Primary Payer
	Billing Period. Policy Exception  Documented at the Home	A9	Second opinion surgery	D9	Any Other Change
	Health Agency	AA	Abortion performed due to rape	DR	Disaster related
55	SNF bed not available	AB	Abortion performed due to incest	E0	Changes in Patient Status
56	Medical appropriateness	AC	Abortion performed due to	G0	Distinct Medical Visit
57 58	SNF readmission Terminated Medicare+Choice		serious fatal genetic defect, deformity, or abnormality	H0	Delayed Filing, Statement of Intent Submitted
59	organization enrollee Non-primary ESRD facility	AD	Abortion performed due to life endangering physical condition	H2	Discharge by a Hospice Provider for Cause
60	Day outlier	AE	Abortion performed due to physical health of mother that	Н3	Reoccurrence of GI Bleed
61	Cost outlier		is not life endangering	H4	Comorbid Category  Reoccurrence of Pneumonia
66	Provider does not wish cost	AF	Abortion performed due to emotional/psychological health	н5	Comorbid Category Recurrence of Pericarditis
67	outlier payment  Beneficiary elects not to use life	AG	of mother  Abortion performed due to		Comorbid Category
68	time reserve (LTR) days Beneficiary elects to use life		social or economic reasons	P1	Do not Resuscitate Order (DNF
00	time reserve (LTR) days	AH	Elective abortion	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only	AI	Sterilization	R1	Request for reopening Reason
70	Self-administered anemia management drug	AJ	Payer responsible for co- payment		Code - Mathematical or Computational Mistake
71	Full care in unit	AK	Air ambulance required	R2	Request for reopening Reason Code -Inaccurate Data Entry
72 73	Self-care in unit Self-care training	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason Code - Misapplication of a Fee
	_				Schedule
SHS/	THCIC		Page		DSHS Document #25-1501

R4 R5	Code - Compu	opening Reason uter Errors opening Reason	R7	Request for reopenin Code - Corrections of clerical errors		WO	United Mine Workers of Americ (UMWA) Demonstration Indicator
IK5	•	ectly Identified	R8	Request for reopenin	g Reason	W2	Duplicate of Original Bill
	Duplicate Clai	m ´		Code - New and Mate	erial	W3	Level I Appeal
R6		eopening Reason		Evidence	_		• •
		Clerical Errors or and Omissions not	R9	Request for reopenin Code - Faulty Eviden		W4	Level II Appeal
	Specified in R			code Tadity Evident	cc	W5	Level III Appeal
Beginnin	ng Position:	501		Data Source:	Claim		
ength:		2		Туре:	Alphanum	eric	
ield 69:	=	CONDITION_					
escript		Code describing	g a cor	dition relating to t	the claim.		
	Scheme: ng Position:	Same as Field CC 503	DILITONO	DN_CODE_1.  Data Source:	Claim		
ength:	ig Position.	2		Type:	Alphanum	eric	
ield 70:	1	CONDITION_	CODE				
escript	ion:			- idition relating to t	the claim.		
	Scheme:	Same as Field 68		_			
	ng Position:	505		Data Source:	Claim	ori c	
ength:		2 CONDITION_0	CODE	Type:	Alphanum	егіс	
Descript	=			_ <del>4</del> ndition relating to t	he claim		
-	Scheme:	Same as Field CC			the claim.		
Beginnir	ng Position:	507		Data Source:	Claim		
ength:		2		Type:	Alphanum	eric	
ield 72		CONDITION_	_	_			
Descrip		Same as Field CC		dition relating to t	the claim.		
Coding S Reginnin	ocneme: ng Position:	509	אוונטאנ	Data Source:	Claim		
Length:		2		Type:	Alphanum	eric	
Field 73:		CONDITION_	CODE		*		
Descript				ndition relating to t	the claim.		
Coding S		Same as Field CC	NDITIO	_	OL 1		
Beginning Position: Length:		511 2		Data Source: Type:	Claim Alphanum	oric	
Field 74:	1	CONDITION_0	CODE		Alphanam	CITC	
Descript	ion:			_² Idition relating to t	the claim.		
Coding S	Scheme:	Same as Field CC					
	ng Position:	513		Data Source:	Claim		
Length: Field 75:		2 CONDITION (		Type:	Alphanum	eric	
Descript	=	CONDITION_O		_ <b>ខ</b> ndition relating to t	ho claim		
Coding S		Same as Field CC	-		LITE CIAIIII.		
	ng Position:	515	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Data Source:	Claim		
ength:		2		Type:	Alphanum	eric	
ield 76:		VALUE_CODE					
Descript		Code describing	g infori	mation that may a	ffect payer	proces	ssing.
Oaing S	Scheme: Most common	semi-private rate	09	Coinsurance amount	in the first	15	Worker's compensation
02		o semi-private	10	calendar year Lifetime reserve amo	ount in the	16	Public health service (PHS) or
04	rooms Inpatient prof		11	second calendar year Coinsurance amount		21	other federal agency Catastrophic
	component ch combined bille	arges which are ed		second calendar year		22	Surplus
	Professional c	omponent arges and also	12	Working aged beneficiary/spouse w employer group healt		23	Recurring monthly income
05		1			-	24	Medicaid Rate Code
05 06	billed separate Blood deductil	•	13	ESRD beneficiary in a coordination period w			
	billed separate Blood deducti Life time rese	ble rve amount in the		coordination period w employer group healt	vith an th plan	25	Offset to the patient - payment
06	billed separate Blood deductil Life time rese first calendar	ble rve amount in the	13 14	coordination period w	vith an th plan		Offset to the patient - payment amount - prescription drugs  DSHS Document #25-15013

ginnin	g Position: 517		Data Source: Claim		
52	Speech Therapy visits	A9	Patient height	Y5	Part B Deductible
51	Occupational Therapy visits	A8	Patient weight	Y4	Conventional Provider Payment
50	Physical Therapy visits	A7	Co-payment payer A	Y3	Part B Coinsurance
49	Hematocrit reading	A6	Covered self-administrable drugs - diagnostic study and other	Y1 Y2	Part A Demonstration Payment  Part B Demonstration Payment
47 48	Any liability insurance Hemoglobin reading		drugs - administrable in form and situation furnished to patient	G8	Facility where Inpatient Hospice Service is Delivered
46	Number of grace days	A5	Covered self-administrable	10	Manufacturer for a Medical Device
45	Accident hour	A4	Covered self-administrable drugs - emergency	FD	Credit Received from the
	when this amount is less than charges but higher than payment received	А3	Estimated responsibility payer A	D5 FC	Last Kt/V Reading Patient Paid Amount
44	Amount provider agreed to accept from primary payer	A1 A2	Coinsurance payer A	D4	Clinical Trial Number Assigned by NLM/NIH
43	Disabled beneficiary under age 65 with LGHP	A0 A1	Special zip code reporting  Deductible payer A	D3	Patient estimated responsibility
42	VA	84	Shorter Duration Hemodialysis	СВ	Other assessments or allowances (e.g., medical education) - payer C
41	Black lung	83	Lifetime Reserve Days		payer C
40	New coverage not implemented by HMO	82	Co-insurance Days	CA	Regulatory surcharges, assessments, allowances or health care related taxes -
39	Units of blood replaced	81	Non-covered Days	C7	Co-payment payer C
38	Blood deductible units	80	Covered Days	C3	Estimated responsibility payer C
37	premiums Units of blood furnished	69	State charity care percentage	C2	Coinsurance payer C
35	Offset to the patient - payment amount - health insurance	68	EPO-drug	C1	Deductible payer C
34	Offset to the patient - payment amount - other medical services	66 67	Medicaid spend down amount  Peritoneal dialysis	ВВ	Other assessments or allowances (e.g., medical education) - payer B
33	transport  Offset to the patient - payment amount - podiatric services	61	Place of Residence where service is furnished (HHA and hospice)		assessments, allowances or health care related taxes - payer B
32	Multiple patient ambulance	60	HHA branch MSA	BA	Co-payment payer B  Regulatory surcharges,
31	Patient Liability Amount	59	Oxygen saturation	B7	В
30	amount - chiropractic services Preadmission testing	58	Arterial blood gas	В3	Estimated responsibility payer
29	Offset to the patient - payment	57	Home health aide - home visit hours	B2	Coinsurance payer B
28	services Offset to the patient - payment amount - dental services	56	Skilled nurse - home visit hours	B1	allowances (e.g., medical education) - payer A Deductible payer B
27	Offset to the patient - payment amount - vision and eye	55	Eligibility threshold for charity care	AB	payer A Other assessments or
26	Offset to the patient - payment amount - hearing and ear services	53 54	Cardiac rehab visits  Newborn birth weight in grams	AA	Regulatory surcharges, assessments, allowances or health care related taxes -
2.5	066		6 1: 1 1 : ::		

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

Field 77: VALUE\_AMOUNT\_1

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

Beginning Position: 519 Data Source: Claim

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

Field 78: VALUE\_CODE\_2

**Description:** Code describing information that may affect payer processing.

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 42 Last Updated: July, 2025

**Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position:** 528 **Data Source:** Claim Length: Type: Alphanumeric Field 79: **VALUE AMOUNT 2 Description:** Dollar amount that may be affected. **Beginning Position:** 530 **Data Source:** Claim Length: Alphanumeric Type: Field 80: VALUE\_CODE\_3 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric **VALUE AMOUNT 3** Field 81: **Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 82: VALUE\_CODE\_4 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position: Data Source:** 550 Claim Length: Alphanumeric Type: Field 83: **VALUE AMOUNT 4 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** 552 Claim Length: Type: Alphanumeric Field 84: VALUE\_CODE\_5 **Description:** Code describing information that may affect payer processing. Same as Field VALUE\_CODE\_1. Coding Scheme: **Beginning Position:** 561 **Data Source:** Alphanumeric Length: Type: Field 85: VALUE\_AMOUNT\_5 **Description:** Dollar amount that may be affected. **Beginning Position:** 563 **Data Source:** Claim Length: Type: Alphanumeric Field 86: VALUE\_CODE\_6 **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position:** 572 **Data Source:** Claim Length: Alphanumeric Type: Field 87: **VALUE AMOUNT 6 Description:** Dollar amount that may be affected. **Beginning Position:** 574 **Data Source:** Claim Length: Alphanumeric Type: VALUE CODE 7 Field 88: **Description:** Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE CODE 1. **Beginning Position:** 583 **Data Source:** Claim Lenath: Alphanumeric Type: Field 89: VALUE\_AMOUNT\_7 **Description:** Dollar amount that may be affected. **Beginning Position:** 585 **Data Source:** Claim Length: Alphanumeric Type: Field 90: VALUE\_CODE\_8 Description: Code describing information that may affect payer processing. **Coding Scheme:** Same as Field VALUE\_CODE\_1. **Beginning Position:** 594 **Data Source:** Length: Type: Alphanumeric Field 91: **VALUE AMOUNT 8 Description:** Dollar amount that may be affected. **Beginning Position: Data Source:** Claim Alphanumeric Length: Type: Field 92: VALUE\_CODE\_9

Page

43

DSHS Document #25-15013

Last Updated: July, 2025

DSHS/THCIC

**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 **Type:** Alphanumeric

Field 93: VALUE\_AMOUNT\_9

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

**Beginning Position:** 607 **Data Source:** Claim

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

Field 94: VALUE\_CODE\_10

**Description:** Code describing information that may affect payer processing.

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

**Beginning Position:** 616 **Data Source:** Claim

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

Field 95: VALUE\_AMOUNT\_10

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

**Beginning Position:** 618 **Data Source:** Claim

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

Field 96: VALUE\_CODE\_11

**Description:** Code describing information that may affect payer processing.

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

**Beginning Position:** 627 **Data Source:** Claim

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

Field 97: VALUE\_AMOUNT\_11

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

**Beginning Position:** 629 **Data Source:** Claim

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

Field 98: VALUE\_CODE\_12

**Description:** Code describing information that may affect payer processing.

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

**Beginning Position:** 638 **Data Source:** Claim

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

Field 99: VALUE\_AMOUNT\_12

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

**Beginning Position:** 640 **Data Source:** Claim

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

## **INPATIENT CHARGES DATA FILE**

Field 1: RECORD\_ID

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

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

Data Files (RDF's).

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

Field 2: REVENUE\_CODE

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

calculation related to the services being billed.

## **Coding Scheme:**

DSHS/	ГНСІС		Page		DSHS Document #25-15013
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms -	0192	Room charges for subacute care - Level II (comprehensive
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	(deluxe) rooms - pediatric  Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0120	Room charges for semi-private rooms - general	0143	Room charges for private	0173	Room charges for nursery - newborn level III
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0115	Room charges for private rooms - hospice	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0114	Room charges for private rooms - psychiatric	0137	Room charges for semi-private - 3/4 beds - rooms - oncology	0164	general  Room charges for other rooms  - Sterile Environment
0113	Room charges for private rooms - pediatric	0127	- 3/4 beds - rooms - detoxification	0160	other  Room charges for other rooms -
0112	Room charges for private rooms - obstetrics	0136	- 3/4 beds - rooms - hospice Room charges for semi-private	0159	rehabilitation  Room charges for ward rooms -
0111	Room charges for private rooms - medical/surgical/GYN	0135	- 3/4 beds - rooms - psychiatric  Room charges for semi-private	0158	Room charges for ward rooms
0110	Room charges for private rooms - general	0134	Room charges for semi-private	0157	Room charges for ward rooms - oncology
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice

0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general  Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
0202	care - surgical	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
	Room charges for intensive care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy - nongeneric drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory - nonroutine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological - cytology
0214	- heart transplant Room charges for coronary care	0262	IV Therapy - pharmacy services	0312	Laboratory pathological - histology
	<ul> <li>intermediate coronary care unit (CCU)</li> </ul>	0263	IV Therapy - drug/supply delivery	0314	Laboratory pathological -
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0319	biopsy Laboratory pathological - other
0220	Special charges - general	0269	IV Therapy - other	0320	Radiology - diagnostic - general
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0321	Radiology - diagnostic -
0222	charge Special charges - technical	0271	Medical surgical supplies and devices - nonsterile	0322	angiocardiography Radiology - diagnostic -
0223	support charge Special charges - UR service	0272	Medical surgical supplies and devices - sterile	0323	arthrography Radiology - diagnostic -
0224	charge Special charges - late	0273	Medical surgical supplies and		arteriography
	discharge, medically necessary	0274	devices - take-home Medical surgical supplies and	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other	0275	devices - prosthetic/orthotic  Medical surgical supplies and	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general		devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home		chemotherapy administration - chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy

DSHS/THCIC Page 46 www.dshs.texas.gov/THCIC

	THCIC shs.texas.gov/THCIC		Page 47		DSHS Document #25-15013 Last Updated: July, 2025
Darra "	THOIC		n.		by Member to RHC/FQHC
0389	Blood - other	0442	Speech-language pathology - hourly charge	0520 0521	Freestanding Clinic - general  Freestanding Clinic - Clinic Visit
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0519	Clinic - other
0386	Blood - other components	0440	Speech-language pathology - general	0517	Clinic - family practice
0385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
0384	Blood - platelets	0434	Occupational therapy - evaluation	0515	Clinic - pediatric
)383	Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0381 0382	Blood - packed red cells  Blood - whole blood	0432	Occupational therapy - hourly charge	0512	Clinic - psychiatric
0380	Blood - general	0431	Occupational therapy - visit charge	0511	Clinic - chronic pain  Clinic - dental
0379	Anesthesia - other	0430	Occupational therapy - general	0510 0511	Clinic - general  Clinic - chronic pain
)374	Anesthesia - acupuncture	0429	Physical therapy - other	0509	Outpatient services - other
372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0500	Outpatient services - general
371	Anesthesia - incident to radiology	0423	charge Physical therapy - group rate	0499	Ambulatory surgical care - other
370	Anesthesia - general	0422	Physical therapy - hourly	0490	Ambulatory surgical care - general
369	Operating room services - other	0421	Physical therapy - visit charge	0489	Cardiology - other
367	Operating room services - kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
30Z	organ transplant other than kidney	0419	hyperbaric oxygen therapy Respiratory services - other	0482	Cardiology - stress test
)361 )362	Operating room services - minor surgery Operating room services -	0413	inhalation Respiratory services -	0480 0481	Cardiology - general  Cardiology - cardiac cath lab
360	Operating room services - general	0410 0412	Respiratory services - general  Respiratory services -	0479	Audiology - other
359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
352	CT scan - body			0471	Audiology - diagnostic
351	CT scan - head	0403	screening mammography Other imaging services - PET	0470	Audiology - general
350	CT scan - general	0403	ultrasound Other imaging services -	0469	Pulmonary function - other
349	Nuclear medicine - other	0402	diagnostic mammography Other imaging services -	0460	Pulmonary function - general
344	Nuclear medicine - therapeutic radiopharmaceuticals	0401	Other imaging services -	0459	Emergency room - other
343	Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services - general	0456	EMTALA screening Emergency room - urgent care
342	Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and processing - other	0452	services Emergency room - beyond
0341	Nuclear medicine - diagnostic procedures	0200	processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
)339	Radiology - therapeutic and/or chemotherapy administration - other	0371	administration, storage and processing - administration	0449	Speech-language pathology - other
220	chemotherapy - IV	0391	processing - general  Blood and blood component	0444	Speech-language pathology - evaluation or reevaluation
0335	Radiology - therapeutic and/or chemotherapy administration -	0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic
0523	Freestanding Clinic - family practice	0569	Medical social services - other	0623	services Medical/surgical supplies -
0524	Freestanding Clinic - Visit by RHC/FOHC Practitioner to a	0570	Home health aide - general	0624	surgical dressings  Medical/surgical supplies - FDA
	Member in a Covered Part A Stay at SNF	0571	Home health aide - visit charge		investigational devices
0525	Freestanding Clinic - Visit by	0572	Home health aide - hourly charge	0631	Drugs requiring specific identification - single source
	RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
0526	Other Residential Facility	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0320	Freestanding Clinic - urgent care	0581	Other visits (home health) - visit charge	0634	prescription  Drugs requiring specific
		0582	Other visits (home health) - hourly charge		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0528	Home Health Shortage Area Freestanding Clinic – Visit by	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0326	RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene	0590	Units of service (home health) - general	0637	detailed coding  Drugs requiring specific
0529	of Accident)  Freestanding Clinic - other	0600	Oxygen (home health) - general	0037	identification - self- administrable
0329	Treestanding Clinic - other	0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter	0641	Home IV therapy services - nonroutine nursing, central line
0531	Osteopathic service - therapy	0603	per minute Oxygen (home health) -	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other		stat/equip/supply over 4 liters per minute	0643	Home IV therapy services - IV start/change, peripheral line
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	Home IV therapy services - nonroutine nursing, peripheral
0541	Ambulance service - supplies	0609	Oxygen (home health) - other	0645	line Home IV therapy services -
0542	Ambulance service - medical transport	0610	Magnetic Resonance		training patient/caregiver, central line
0543	Ambulance service - heart mobile		Technology (MRT) - MRI - general	0646	Home IV therapy services - training, disabled patient,
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain	0647	central line Home IV therapy services -
0545	Ambulance service - air ambulance	0612	(including brain stem) Magnetic Resonance		training, patient/caregiver, peripheral
0546	Ambulance service - neonatal		Technology (MRT) - MRI - spinal cord (including spine)	0648	Home IV therapy services - training, disabled patient,
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other	0649	peripheral Home IV therapy services -
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance	0650	other Hospice services - general
0549	Ambulance service - other		Technology (MRT) - MRA – head and neck	0651	Hospice services - routine home
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA –	0652	care Hospice services - continuous
0551	Skilled nursing - visit charge	0618	lower extremities  Magnetic Resonance	0655	home care Hospice services - inpatient
0552	Skilled nursing - hourly charge		Technology (MRT) - MRA – other		respite care
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general inpatient care (nonrespite)
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - physician services
0561	Medical social services - visit charge		· · · · · · · · · · · · · · · · · · ·	0658	Hospice services - room and board - nursing facility
DSHS/7	THCIC		Page		DSHS Document #25-15013

0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or
0660	Respite care - general	0731	EKG/ECG services - holter	0822	home - composite or other rate Hemodialysis - outpatient or
0661		0732	monitor  EKG/ECG services - telemetry		home – home supplies
	Respite care - hourly charge/skilled nursing		•	0823	Hemodialysis - outpatient or home – home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739 0740	EKG/ECG services - other  EEG services - general	0824	Hemodialysis - outpatient or home - maintenance 100%
0663	nion Respite care - daily charge		-	0825	Hemodialysis - outpatient or
0660		0750	Gastrointestinal services - general	0826	home - support services Hemodialysis - outpatient or
0669	Respite care - other	0760	Treatment or observation room services - general		home – shorter duration (effective 7/1/17)
0670	Outpatient special residence - general	0761	Specialty Room - Treatment/ Observation Room - Treatment	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based	0762	Room Specialty Room - Treatment/	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0702	Observation Room - Observation Room	0831	or home - general  Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I		Services - other	0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	or home – maintenance 100% Peritoneal dialysis - outpatient
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	or home - support services  Peritoneal dialysis - outpatient
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services	0840	or home - other CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	<ul> <li>general</li> <li>Inpatient renal dialysis services</li> </ul>		general
0692	Pre-hospice/Palliative Care	0802	<ul> <li>hemodialysis</li> <li>Inpatient renal dialysis services</li> </ul>	0841	CAPD - outpatient or home - composite or other rate
0693	Services – hourly charge Pre-hospice/Palliative Care		- peritoneal (non-CAPD)	0842	CAPD - outpatient or home - home supplies
0694	Services - evaluation Pre-hospice/Palliative Care	0803	Inpatient renal dialysis services - continuous ambulatory	0843	CAPD - outpatient or home – home equipment
0094	Services – consultation and education	0804	peritoneal dialysis (CAPD)  Inpatient renal dialysis services	0844	CAPD - outpatient or home - maintenance 100%
0695	Pre-hospice/Palliative Care Services – inpatient care		- continuous cycling peritoneal dialysis (CAPD)	0845	CAPD - outpatient or home -
0696	Pre-hospice/Palliative Care	0809	Inpatient renal dialysis services - other	0849	support services  CAPD - outpatient or home -
0699	Services – physician services Pre-hospice/Palliative Care	0010	Acquisition of body		other
	Services - other	0810	components- general	0850	CCPD - outpatient or home - general
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home - home equipment
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components - unsuccessful organ search-	0854	CCPD - outpatient or home - maintenance 100%
0722	Labor/Delivery Room services - delivery	0015	donor bank charges	0855	CCPD - outpatient or home -
0723	Labor/Delivery Room services -	0815	Acquisition of body components – stem cells- allogeneic	0859	support services  CCPD - outpatient or home -
0724	circumcision Labor/Delivery Room services -	0819	Acquisition of body components	0000	other
	birthing center	0820	<ul> <li>other donor</li> <li>Hemodialysis - outpatient or</li> </ul>	0860	Magnetoencephalography (MEG) - General
0729	Labor/Delivery Room services - other	5020	home - general	0861	Magnetoencephalography (MEG) - MEG

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

0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	therapy Behavior health	0944	Other therapeutic services -	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0045	drug rehabilitation	0988	Professional fees - consultation
0905	Behavior health	0945	Other therapeutic services - alcohol rehabilitation	0989	Professional fees - private duty
	treatments/services - intensive outpatient services - psychiatric	0946	Other therapeutic services -		nurse
0906	Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health treatments/services -	0948	Other therapeutic services –	0992	Patient convenience items - private linen service
	community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health treatment/services -	0951	other Other therapeutic services –	0994	Patient convenience items - TV/radio
0013	rehabilitation	0952	athletic training Other therapeutic services -	0995	Patient convenience items -
0912	Behavior health treatment/services - partial hospitalization - less intensive		kinesiotherapy	0996	nonpatient room rentals Patient convenience items - late
0913	Behavior health	0953	Other therapeutic services – chemical dependency (drug and	0997	discharge charge Patient convenience items -
	treatment/services - partial hospitalization - intensive	0960	alcohol) Professional fees - general		admission kits
0914	Behavior health treatment/services - individual	0961	Professional fees - psychiatric	0998	Patient convenience items - beauty shop/barber
0015	therapy Rehavior health		• •	0999	Patient convenience items - other
0915	Behavior health treatment/services - group therapy	0962	Professional fees - ophthalmology	1000	Behavior health
0916	Behavior health	0963	Professional fees - anesthesiologist (MD)	1001	accommodations - general Behavior health
	treatment/services - family therapy	0964	Professional fees - anesthetist (CRNA)	1001	accommodations - residential treatment - psychiatric
0917	Behavior health treatment/services -	0969	Professional fees - other	1002	Behavior health accommodations - residential
0918	biofeedback Behavior health	0971	Professional fees - laboratory		treatment - chemical dependency
0919	treatment/services - testing Behavior health	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0920	treatment/services - other Other diagnostic services -	0973	Professional fees - radiology - therapeutic	1004	Behavior health
0921	general Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	accommodations - halfway house
0922	peripheral vascular lab Other diagnostic services -	0975	Professional fees - operating	1005	Behavior health accommodations - group home
	electromyogram	0976	room Professional fees - respiratory	2100	Alternative therapy services - general
0923	Other diagnostic services - pap smear	0370	therapy		general

Page 50

DSHS/THCIC

www.dshs.texas.gov/THCIC

DSHS Document #25-15013 Last Updated: July, 2025

2101	Alternative thera acupuncture	py services -	2105	Alternative therapy service biofeedback	ces -	3102	Adult day care, social - hourly
2102	Alternative thera acupressure	py services -	2106	Alternative therapy service hypnosis	ces -	3103	Adult day care, medical and social - daily
2103	Alternative thera massage	py services -	2109	Alternative therapy service other	ces -	3104	Adult day care, social - daily
2104	Alternative thera reflexology	py services -	3101	Adult day care, medical a social - hourly	nd	3105	Adult foster care - daily
	3,7			,		3109	Adult foster care - other
D!	! D!!!	10		Data Carrier	Cl-:		
Lengi	nning Position:	13 4		Data Source: Type:	Claim Alphanu	morio	
Field		HCPCS_QUA	ITET		Aiphanic	menc	
	ription:			e type/source of the d	ecrintiv	niin 🗠	mher used in
2000.		HCPCS_PROC			CSCHPCIV	Cilui	inder daed in
Beair	nning Position:	17	LDOI	Data Source:	Claim		
Lengt	_	2		Type:	Alphanu	meric	
Field		HCPCS_PRO	CEDU		-		
Desci	ription:				(HCPCS	S) cod	le applicable to ancillary
		services or ac			•	•	,
Codin	ng Scheme:	See http://www	v.cms.	hhs.gov/HCPCSReleaseCo	odeSets/	ANHC	PCS/list.asp for complete list.
Begin	ning Position:	19		Data Source:	Claim		
Lengt	th:	5		Туре:	Alphanu	meric	
Field	5:	MODIFIER_:					
	ription:	Identifies spe	cial ci	ircumstances related to	the pe	rform	ance of the service
Codin	ng Scheme:						
22	Increased procedure	al services	59	Distinct Procedural Service		91	Repeat Clinical Diagnostic
23	Unusual Anesthesia		62	Two Surgeons		92	Laboratory Test Alternative Laboratory Platform
24			63	Procedure Performed on Infants			Testing
	Management Service Physician or Other (			less than 4kg		95	Synchronous Telemedicine Service
	Care Professional during a		66	Surgical Team			Rendered Via a Real-Time Interactive Audio and Video
	Postoperative Period	d	73	Discontinued Outpatient			Telecommunications System
25	Significant, Separat Evaluation and Man			Hospital/Ambulatory Surgery Center (ASC) Procedure prior to			Multiple Modifiers
	Service by the Sam			the Administration of Anesthesia		1P	Performance Measure Exclusion
	Other Qualified Hea		74	Discontinued Outpatient			Modifier due to Medical Reasons
	Professional on the the Procedure or Ot			Hospital/Ambulatory Surgery Center (ASC) Procedure after		2P	Performance Measure Exclusion
26	Professional Compo			Administration of Anesthesia		20	Modifier due to Patient Reasons
27	Multiple Outpatient		76	Repeat Procedure by Same		3P	Performance Measure Exclusion Modifier due to System Reasons
21	Encounters on the S			Physician or Other Qualified Care Professional	Health	8P	Performance Measure Reporting
32	Mandated Services		77	Repeat Procedure by Anothe	ar.		Modifier- Action not performed,
33	Preventive Service		,,	Physician or Other Qualified		P1	reason not otherwise specified A normal healthy patient
47	Anesthesia by Surg	eon	78	Care Professional Unplanned Return to the		P2	A patient with mild systemic
50	Bilateral Procedure		70	Operating/Procedure Room		ГZ	disease
51	Multiple Procedures			Same Physician or Other Qu Health Care Professional Fol		Р3	A patient with severe systemic disease
52	Reduced Services			Initial Procedure for a Relate Procedure During the	ed	P4	A patient with severe systemic
53	Discontinued Proced	dure		Postoperative Period			disease that is a constant threat to life
54	Surgical Care Only		79	Unrelated Procedure or Serv the Same Physician or Other		P5	A moribund patient who is not
55	Postoperative Mana	gement Only		Qualified Health Care Profes	sional	-	expected to survive without the
56	Preoperative Manag	ement Only	00	During the Postoperative Pe	riod	P6	operation A declared brain-dead patient
57	Decision for Surgery	<b>y</b>	80	Assistant Surgeon		10	whose organs are being removed
58	Staged or Related P	rocedure or	81	Minimum Assistant Surgeon			for donor purposes
	Service by the Sam	e Physician or	82	Repeat procedure by same		E1	Upper left eyelid
	Other Qualified Hea Professional During		00	physician  Reference (Outside) Laborat	or.	E2	Lower left eyelid
Professional During to Postoperative Period			90	Reference (Outside) Laborat	.01 y	E3	Upper right eyelid

Page 51 DSHS Document #25-15013 Last Updated: July, 2025

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

E4	Lower right eyelid		GH		tic mammogram ed from screening		T1	Left foot, second digit
F1	, ,				gram on same day		T2	Left foot, third digit
F2	Left hand, third digit	t	LC	Left circumflex coronary artery			T3	Left foot, fourth digit
F3	Left hand, fourth dig	git	LD	Left ante	erior descending coro	nary	T4	Left foot, fifth digit
F4	Left hand, fifth digit			artery			T5	Right foot, great toe
F5	Right hand, thumb		LM	Left mai	n coronary artery		T6	Right foot, second digit
F6	Right hand, second	digit	LT	Left side	e of the body procedu	re	T7	Right foot, third digit
F7	Right hand, third did	-	Q M		nce service provided of ment by a provider of		T8	Right foot, fourth digit
F8	Right hand, fourth d		111	services		•	Т9	Right foot, fifth digit
F9	Right hand, fifth dig		QN		nce service furnished	_	TA	Left foot, great toe
FA	Left hand, thumb		RC	•	by a provider of servi	ices	XE	Separate Encounter
GG	·	vmont of a		_	ronary artery			·
GG	Performance and pa screening mammogr		RI	artery	ntermedius coronary		XS	Separate Structure
	diagnostic mammog		RT	Right sic	de of the body proced	lure	XP	Separate Practitioner
	same patient, same	uay.					XU	Unusual Non-Overlapping Service
Begi	nning Position:	24			Data Source:	Claim		
Leng		2			Туре:	Alpha	nume	ric
Field		MODIFIER					_	
	ription:	Identifies sp Same as Field			stances related to	o the p	erfor	mance of the service.
	ng Scheme: nning Position:	26	I MOL	NLIEK_I	Data Source:	Claim		
Leng	_	2			Type:	Alpha	nume	ric
Field	7:	MODIFIER	_3			-		
	ription:				stances related to	o the p	erfor	mance of the service.
	ng Scheme: nning Position:	Same as Field 28	MOD	OIFIER_1	Data Source:	Claim		
Leng		2			Type:	Alpha	nume	ric
Field		MODIFIER	_4			,		
	ription:				stances related to	o the p	erfor	mance of the service.
	ng Scheme:	Same as Field 30	MOD	IFIER_1	Data Sauraa	Claim		
Leng	nning Position: th:	2			Data Source: Type:	Alpha	nume	ric
Field		UNIT_MEA	SUR	EMENT_				
	ription:			he units	in which a value	e is be	ing e	xpressed.
Codi	ng Scheme:	DA Days F2 Inter		nal unit				
		UN Unit	IIatio	nal unit				
Begi	nning Position:	32			Data Source:	Claim		
Leng		2			Туре:	Alpha	nume	ric
Field	10: ription:	UNITS_OF_ Numeric val			V.			
	nning Position:	34	ue oi	quantit	y Data Source:	Claim		
Leng		7			Type:	Nume	ric	
Field		UNIT_RAT	E					_
	ription:	Rate per uni	it			<b>.</b>		
Leng	nning Position:	41 12			Data Source: Type:	Claim Nume	ric	
Field		CHRGS_LII	NE I	TEM	турс.	ivanic	110	-
	ription:	Total amour	_		ge			
	nning Position:	53			Data Source:	Assigr		
Leng		14	NI 6	OV/	Туре:	Nume	ric	
Field	13: ription:	CHRGS_NO			at of the charge			
	i iptivii.	rotal non-co	vere	u arnoul	nt of the charge			
Beai	•	67			_	Assian	ned	
Begi Leng	nning Position:	67 14			Data Source: Type:	Assigr Nume		

DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov/THCIC	52	Last Updated: July, 2025

## **INPATIENT GROUPER DATA FILE**

E' 114	DECOND ID
Field 1:	RECORD_ID
<b>Description:</b>	Record Identification Number. Unique number assigned to identify the record. First available
D 1 1 D 11	1 <sup>st</sup> quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).
<b>Beginning Position:</b>	1 Data Source: Assigned
Length:	12 Type: Alphanumeric
Field 2:	FROZEN_MS_DRG
<b>Description:</b>	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as
D 1 1 D 11	assigned for hospital payment for Medicare beneficiaries.
<b>Beginning Position:</b>	Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 3:	FROZEN_MS_MDC
<b>Description:</b>	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services
	(CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for
D 1 1 D 11	Medicare beneficiaries. First available 2004.
<b>Beginning Position:</b>	Data Source: Assigned
Length:	2 Type: Alphanumeric
Field 4:	FROZEN_MS_GRP_VER
Description:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and
	previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG
	and, MS MDC codes
<b>Beginning Position:</b>	18 <b>Data Source:</b> Assigned
Length:	5 <b>Type:</b> Alphanumeric
Field 5:	FROZEN_MS_GRP_ERROR_CODE
Description:	Error codes identify potential variations with MS DRG code assignment
Coding Scheme:	No errors. DRG successfully assigned.  19 DisableHac = 0 and at least one HAC POA is invalid or
	exempt  10 Diagnosis code cannot be used as principal  20 DisableHac is invalid and at least one HAC POA is N or
	diagnosis  U  Diagnosis  U  Diagnosis  U  Diagnosis  U  Diagnosis
	02 Record does not meet criteria for any DRG 21 DisableHac is invalid and at least one HAC POA is
	invalid or exempt
	03 Invalid Age 22 DisableHac = 0 and at least one HAC POA is exempt 04 DisableHac is invalid and at least one HAC POA is
	Invalid Sex  Invalid Sex  Invalid Sex  Invalid Sex
	O5 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 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
	11 Invalid Principal Diagnosis
<b>Beginning Position:</b>	Data Source: Assigned
Length:	2 <b>Type:</b> Alphanumeric
Field 6:	FROZEN_APR_DRG
Description:	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M APR-DRG
•	Grouper
<b>Beginning Position:</b>	Data Source: Assigned
Length:	3 Type: Alphanumeric
Field 7:	FROZEN_RISK_MORTALITY
Description:	Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related
<b>.</b>	Group (DRG) from the 3M <sup>™</sup> APR-DRG Grouper. Indicates the likelihood of dying.
Coding Scheme:	1 Minor
	2 Moderate
	3 Major
Daginning Dagities	4 Extreme  Doto Source: Assigned
Beginning Position:	Data Source: Assigned
Length:	1 Type: Alphanumeric
Field 8:	FROZEN_ILLNESS_SEVERITY
Dene/There	Dega Delle Degument #25 15012
DSHS/THCIC	Page DSHS Document #25-15013
www.dshs.texas.gov/7	THCIC 53 Last Updated: July, 2025

Description:	Group (DRG) from the 3M <sup>T</sup>		n the All Patient Refined (APR) Diagnosis Related puper. Indicates the extent of physiologic
a a .	decompensation.		
Coding Scheme:	<ul><li>1 Minor</li><li>2 Moderate</li></ul>		
	3 Major		
	4 Extreme		
D !! D!4!	0 No class specified	D-4- C	A 1
Beginning Position:	29 1	Data Source:	Assigned Alphanumeric
Length: Field 9:	FROZEN_APR_MDC	Type:	Alphanumeric
Description:		(MDC) as assion	ed by 3M™ APR-DRG Grouper.
Beginning Position:	30	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APR_GRP_VE		
<b>Description:</b>	3M <sup>TM</sup> All Patient Refined D	Diagnosis Related	I Grouper version used to assign APR DRG codes,
	APR MDC codes, Risk of M	Iortality rankings	s and, Severity of Illness rankings
<b>Beginning Position:</b>	32	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 11:	FROZEN_APR_GRP_ER		
<b>Description:</b>	Error codes identify potenti	al variations with	APR DRG code assignment
Coding Scheme:	00 No errors. DRG successfully		Gestational age/birth weight conflict (APR only)
	01 Diagnosis code cannot be us principal diagnosis	ed as 19	DisableHac = 0 and at least one HAC POA is invalid or exempt
	02 Record does not meet criteria	a for any 20	DisableHac is invalid and at least one HAC POA is N or U
	DRG	21	Di II Walin and All Magnetic and
	03 Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
	04 Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
	05 Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
	06 Invalid birthweight (AP & A	PR only) 24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	09 Invalid discharge age in days	s (AP & 25	DisableHac is invalid and there are multiple HACs that
	APR only)		have different HAC POA values that are not Y or W
Beginning Position:	11 Invalid Principal Diagnosis 37	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 12:	MS_DRG	- JP00	· inpinumente
Description:	<del></del>	edicaid Services	(CMS) Diagnosis Related Group (DRG), as
•	assigned for hospital paymen		
<b>Beginning Position:</b>	39	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 13:	MS_MDC		
<b>Description:</b>			ed by Centers for Medicare and Medicaid Services
	•	•	ninistration (HCFA)) for hospital payment for
Donimuius Donisious	Medicare beneficiaries. First		Assistand
Beginning Position: Length:	42 2	Data Source:	Assigned Alphanumeric
Field 14:	MS_GRP_VER	Type:	Alphanumeric
Description:		onosis Related C	Grouper (formerly CMS DRG Grouper and
Description.	•	_	ERSION_NBR) version used to assign MS DRG
	and, MS MDC codes	I_GROUTER_V	Entiron Little version used to ussign this Enter
<b>Beginning Position:</b>	44	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 15:	MS _GRP_ERROR_COD		•
<b>Description:</b>	Error codes identify potentia		MS DRG code assignment
Coding Scheme:	No errors. DRG successfully	14	9 DisableHac = 0 and at least one HAC POA is invalid or
			exempt
DSHS/THCIC	TA CASC	_ Page	DSHS Document #25-15013
www.dshs.texas.gov/7	THCIC	54	Last Updated: July, 2025

	01	Diagnosis code cannot be use	ed as principal	20	DisableHac is invalid and at least one HAC POA is N or
	02	diagnosis		21	U DisableHac is invalid and at least one HAC POA is
	02	Record does not meet criteria	a for any DRG	21	invalid or exempt
	03	Invalid Age		22	DisableHac = 0 and at least one HAC POA is exempt
	04	Invalid Sex		23	DisableHac is invalid and at least one HAC POA is exempt
	05	Invalid Discharge Status		24	DisableHac = $0$ and there are multiple HACs that have
	10			25	different HAC POA values that are not Y, W, N, U
	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
	11	Invalid Principal Diagnosis	_		
<b>Beginning Position:</b>	49		Data Sour		Assigned
Length:	2	, pp.c	Type:		Alphanumeric
Field 16:		R_DRG	· · · · · ·	1 . 1 .	
<b>Description:</b>			nagnosis Re	lated (	Group (DRG) as assigned by 3M APR-DRG
Doginning Dogitions	Grou 51	iper	Data Sour		Assigned
Beginning Position: Length:	3				Assigned Alphanumeric
Field 17:		K MORTALITY	Type:		Aiphanumenc
Description:		_	tality score f	rom th	ne All Patient Refined (APR) Diagnosis Related
Description.					per. Indicates the likelihood of dying.
Coding Scheme:	1	Minor	7 II IX DIXC	Grou	per. Indicates the fixelihood of dying.
coung seneme.	2	Moderate			
	3	Major			
Beginning Position:	4 54	Extreme	Data Sour	00.	Assigned
Length:	1		Type:		Assigned Alphanumeric
Field 18:		NESS_SEVERITY	туре.		Aiphanumene
Description:			illness score	from	the All Patient Refined (APR) Diagnosis Related
Description.					uper. Indicates the extent of physiologic
		mpensation.	AI K-DKC	Grou	per. indicates the extent of physiologic
Coding Scheme:	1	Minor			
Couring Denicine.					
	2	Moderate			
	3	Major			
	3 4	Major Extreme			
Beginning Position:	3 4 0	Major	Data Sour	ce:	Assigned
Beginning Position:	3 4	Major Extreme	Data Sour		Assigned Alphanumeric
Beginning Position: Length: Field 19:	3 4 0 55 1	Major Extreme No class specified	Data Sour		Assigned Alphanumeric
Length: Field 19:	3 4 0 55 1 <b>APR</b>	Major Extreme No class specified  R_MDC	Type:		Alphanumeric
Length: Field 19: Description:	3 4 0 55 1 <b>APR</b>	Major Extreme No class specified  R_MDC	Type:	signe	
Length: Field 19:	3 4 0 55 1 <b>APR</b> Majo	Major Extreme No class specified  R_MDC	Type: (MDC) as as	signed	Alphanumeric  d by 3M <sup>™</sup> APR-DRG Grouper.
Length: Field 19: Description: Beginning Position:	3 4 0 55 1 <b>APR</b> Majo 56 2	Major Extreme No class specified  R_MDC	Type: (MDC) as as Data Source	signed	Alphanumeric  d by 3M <sup>™</sup> APR-DRG Grouper.  Assigned
Length: Field 19: Description: Beginning Position: Length:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>1</sup>	Major Extreme No class specified  R_MDC or Diagnostic Category ( R_GRP_VER  M All Patient Refined D	Type:  (MDC) as as  Data Source Type:  Diagnosis Re	ssigned	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper version used to assign APR DRG codes,
Length: Field 19: Description: Beginning Position: Length: Field 20: Description:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR	Major Extreme No class specified  R_MDC or Diagnostic Category ( R_GRP_VER  M All Patient Refined D	Type:  (MDC) as as  Data Source Type:  Diagnosis Re  Iortality rank	ssigned ce:	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned  Alphanumeric  Grouper version used to assign APR DRG codes, and Severity of Illness rankings
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR 58	Major Extreme No class specified  R_MDC or Diagnostic Category ( R_GRP_VER  M All Patient Refined D	MDC) as as Data Source Type: Diagnosis Re Iortality rank Data Source	lated (cings, ce:	Alphanumeric  I by 3M™ APR-DRG Grouper.  Assigned  Alphanumeric  Grouper version used to assign APR DRG codes, and Severity of Illness rankings  Assigned
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR 58 5	Major Extreme No class specified  R_MDC  or Diagnostic Category (  R_GRP_VER  M All Patient Refined D  MDC codes, Risk of M	Type:  (MDC) as as  Data Source Type:  Diagnosis Re  Iortality rank Data Source Type:	lated (cings, ce:	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned  Alphanumeric  Grouper version used to assign APR DRG codes, and Severity of Illness rankings
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>1</sup> APR 58 5	Major Extreme No class specified  R_MDC or Diagnostic Category ( R_GRP_VER OF All Patient Refined D OF MDC codes, Risk of M  R_GRP_ERROR_COD	Type:  (MDC) as as  Data Source Type:  Diagnosis Re  Iortality rank Data Source Type:	ssigned ce:	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned  Alphanumeric  Grouper version used to assign APR DRG codes, and Severity of Illness rankings  Assigned  Alphanumeric
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>1</sup> APR 58 5	Major Extreme No class specified  R_MDC or Diagnostic Category ( R_GRP_VER OF All Patient Refined D OF MDC codes, Risk of M  R_GRP_ERROR_COD or codes identify potential	(MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE	ssigned ce:	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper version used to assign APR DRG codes, and Severity of Illness rankings  Assigned Alphanumeric  APR DRG code assignment
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR 58 5 <b>APR</b>	Major Extreme No class specified  R_MDC or Diagnostic Category ( R_GRP_VER OF All Patient Refined D OF MDC codes, Risk of M  R_GRP_ERROR_COD or codes identify potentia No errors. DRG successfully	MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE al variations assigned.	ssigned ce:	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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)
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR 58 5	Major Extreme No class specified  R_MDC or Diagnostic Category ( R_GRP_VER OF All Patient Refined D OF MDC codes, Risk of M  R_GRP_ERROR_COD OF codes identify potentic No errors. DRG successfully Diagnosis code cannot be use	MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE al variations assigned.	ce:	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR 58 5 <b>APR</b>	Major Extreme No class specified  R_MDC or Diagnostic Category ( R_GRP_VER OF All Patient Refined D OF MDC codes, Risk of M  R_GRP_ERROR_COD or codes identify potentia No errors. DRG successfully	(MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE al variations assigned.	ssigned ce:	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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)
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR 58 5 <b>APR</b> Erro 00 01	Major Extreme No class specified  R_MDC  or Diagnostic Category (  R_GRP_VER  M 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 use principal diagnosis  Record does not meet criteria  DRG	(MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE al variations assigned.	ssigned ce:  lated Coings, ce:  with A	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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 U
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR 58 5 <b>APR</b> Erro 00 01	Major Extreme No class specified  R_MDC  or Diagnostic Category (  R_GRP_VER  M All Patient Refined D  MDC codes, Risk of M  R_GRP_ERROR_COD  or codes identify potentian of the code of t	(MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE al variations assigned.	lated (cings, ce:	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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 invalid
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR 58 5 <b>APR</b> Erro 00 01	Major Extreme No class specified  R_MDC  or Diagnostic Category (  R_GRP_VER  M 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 use principal diagnosis  Record does not meet criteria  DRG	(MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE al variations assigned.	ssigned ce:  lated Coings, ce:  with A	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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 U
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 4 0 55 1 APR Majo 56 2 APR 3M <sup>T</sup> APR 58 5 APR 00 01 02 03 04 05	Major Extreme No class specified  R_MDC  Or Diagnostic Category (  R_GRP_VER  TM All Patient Refined D  MDC codes, Risk of M  R_GRP_ERROR_COD  Or codes identify potentic No errors. DRG successfully Diagnosis code cannot be use principal diagnosis Record does not meet criteria DRG Invalid Age  Invalid Sex Invalid Discharge Status	MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE all variations assigned. ed as a for any	ssigned ce:  lated (cings, ce:  with 4 12 19 20 21 22 23	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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 invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR 58 5 <b>APR</b> 00 01 02 03 04	Major Extreme No class specified  R_MDC  Or Diagnostic Category (  R_GRP_VER  MDC codes, Risk of M  R_GRP_ERROR_COD  Or codes identify potentia No errors. DRG successfully Diagnosis code cannot be use principal diagnosis Record does not meet criteria DRG Invalid Age Invalid Sex	MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE all variations assigned. ed as a for any	lated (cings, ce:  with 12 19 20 21	Alphanumeric  I by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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 invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 4 0 55 1 APR Majo 56 2 APR 3M <sup>T</sup> APR 58 5 APR 00 01 02 03 04 05	Major Extreme No class specified  R_MDC  Or Diagnostic Category (  R_GRP_VER  TM All Patient Refined D  MDC codes, Risk of M  R_GRP_ERROR_COD  Or codes identify potentic No errors. DRG successfully Diagnosis code cannot be use principal diagnosis Record does not meet criteria DRG Invalid Age  Invalid Sex Invalid Discharge Status	MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE all variations assigned. ed as a for any	ssigned ce:  lated (cings, ce:  with 4 12 19 20 21 22 23	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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 invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	3 4 0 55 1 APR Majo 56 2 APR 3M <sup>T</sup> APR 58 5 APR 00 01 02 03 04 05	Major Extreme No class specified  R_MDC  Or Diagnostic Category (  R_GRP_VER  TM All Patient Refined D  MDC codes, Risk of M  R_GRP_ERROR_COD  Or codes identify potentic No errors. DRG successfully Diagnosis code cannot be use principal diagnosis Record does not meet criteria DRG Invalid Age  Invalid Sex Invalid Discharge Status	MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE all variations assigned. ed as a for any	ssigned ce:  lated (cings, ce:  with 4 12 19 20 21 22 23	Alphanumeric  I by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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 invalid or exempt DisableHac is invalid and at least one HAC POA is invalid or exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: Coding Scheme:	3 4 0 55 1 <b>APR</b> Majo 56 2 <b>APR</b> 3M <sup>T</sup> APR 58 5 <b>APR</b> 60 01 02 03 04 05 06	Major Extreme No class specified  R_MDC  or Diagnostic Category (  R_GRP_VER  M 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 use principal diagnosis Record does not meet criteria DRG Invalid Age  Invalid Sex Invalid Discharge Status Invalid birthweight (AP & A	Type:  (MDC) as as Data Source Type: Diagnosis Refortality rank Data Source Type: DE al variations assigned. ed as a for any	ssigned ce:  lated (cings, ce:  with 4 12 19 20 21 22 23	Alphanumeric  d by 3M™ APR-DRG Grouper.  Assigned Alphanumeric  Grouper 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 U  DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac is invalid and at least one HAC POA is exempt DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U

	09 11	Invalid discharge age in days (AP & 2 APR only) Invalid Principal Diagnosis	.5	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
<b>Beginning Position:</b>	63	Data Source	:	Assigned
Length:	2	Type:		Alphanumeric

## **OUTPATIENT BASE DATA FILE**

Field 1:	SERVICE_QUART	ER		
Description:	Quarter during whi	ch service occurred. `	Year and quarter of	service. yyyyQn.
<b>Beginning Position:</b>	1	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 2:	RECORD_ID			
Description:				lentify the record. The
	Record_ID in the E	D Outpatient PUDF is	not linkable to the F	Record_ID in the ED
	Inpatient PUDF or I	ED Research Data File	s (RDFs).	
Beginning Position:	7	Data Source:	Assigned	
Length:	12	Туре:	Alphanumeric	
Field 3:	THCIC_ID			
Description:		e identifier assigned to		
Suppression:				ted into the Provider ID
			n 5 events for a part	ticular gender, including
	'unknown', Provide	r ID is '999998'.		
Beginning Position:	19	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 4:	SPEC_UNIT_1			
Description:				ed on number of days by
		enue Code. In order by	•	
Coding Scheme:	C D	Coronary Care Unit Detoxification Unit	P Y	Pediatric Unit Psychiatric Unit
	I	Intensive Care Unit	R	Rehabilitation Unit
	H	Hospice Unit	Ü	Sub-acute Care Unit
	N	Nursery	S	Skilled Nursing Unit
	В	Obstetric Unit	Blank	Acute Care
Beginning Position:	0 25	Oncology Unit  Data Source:	Calculated	
Length:	1	Type:	Alphanumeric	
Field 5:	SPEC_UNIT_2	. урс.	Aprianamene	
Description:		hich 2 <sup>nd</sup> most days du	ring stay occurred h	ased on number of days
	by Type of Bill or R		ing stay occurred b	asca on names. or aays
Coding Scheme:	Same as SPEC_UNIT_			
Beginning Position:	26	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 6:	SPEC_UNIT_3			
Description:			ring stay occurred b	ased on number of days
	by Type of Bill or R			
Coding Scheme:	Same as SPEC_UNIT_	_1.		
Beginning Position:	27	Data Source:	Calculated	
Length:	1			
C: _   J   7.		Туре:	Alphanumeric	
Field 7:	SPEC_UNIT_4		•	and an arrest of t
Field 7: Description:	SPEC_UNIT_4 Specialty Unit in w	hich 4 <sup>th</sup> most days dur	•	ased on number of days
Description:	SPEC_UNIT_4 Specialty Unit in will by Type of Bill or R	hich 4 <sup>th</sup> most days dur evenue Code.	•	ased on number of days
Description: Coding Scheme:	SPEC_UNIT_4 Specialty Unit in wl by Type of Bill or R Same as SPEC_UNIT_	hich 4 <sup>th</sup> most days dur evenue Code. _1.	ring stay occurred b	ased on number of days
Description:  Coding Scheme: Beginning Position:	SPEC_UNIT_4 Specialty Unit in wl by Type of Bill or R Same as SPEC_UNIT_ 28	hich 4 <sup>th</sup> most days dur evenue Code. _1. 	ring stay occurred b	ased on number of days
Description:  Coding Scheme: Beginning Position: Length:	SPEC_UNIT_4 Specialty Unit in wl by Type of Bill or R Same as SPEC_UNIT_ 28 1	hich 4 <sup>th</sup> most days dur evenue Code. _1.	ring stay occurred b	ased on number of days
Description:  Coding Scheme: Beginning Position: Length: Field 8:	SPEC_UNIT_4 Specialty Unit in wl by Type of Bill or R Same as SPEC_UNIT_ 28 1 SPEC_UNIT_5	hich 4 <sup>th</sup> most days dur evenue Code. _1. Data Source: Type:	ring stay occurred b Calculated Alphanumeric	, 
Description:  Coding Scheme: Beginning Position: Length:	SPEC_UNIT_4 Specialty Unit in which was specially Unit of Recognition of Recognit	hich 4 <sup>th</sup> most days dur evenue Code. _1. 	ring stay occurred b Calculated Alphanumeric	ased on number of days ased on number of days
Description:  Coding Scheme: Beginning Position: Length: Field 8: Description:	SPEC_UNIT_4 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_28 1 SPEC_UNIT_5 Specialty Unit in which by Type of Bill or R	hich 4 <sup>th</sup> most days dur evenue Code. _1. 	ring stay occurred b Calculated Alphanumeric	, 
Description:  Coding Scheme: Beginning Position: Length: Field 8: Description:  Coding Scheme:	SPEC_UNIT_4 Specialty Unit in which was specially Unit of Recognition of Recognit	hich 4 <sup>th</sup> most days dur evenue Code. _1. 	ring stay occurred b Calculated Alphanumeric	, 
Description:  Coding Scheme: Beginning Position: Length: Field 8: Description:	SPEC_UNIT_4 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_28 1 SPEC_UNIT_5 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_S	hich 4 <sup>th</sup> most days dur evenue Code. _1. 	ring stay occurred b  Calculated Alphanumeric  ring stay occurred b	
Description:  Coding Scheme: Beginning Position: Length: Field 8: Description:  Coding Scheme: Beginning Position:	SPEC_UNIT_4 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_28  SPEC_UNIT_5 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_29	hich 4 <sup>th</sup> most days dur evenue Code. _1. Data Source: Type: hich 5 <sup>th</sup> most days dur evenue Code. _1. Data Source:	ring stay occurred b  Calculated Alphanumeric  ring stay occurred b  Calculated	
Description:  Coding Scheme: Beginning Position: Length: Field 8: Description:  Coding Scheme: Beginning Position: Length:	SPEC_UNIT_4 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_28 1 SPEC_UNIT_5 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_29 1 SEX_CODE	hich 4 <sup>th</sup> most days dur evenue Code. _1. Data Source: Type: hich 5 <sup>th</sup> most days dur evenue Code. _1. Data Source:	Calculated Alphanumeric ring stay occurred b Calculated Alphanumeric	
Description:  Coding Scheme: Beginning Position: Length: Field 8: Description:  Coding Scheme: Beginning Position: Length: Field 9:	SPEC_UNIT_4 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_28 1 SPEC_UNIT_5 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_29 1 SEX_CODE Gender of the patie	hich 4 <sup>th</sup> most days durevenue Code.  1.  Data Source: Type:  hich 5 <sup>th</sup> most days durevenue Code.  1.  Data Source: Type:	Calculated Alphanumeric  ring stay occurred b  Calculated Alphanumeric	
Description:  Coding Scheme: Beginning Position: Length: Field 8: Description:  Coding Scheme: Beginning Position: Length: Field 9: Description:	SPEC_UNIT_4 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_28  SPEC_UNIT_5 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_29  SEX_CODE Gender of the patic Code is suppressed if	hich 4 <sup>th</sup> most days durevenue Code.  1.  Data Source: Type:  hich 5 <sup>th</sup> most days durevenue Code.  1.  Data Source: Type:	Calculated Alphanumeric  ring stay occurred b  Calculated Alphanumeric  e of start of care. cates drug or alcohol of	ased on number of days
Description:  Coding Scheme: Beginning Position: Length: Field 8: Description:  Coding Scheme: Beginning Position: Length: Field 9: Description:	SPEC_UNIT_4 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_28  SPEC_UNIT_5 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_29  SEX_CODE Gender of the patic Code is suppressed if	hich 4 <sup>th</sup> most days durevenue Code.  1.  Data Source: Type:  hich 5 <sup>th</sup> most days durevenue Code.  1.  Data Source: Type:  ent as recorded at data an ICD-10-CM code indialcohol or drug use or ar	Calculated Alphanumeric  ring stay occurred b  Calculated Alphanumeric  e of start of care. cates drug or alcohol of the HIV diagnosis (patier	ased on number of days
Description:  Coding Scheme: Beginning Position: Length: Field 8: Description:  Coding Scheme: Beginning Position: Length: Field 9: Description: Suppression:	SPEC_UNIT_4 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_28 1 SPEC_UNIT_5 Specialty Unit in which by Type of Bill or R Same as SPEC_UNIT_29 1 SEX_CODE Gender of the patic Code is suppressed if ICD-10-CM indicates	hich 4 <sup>th</sup> most days durevenue Code.  1.  Data Source: Type:  hich 5 <sup>th</sup> most days durevenue Code.  1.  Data Source: Type:  ent as recorded at date an ICD-10-CM code indi	Calculated Alphanumeric  ring stay occurred b  Calculated Alphanumeric  e of start of care. cates drug or alcohol of the HIV diagnosis (patier	ased on number of days  use or an HIV diagnosis. If nts covered by 42 USC

§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.

**Coding Scheme:** 

M Male F Female U Unknown

Invalid **Beginning Position:** 30 **Data Source:** Claim Length: Type: Alphanumeric Field 10: PAT\_COUNTY **Description:** FIPS code of patient's county. Coding scheme: 001 Anderson 097 Cooke 193 Hamilton 289 Leon 003 Andrews 099 Coryell 195 Hansford 291 Liberty 005 Cottle 197 Angelina 101 Hardeman 293 Limestone 007 199 295 Aransas 103 Crane Hardin Lipscomb 105 201 297 009 Archer Crockett Harris Live Oak 203 011 Armstrong 107 Crosby Harrison 299 Llano 013 Atascosa 109 Culberson 205 Hartley 301 Loving 015 Austin 111 Dallam 207 Haskell 303 Lubbock 209 305 017 Bailey 113 Dallas Hays Lvnn 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 Rell 123 Dewitt 219 Hockley 315 Marion 029 Bexar 125 Dickens 221 Hood 317 Martin 127 031 Blanco Dimmit 223 Hopkins 319 Mason 033 Borden 129 Donley 225 Houston 321 Matagorda 035 Bosque 131 Duval 227 Howard 323 Maverick 037 133 Eastland 229 Hudspeth 325 Medina Bowie 039 Brazoria 135 Ector 231 Hunt 327 Menard Edwards Midland 041 **Brazos** 137 233 Hutchinson 329 043 Brewster 139 Ellis 235 Irion 331 Milam 045 Briscoe 141 El Paso 237 Jack 333 Mills 047 Erath 239 335 **Brooks** 143 Jackson Mitchell Jasper 049 Brown Falls 241 337 145 Montaque 051 147 Fannin 243 Jeff Davis 339 Burleson Montgomery 053 149 Fayette 245 Jefferson 341 Burnet Moore 055 Caldwell 151 Fisher 247 Jim Hogg 343 Morris 057 Calhoun 153 Floyd 249 Jim Wells 345 Motley 059 Callahan 155 Foard 251 Johnson 347 Nacogdoches 061 Cameron 157 Fort Bend 253 349 Navarro Jones 063 255 Camp 159 Franklin Karnes 351 Newton 065 Carson 161 Freestone 257 Kaufman 353 Nolan 067 163 Frio 259 355 Nueces Cass Kendall 069 Castro 165 Gaines 261 357 Ochiltree Kenedy 071 359 Chambers 167 Galveston 263 Kent Oldham 073 Cherokee 169 Garza 265 Kerr 361 Orange 075 171 Gillespie 267 Childress Kimble 363 Palo Pinto 077 Clay 173 Glasscock 269 King 365 Panola 079 Cochran 175 Goliad 271 Kinney 367 Parker 081 Coke 177 Gonzales 273 Kleberg 369 Parmer 083 Coleman 179 Gray 275 Knox 371 Pecos 283 085 Collin 181 Grayson La Salle 373 Polk 087 Collingsworth 183 Gregg 277 Lamar 375 Potter 089 Colorado 185 Grimes 279 Lamb 377 Presidio 091 187 Guadalupe 281 379 Rains Comal Lampasas 285 093 Comanche 189 Hale 381 Randall Lavaca

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

Concho

095

287

Lee

DSHS Document #25-15013

Reagan

383

191

Hall

385	Real		419	Shelby	453	Travis	487	Wilbarger	
387	Red River		421	Sherman	455	Trinity	489	Willacy	
389	Reeves		423	Smith	457	Tyler	491	Williamson	
391	Refugio		425	Somervell	459	Upshur	493	Wilson	
393	Roberts		427	Starr	461	Upton	495	Winkler	
395	Robertson		429	Stephens	463	Uvalde	497	Wise	
397	Rockwall		431	Sterling	465	Val Verde	499	Wood	
399	Runnels		433	Stonewall	467	Van Zandt	501	Yoakum	
401	Rusk		435	Sutton	469	Victoria	503	Young	
403	Sabine		437	Swisher	471	Walker	505	Zapata	
405	San Augus	tino	439	Tarrant	471	Waller	507	Zavala	
407	_				473	Ward	307	Zavaia	
	San Jacinto		441	Taylor				Tour on Park	
409	San Patrici	0	443	Terrell	477	Washington		Invalid	
411	San Saba		445	Terry	479	Webb			
413	Schleicher		447	Throckmorton	481	Wharton			
415	Scurry		449	Titus	483	Wheeler			
417	Shackelfor	d	451	Tom Green	485	Wichita			
Beginning F	Position:	31		Data	Source:	Assigned; based of	on patient Z	IP code	
Length:		3		Type:	•	Alphanumeric	·		
Field 11:		PAT	STATE						
Description	:	State	of the pat	ient's mailing add	dress in Te	exas and contigu	ous states	. Standard 2-	
		chara	acter Postal	Service abbrevia	ition.				
Coding Scho	eme:	AR .	Arkansas						
		LA	Louisiana						
		NM	New Mexico						
			Oklahoma						
			Texas						
			All other stat	es and American Te	erritories				
				L					
			Foreign coun						
Reginning F	Position:	XX	Foreign coun Foreign coun	itry	ource:	Claim			
Beginning F	Position:	XX 34		itry <b>Data Sc</b>	ource:	Claim Alphanumeric			
Length:	Position:	XX 34 2	Foreign coun	itry	ource:	Claim Alphanumeric			
Length: Field 12:		XX 34 2 <b>PAT</b> _	Foreign coun	try Data So Type:	ource:				
Length: Field 12: Description	:	XX 34 2 PAT_ Patie	Foreign coun _ <b>ZIP</b> nt's five-dig	Data So Type: git ZIP code.		Alphanumeric	If state eq.	uals '77'. 7IP code	
Length: Field 12:	:	XX 34 2 PAT_ Patie Last t	<b>ZIP</b> nt's five-dig	Data So Type: git ZIP code. e blank if a ZIP code	e has fewe	Alphanumeric r than 30 patients.			2
Length: Field 12: Description	:	XX 34 2 PAT_ Patie Last t equal	<b>ZIP</b> nt's five-digwo digits are s '88888'. If	Data So Type: git ZIP code.	e has fewe oreign cou	Alphanumeric r than 30 patients. ntry) ZIP code is bl	ank. If ICD	-10-CM indicates	2
Length: Field 12: Description	:	XX 34 2 PAT_ Patie Last t equal alcoho	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us	Data So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (fo	e has fewe oreign cou sis the ZIP	Alphanumeric  r than 30 patients. ntry) ZIP code is bl code is blank. If a	ank. If ICD facility has	-10-CM indicates fewer than fifty	
Length: Field 12: Description	:	XX 34 2 PAT_ Patie Last t equal alcoho outpa patier	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us itient service	pata Sc Type: git ZIP code. e blank if a ZIP code state equals `FC' (for e or an HIV diagnos s reported for the q of a particular gend	e has fewe oreign cou sis the ZIP quarter the der, includi	r than 30 patients. http://discourse.ntry// ZIP code is blank. If a ZIP code is blank. http://discourse.ntry// zip code is blank.	ank. If ICD facility has If a facility	-10-CM indicates fewer than fifty has fewer than 5	
Length: Field 12: Description Suppression Beginning F	: n:	XX 34 2 PAT_Patie Last t equal alcoholoutpa patier 36	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us itient service	pata So Type: git ZIP code. e blank if a ZIP code state equals `FC' (for e or an HIV diagnos s reported for the q of a particular gend Data So	e has fewe oreign cou sis the ZIP quarter the der, includi	r than 30 patients. htry) ZIP code is bl code is blank. If a ZIP code is blank. ng 'unknown', the I Claim	ank. If ICD facility has If a facility	-10-CM indicates fewer than fifty has fewer than 5	
Length: Field 12: Description Suppression Beginning F	: n:	PAT_Patie Last t equal alcoholoutpa patier 36 5	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us itient service nts reported	Data So Type: git ZIP code. e blank if a ZIP code state equals `FC' (for e or an HIV diagnos s reported for the q of a particular gend Data So Type:	e has fewe oreign cou sis the ZIP quarter the der, includi	r than 30 patients. http://discourse.ntry// ZIP code is blank. If a ZIP code is blank. http://discourse.ntry// zip code is blank.	ank. If ICD facility has If a facility	-10-CM indicates fewer than fifty has fewer than 5	
Length: Field 12: Description Suppression Beginning F Length: Field 13:	: n: Position:	PAT_Patie Last t equal alcoholoutpa patier 36 5	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us itient service nts reported	pata Son Type:  git ZIP code.  e blank if a ZIP code state equals `FC' (for e or an HIV diagnors is reported for the quals of a particular gend pata Son Type:	e has fewe oreign cou sis the ZIP quarter the der, includi <b>ource:</b>	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blank. In 'unknown', the i Claim Alphanumeric	ank. If ICD facility has If a facility ZIP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.	
Length: Field 12: Description Suppression Beginning F	: n: Position:	XX 34 2 PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_County	_ZIP nt's five-dig wo digits are s '88888'. If ol or drug us itient service nts reported  _COUNTRY	pata Son Type:  git ZIP code.  e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoss reported for the qualstance of a particular gend Data Son Type:  ent's residential acceptance.	e has fewe oreign cou sis the ZIP quarter the der, includi ource:	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blank. In 'unknown', the i Claim Alphanumeric	ank. If ICD facility has If a facility ZIP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.	
Length: Field 12: Description Suppression Beginning F Length: Field 13: Description	: n: Position:	XX 34 2 PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_Coun Orga	_ZIP nt's five-dig two digits are s '88888'. If ol or drug us itient service nts reported  _COUNTRY itry of patie nization for	pata Sc Type:  git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoses reported for the quality of a particular gend pata Sc Type:  ent's residential action	e has fewe oreign coursis the ZIP quarter the der, includit ource: ddress. Li (ISO).	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blank. Ing 'unknown', the included Claim Alphanumeric st maintained by	ank. If ICD facility has If a facility ZIP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.	
Length: Field 12: Description Suppression  Beginning F Length: Field 13: Description  Suppression	: n: Position: :	PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_Coun Orga Suppr	_ZIP nt's five-dig two digits are s '88888'. If ol or drug us itient service nts reported  _COUNTRY itry of patie nization for ressed if few	pata Sc Type:  git ZIP code. e blank if a ZIP code state equals `FC' (for e or an HIV diagnoses reported for the qualstance of a particular gend pata Sc Type:  ent's residential access standardization er than 5 patients for the pata Sc Type:	e has fewe oreign coursis the ZIP quarter the der, includit ource: ddress. Li (ISO).	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blank. Ing 'unknown', the included Claim Alphanumeric st maintained by	ank. If ICD facility has If a facility ZIP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.	
Length: Field 12: Description Suppression  Beginning F Length: Field 13: Description  Suppression Coding sche	: Position: : :	PAT_Patie Last t equal alcoho outpa patier 36 5  PAT_Coun Orga Suppr See w	_ZIP nt's five-dig two digits are s '88888'. If ol or drug us itient service nts reported  _COUNTRY itry of patie nization for ressed if few	pata Sc Type:  git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoses reported for the quality of a particular gend Data Sc Type:  ent's residential action of the pata scale of the particular gend Data Scale of the pata	e has fewe oreign coursis the ZIP quarter the der, including ource: ddress. Li (ISO).	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blank. Intry code is blank. If a ZIP code is blank.	ank. If ICD facility has If a facility ZIP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.	
Length: Field 12: Description Suppression  Beginning F Length: Field 13: Description  Suppression Coding sche Beginning F	: Position: : :	PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_Coun Orga Suppr See w 41	_ZIP nt's five-dig two digits are s '88888'. If ol or drug us itient service nts reported  _COUNTRY itry of patie nization for ressed if few	pata Son Type:  git ZIP code.  e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoss reported for the qual of a particular gend Data Son Type:  ent's residential action of the pata Son Type:  ent's residential action of the pata Son Type:  ent's residential action of the pata Son Type than 5 patients for complete list.  Data Son Type:	e has fewe oreign coursis the ZIP quarter the der, including ource: ddress. Li (ISO).	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blank. Ing 'unknown', the ing Claim Alphanumeric  st maintained by country.  Claim	ank. If ICD facility has If a facility ZIP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.	
Length: Field 12: Description Suppression  Beginning F Length: Field 13: Description  Suppression Coding sche Beginning F Length:	: Position: : :	PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_Coun Orga Suppr See w 41 2	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us itient service nts reported  COUNTRY atry of patie nization for ressed if few www.ISO.org	pata Sortype:  git ZIP code. be blank if a ZIP code state equals `FC' (for e or an HIV diagnors reported for the quote of a particular gend Data Sortype:  gent's residential act or than 5 patients for complete list.  Data Sortype:	e has fewe oreign coursis the ZIP quarter the der, including ource: ddress. Li (ISO).	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blank. Intry code is blank. If a ZIP code is blank.	ank. If ICD facility has If a facility ZIP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.	
Length: Field 12: Description Suppression  Beginning F Length: Field 13: Description  Suppression Coding sche Beginning F Length: Field 14:	: Position: : : eme: Position:	PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_Coun Orga Suppr See w 41 2 PUBI	_ZIP nt's five-dig two digits are s '88888'. If ol or drug us itient service nts reported  _COUNTRY atry of patie nization for ressed if few rww.ISO.org	pata Sortype:  git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoses reported for the quality of a particular gend Data Sortype:  ent's residential action er than 5 patients for complete list.  Data Sortype:  TH_REGION	e has fewe oreign coursis the ZIP quarter the der, including ource: ddress. Li (ISO). rom one co	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blank. Ing 'unknown', the ing Claim Alphanumeric  st maintained by country.  Claim	ank. If ICD facility has If a facility ZIP Code is	-10-CM indicates fewer than fifty has fewer than 5 blank.	
Length: Field 12: Description Suppression Beginning F Length: Field 13: Description Suppression Coding sche Beginning F Length: Field 14: Description	: Position: : n: eme: Position:	PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_Coun Orga Suppr See w 41 2 PUBI Publi	_ZIP nt's five-dig two digits are s '88888'. If ol or drug us itient service nts reported  _COUNTRY try of patie nization for ressed if few rww.ISO.org  LIC_HEAL c Health Re	pata Sortype:  git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnoses reported for the quals of a particular gend Data Sortype:  ent's residential action for complete list.  Data Sortype:  TH_REGION egion of patient's	e has fewe oreign coursis the ZIP quarter the der, including ource:  ddress. Li (ISO). from one cource:	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blank. In the introduction of th	ank. If ICD facility has If a facility ZIP Code is the Interr	-10-CM indicates fewer than fifty has fewer than 5 blank.	
Length: Field 12: Description Suppression  Beginning F Length: Field 13: Description  Suppression Coding sche Beginning F Length: Field 14:	: Position: : n: eme: Position:	PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_Coun Orga Suppr See w 41 2 PUBI	_ZIP nt's five-dig two digits are s '88888'. If ol or drug us stient service nts reported  _COUNTRY atry of patie nization for ressed if few reww.ISO.org  LIC_HEAL C Health Re Armstrong, E	pata Sc Type:  git ZIP code. e blank if a ZIP code state equals `FC' (for e or an HIV diagnors) s reported for the quote of a particular gend Data Sc Type:  ent's residential act standardization er than 5 patients for complete list. Data Sc Type: TH_REGION egion of patient's Bailey, Briscoe, Carson	e has fewe oreign coursis the ZIP quarter the der, including ource:  ddress. Li (ISO). rom one cource:  address.	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blan	ank. If ICD facility has If a facility ZIP Code is the Interr	-10-CM indicates fewer than fifty has fewer than 5 blank.  national	
Length: Field 12: Description Suppression Beginning F Length: Field 13: Description Suppression Coding sche Beginning F Length: Field 14: Description	: Position: : n: eme: Position:	PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_Coun Orga Suppr See w 41 2 PUBI Publi	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us stient service nts reported  COUNTRY atry of patie nization for ressed if few yww.ISO.org  LIC_HEAL' c Health Re Armstrong, E Smith, Dicke	pata Scontype:  git ZIP code.  be blank if a ZIP code.  be blank if a ZIP code.  state equals 'FC' (for e or an HIV diagnoses reported for the qualstance of a particular gend pata Scontype:  cent's residential action for complete list.  Data Scontype:  TH_REGION  Egion of patient's stailey, Briscoe, Carson cans, Donley, Floyd, Gar	e has fewe oreign coursis the ZIP quarter the ler, including ource:  ddress. Li (ISO). rom one cource:  address., Castro, Chrza, Gray, Harman cource, Harman cource, Castro, Chrza, Gray, Harman cource, Chrza, Chrza,	r than 30 patients. Intry) ZIP code is blacede is blank. If a ZIP code is blank. If a ZIP code is blank. If a large with the ing 'unknown', the ing 'unknown', the ing 'unknown', the ing 'unknown'.  Claim Alphanumeric st maintained by buntry.  Claim Alphanumeric ildress, Cochran, Collingle, Hall, Hansford, Hall, Hansf	ank. If ICD facility has If a facility has If a facility ZIP Code is the Interruspendingsworth, Crartley, Hemple	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deafnill, Hockley,	
Length: Field 12: Description Suppression Beginning F Length: Field 13: Description Suppression Coding sche Beginning F Length: Field 14: Description	: Position: : n: eme: Position:	PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_Coun Orga Suppr See w 41 2 PUBI Publi	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us itient service nts reported	pata Sc Type:  git ZIP code. e blank if a ZIP code state equals `FC' (for e or an HIV diagnors) s reported for the quote of a particular gend Data Sc Type:  ent's residential act standardization er than 5 patients for complete list. Data Sc Type: TH_REGION egion of patient's Bailey, Briscoe, Carson	e has fewe oreign coursis the ZIP quarter the der, includiturce:  ddress. Li (ISO). rom one cource:  address., Castro, Cheza, Gray, Hi, Lubbock, L	r than 30 patients. Intry) ZIP code is bloode is blank. If a ZIP code is blank. If a ZIP code is blank. If a lang 'unknown', the interpretation of the code is blank. If a lang 'unknown', the interpretation of the code is blank. If a lang 'unknown', the interpretation of the code is blank. If a language is blank. If a	ank. If ICD facility has If a facility has If a facility ZIP Code is the Interruingsworth, Crartley, Hemplochiltree, Old	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deafnill, Hockley,	
Length: Field 12: Description Suppression Beginning F Length: Field 13: Description Suppression Coding sche Beginning F Length: Field 14: Description	: Position: : n: eme: Position:	PAT_Patie Last t equal alcoho outpa patier 36 5 PAT_Coun Orga Suppr See w 41 2 PUBI Publi	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us itient service nts reported  COUNTRY itry of patie nization for ressed if few www.ISO.org  LIC_HEAL C Health Re Armstrong, E Smith, Dicke Hutchinson, I Randall, Rob Archer, Baylo	git ZIP code.  git Zi	e has fewe oreign coursis the ZIP quarter the der, including the deress. Li (ISO). It is address. It is address. Li (ISO). It is address. It is ad	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blank. Ing 'unknown', the interpolation Alphanumeric  St maintained by country.  Claim Alphanumeric  Claim Alphanumeric  ildress, Cochran, Colliale, Hall, Hansford, Hall, Hansford, Hall, Hansford, Hall, Honseler, Yoakum counten, Comanche, Cottle,	ank. If ICD facility has If a facility has If a facility ZIP Code is the Interrupt of the I	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deaf hill, Hockley, ham, Parmer, Potter her, Foard,	
Length: Field 12: Description Suppression Beginning F Length: Field 13: Description Suppression Coding sche Beginning F Length: Field 14: Description	: Position: : n: eme: Position:	PAT_PatieLast tequal alcoholoutpa patier 36 5 PAT_Coun Orga Suppri See w 41 2 PUBI Public 1	ZIP nt's five-dig two digits are s '88888'. If ol or drug us itient service nts reported  COUNTRY atry of patie nization for ressed if few www.ISO.org  LIC_HEAL C Health Re Armstrong, E Smith, Dicke Hutchinson, I Randall, Rob Archer, Bayle Hardeman, H	pata Sc Type:  git ZIP code. e blank if a ZIP code state equals 'FC' (fe e or an HIV diagnos s reported for the q of a particular gend Data Sc Type:  ent's residential ac standardization er than 5 patients f for complete list. Data Sc Type:  TH_REGION egion of patient's Bailey, Briscoe, Carson ns, Donley, Floyd, Gar King, Lamb, Lipscomb, erts, Sherman, Swishe or, Brown, Callahan, C laskell, Jack, Jones, Ko	e has fewe oreign coursis the ZIP quarter the der, including the deress. Li (ISO). Tom one control address. A Castro, Chrza, Gray, H. Lubbock, Ler, Terry, Wilay, Colemaent, Knox, Marcol and Coleman control and coleman cole	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blan	ank. If ICD facility has If a facility has If a facility ZIP Code is the Interrusional the Interrusion	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deaf hill, Hockley, ham, Parmer, Potter her, Foard,	
Length: Field 12: Description Suppression Beginning F Length: Field 13: Description Suppression Coding sche Beginning F Length: Field 14: Description	: Position: : n: eme: Position:	PAT_Patie Last t equal alcoho outpa patier 36 5  PAT_Coun Orga Suppr See w 41 2  PUBI Public 1	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us itient service nts reported  COUNTRY atry of patie nization for ressed if few www.ISO.org  LIC_HEAL C Health Re Armstrong, E Smith, Dicke Hutchinson, I Randall, Rob Archer, Baylo Hardeman, F Stephens, St	pata Sc Type:  git ZIP code. e blank if a ZIP code state equals `FC' (fe e or an HIV diagnos s reported for the q of a particular gend Data Sc Type:  ent's residential ac standardization er than 5 patients f for complete list. Data Sc Type:  TH_REGION egion of patient's Bailey, Briscoe, Carson ns, Donley, Floyd, Gar King, Lamb, Lipscomb erts, Sherman, Swishe erts, Sherman, Swishe or, Brown, Callahan, C laskell, Jack, Jones, Ke onewall, Taylor, Throce	e has fewe oreign coursis the ZIP quarter the der, including the der, including the der, including the derest of t	r than 30 patients. Intry) ZIP code is blacode is blank. If a ZIP code is blank. If a ZIP code is blank. Ing 'unknown', the ZIP code is blank. It claim Alphanumeric Illustry and the ZIP code is blank. Ing 'unknown', the ZIP code is blank. Ing 'unknown', the ZIP code is blank. Ing 'unknown', the ZIP code is blank. Illustry and is blank. Ing 'unknown', the ZIP code is blank	ank. If ICD facility has If a facility has If a facility ZIP Code is the Interrusional the Interrusion	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deafnill, Hockley, ham, Parmer, Potter her, Foard, Scurry, Shackleford	r, d,
Length: Field 12: Description Suppression Beginning F Length: Field 13: Description Suppression Coding sche Beginning F Length: Field 14: Description	: Position: : n: eme: Position:	PAT_PatieLast tequal alcoholoutpa patier 36 5 PAT_Coun Orga Suppri See w 41 2 PUBI Public 1	ZIP nt's five-dig wo digits are s '88888'. If ol or drug us itient service nts reported  COUNTRY atry of patie nization for ressed if few yww.ISO.org  LIC_HEAL' c Health Re Armstrong, E Smith, Dicke Hutchinson, I Randall, Robe Archer, Baylc Hardeman, H Stephens, St Collin, Cooke	pata Sc Type:  git ZIP code. e blank if a ZIP code state equals 'FC' (fe e or an HIV diagnos s reported for the q of a particular gend Data Sc Type:  ent's residential ac standardization er than 5 patients f for complete list. Data Sc Type:  TH_REGION egion of patient's Bailey, Briscoe, Carson ns, Donley, Floyd, Gar King, Lamb, Lipscomb, erts, Sherman, Swishe or, Brown, Callahan, C laskell, Jack, Jones, Ko	e has fewe oreign coursis the ZIP quarter the der, including the der, Castro, Chrza, Gray, Ha, Lubbock, Ler, Terry, Wilay, Colemaent, Knox, Mackmorton, Waller, Erath, Fani	r than 30 patients. Intry) ZIP code is blacode is blank. If a ZIP code is blank. If a ZIP code is blank. If a large in the second is blank, ing 'unknown', the ing 'u	ank. If ICD facility has If a facility has If a facility ZIP Code is the Interrusional the Interrusion	-10-CM indicates fewer than fifty has fewer than 5 blank.  national  osby, Dallam, Deafnill, Hockley, ham, Parmer, Potter her, Foard, Scurry, Shackleford	r, d,
Length: Field 12: Description Suppression Beginning F Length: Field 13: Description Suppression Coding sche Beginning F Length: Field 14: Description	: Position: : n: eme: Position:	PAT_Patie Last t equal alcoho outpa patier 36 5  PAT_Coun Orga Suppr See w 41 2  PUBI Public 1	ZIP nt's five-dig wo digits are s'88888'. If ol or drug us itient service nts reported  COUNTRY try of patienization for ressed if few www.ISO.org  LIC_HEAL' C Health Re Armstrong, Smith, Dicke Hutchinson, Randall, Robarcher, Baylo Hardeman, Fistephens, Stephens, St. Collin, Cooke Palo Pinto, Panderson, Bonderson, Bon	pata Sc Type:  git ZIP code. be blank if a ZIP code state equals `FC' (fe e or an HIV diagnos s reported for the q of a particular gend Data Sc Type:  ont's residential ac standardization ber than 5 patients f for complete list. Data Sc Type:  TH_REGION gion of patient's bailey, Briscoe, Carson ns, Donley, Floyd, Gar King, Lamb, Lipscomb berts, Sherman, Swishe cort, Brown, Callahan, Collaskell, Jack, Jones, Ko onewall, Taylor, Throc of, Dallas, Denton, Ellis, Dallas, Denton, Ellis,	e has fewe oreign coursis the ZIP quarter the der, includiburce:  ddress. Li (ISO). rom one cource:  address., Castro, Cheza, Gray, Cheza, Gray, Helay, Colema ent, Knox, Mekmorton, Wellay, Tarrarerokee, Delta erokee, Sistema e	r than 30 patients. Intry) ZIP code is bl code is blank. If a ZIP code is blan	ank. If ICD facility has If a facility has If a facility ZIP Code is the Interrupt of the I	osby, Dallam, Deafnill, Hockley, ham, Parmer, Potterher, Foard, Scurry, Shackleford, Kaufman, Navarro, erson, Hopkins,	r, d,

5

Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties

Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, 6 Walker, Waller, Wharton counties Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, 9 Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties 10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, 11 McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties Invalid 43 **Beginning Position:** Data Source: Assigned Length: Alphanumeric Type: Field 15: LENGTH\_OF\_SERVICE **Description:** Length of service in days equals Statement From Date through Statement Thru Date. The minimum length of service is 1 day. The maximum is 30 days. **Beginning Position:** 45 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 16: PAT\_AGE **Description:** Code indicating age of patient in days or years on date of service. 35-39 85-89 **Coding Scheme:** 00 1-28 days 10 20 29-365 days 40-44 01 21 90 +11 02 1-4 years 12 45-49 HIV-STD and drug/alcohol use patients: nз 5-9 13 50-54 22 0-17 04 10-14 55-59 23 18-44 14 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 75-79 18 Invalid 30-34 80-84 09 19 **Beginning Position:** 47 **Data Source:** Assigned Length: Alphanumeric 2 Type: Field 17: **RACE Description:** Code indicating the patient's race. **Suppression:** If a facility has fewer than ten patients of one race that race is changed to 'Other' (code equals 5). **Coding Scheme:** American Indian/Eskimo/Aleut 1 2 Asian or Pacific Islander 3 Black 4 White 5 Other Invalid **Beginning Position:** 49 **Data Source:** Claim Length: Alphanumeric Type: Field 18: **ETHNICITY Description:** Code indicating the Hispanic origin of the patient. If a facility has fewer than ten patients of one race the ethnicity of patients of that race is Suppression: suppressed (code is blank). Hispanic Origin **Coding Scheme:** 1 2 Not of Hispanic Origin Invalid **Beginning Position:** 50 **Data Source:** Claim Length: Type: Alphanumeric Field 19: FIRST PAYMENT SRC **Description:** Code indicating the expected primary source of payment. . Health Maintenance Organization Self Pay (Removed from 5010 format, НМ **Coding Scheme:** beginning 2Q2012 data)

10

11

12

13 14

15

Central Certification

Point of Service (POS)

Indemnity Insurance

Other Non-federal Programs

Preferred Provider Organization (PPO)

Exclusive Provider Organization (EPO)

LI

LM

MA

MB

MC

Liability Liability Medical

Medicaid

Title V

Medicare Part A

Medicare Part B

		16			rganization (HMO)	OF	Other Fed	deral Program
		AM	Medicare Risk Automobile M			VA	Veteran A	Administration Plan
		BL	Blue Cross/Bl		i	WC	Workers	Compensation Health Claim
		CH CI	CHAMPUS Commercial I	ncurance	1	ZΖ	Charity, I Invalid	Indigent or Unknown
		DS	Disability Ins				Ilivaliu	
Beginning Length:	g Position:	51 2	Disability 1113	arance	Data Source: Type:	Claim Alphanun	neric	
Field 20:			ONDARY_P	AYME		Alphanai	iiciic	
Descripti	on:				ected secondary	source of	pavmer	nt.
Coding S	cheme:				PAYMENT_SRC		p /	
	g Position:	53			Data Source:	Claim		
Length:		2			Туре:	Alphanur	neric	
Field 21:			E_OF_BILL					
Descripti	on:							ted. First digit = type of
Coding S	chomoi		ity. Second ( igit-Type of Fa		type of care. Thi 2 <sup>nd</sup> digit-Ty		sequenc	ie of the claim.  3 <sup>rd</sup> digit-Sequence of claim
County 5	ciieiiie:		Hospital	actify		<i>pe of Care</i> nt, including M	edicare	0 Non-payment/Zero claim
			·		Part A			paymong zoro dann
		2	Skilled nursing			nt, Medicare Pa	art B	1 Admit through discharge
		3	Home health		only 3 Outpatie	ent .		claim 2 Interim-first claim
		4	Religious non-n		· ·	ent Other, Med	dicare	3 Interim—continuing claim
			health care-Ho		Part B o	•		
			Religious non-n health care-Ext			diate Care-Le	vel I	4 Interim-last claim
			Intermediate ca			diate Care-Le	vel II	5 Late charge(s) only claim
		7	Clinic			ıte inpatient –	Level	6 Adjustment of prior claim
		8	Special facility		III 8 Swing b	had		<ul><li>(Not used by Medicare)</li><li>Replacement of prior claim</li></ul>
		O	Special facility		6 Swilly b	eu		8 Void/cancel of prior claim
Beginnin	g Position:	55			Data Source:	Claim		, ,
Length:		3	<del></del>		Туре:	Alphanur	neric	
Field 22:			IDITION_C					
Coding S	chamai	Code	e describing	a cond	ition relating to	the claim.		
01		ico rola	tod	22	Dationt on multiple	drug	36	Conoral care nations in a
	Military servi			22	Patient on multiple regimen	urug	30	General care patient in a special unit
02	Condition is related	employ	ment	23	Home care giver av	/ailable	37	Ward accommodation at patient
03	Patient cover	red by i	insurance	24	Home IV patient als	so receivina		request
03	not reflected		insururice		HHA services	oo receiving	38	Semi-private room not
04	Information	only bil	II.	25	Patient is non-US r	esident	20	available
05	Lien has bee	n filed		26	VA eligible patient	chooses to	39	Private room medically necessary
06	ESRD patient		t 18 months		receive services in		40	Same day transfer
00	of entitlemer			27	certified facility	Ic	41	Partial hospitalization
07	Treatment of			27	Patient referred to community hospita			·
	condition for	•	•		diagnostic laborato		42	Continuing care not related to inpatient admission
08	Beneficiary v information of			28	Patient and/or spou		43	Continuing care not provided
	insurance co			_	secondary to Medic		.5	within prescribed postdischarge
09	Neither patie	-		29	Disabled beneficiar family member's LO		_	window
	employed				secondary to Medic		44	Inpatient admission changed to outpatient
10	Patient and/o			30	Non-research servi		45	Ambiguous Gender Category
4.4	employed bu				to patients enrolled			
11	Disabled ben LGHP covera			21	qualified clinical tria		46	Non-availability statement on file
17	Patient is ho	-		31	Patient is student ( day)	ruii time -	47	Transfer from another Home
				32	Patient is student			Health Agency
18	Maiden name				(cooperative/work	study	48	Psychiatric residential
18	Maiden name					ocuu,		
19	Child retains	mothe	r's name	22	program)			treatment centers for children
		mothe	r's name	33	program) Patient is student (		49	treatment centers for children and adolescents (RTCs)
19	Child retains	mothe	er's name ed billing	33 34	program)	full time -	49	treatment centers for children

Page 61 DSHS Document #25-15013 Last Updated: July, 2025

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

50	Product Replacement for Known Recall of a Product	Α0	TRICARE external partnership program	D4	Change in clinical codes (ICD) for diagnosis and/or procedure
51	Attestation of Unrelated	A1	EPSDT/CHAP		codes.
	Outpatient Nondiagnostic Services	A2	Physically handicapped children's program	D5	Cancel to correct Insured's ID or Provider ID
52	Out of Hospice Service Area	А3	Special Federal Funding	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
53	Initial placement of a medical device provided as part of a	A4	Family planning	D7	Change to Make Medicare the Secondary Payer
54	clinical trial or a free sample  No Skilled Home Health Visits in	A5	Disability	D8	Change to Make Medicare the
J4	Billing Period. Policy Exception	A6	Vaccines/Medicare 100% payment		Primary Payer
	Documented at the Home Health Agency	A9	Second opinion surgery	D9	Any Other Change
55	SNF bed not available	AA	Abortion performed due to rape	DR	Disaster related
56	Medical appropriateness	AB	Abortion performed due to	E0	Changes in Patient Status
57	SNF readmission		incest	G0	Distinct Medical Visit
58	Terminated Medicare+Choice organization enrollee	AC	Abortion performed due to serious fatal genetic defect,	H0	Delayed Filing, Statement of Intent Submitted
59	Non-primary ESRD facility	AD	deformity, or abnormality  Abortion performed due to life	H2	Discharge by a Hospice Provider for Cause
60	Day outlier		endangering physical condition	НЗ	Reoccurrence of GI Bleed
61	Cost outlier	AE	Abortion performed due to physical health of mother that		Comorbid Category
66	Provider does not wish cost outlier payment	AF	is not life endangering Abortion performed due to	H4	Reoccurrence of Pneumonia Comorbid Category
67	Beneficiary elects not to use life	Ai	emotional/psychological health of mother	H5	Reoccurrence of Pericarditis Comorbid Category
68	time reserve (LTR) days Beneficiary elects to use life	AG	Abortion performed due to	P1	Do not Resuscitate Order (DNR)
	time reserve (LTR) days	АН	social or economic reasons  Elective abortion	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only			R1	Request for reopening Reason
70	Self-administered anemia management drug	AI AJ	Sterilization  Payer responsible for co-		Code - Mathematical or Computational Mistake
71	Full care in unit		payment	R2	Request for reopening Reason
72	Self-care in unit	AK	Air ambulance required	R3	Code -Inaccurate Data Entry Request for reopening Reason
73	Self-care training	AL	Specialized treatment/bed unavailable	KS	Code - Misapplication of a Fee Schedule
74	Home	AM	Non-emergency medically	R4	Request for reopening Reason
75	Home - 100% reimbursement		necessary stretcher transport required		Code - Computer Errors
76 77	Back-up in facility dialysis  Provider accepts or is	AN	Pre-admission screening not required	R5	Request for reopening Reason Code - Incorrectly Identified
	obligated/required due to a contractual arrangement or law	В0	Medicare coordinated care	R6	Duplicate Claim Request for reopening Reason
	to accept payment by a primary	В1	demonstration claim		Code - Other Clerical Errors or
78	payer as payment  New coverage not implemented	DI	Beneficiary is ineligible for demonstration program		Minor Errors and Omissions not Specified in R1-R5 above
	by HMO	B4	Admission unrelated to discharge on same day	R7	Request for reopening Reason Code - Corrections other than
79	CORF services provided offsite	ВР	Gulf Oil Spill of 2010		clerical errors
80	Home dialysis - nursing facility	C1	Approved as billed	R8	Request for reopening Reason
81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review		Code - New and Material Evidence
82	C-section/Inductions <39 weeks-Elective	C3	Partial approval	R9	Request for reopening Reason Code - Faulty Evidence
83	C-section/Inductions 39 weeks	C4	Admission/services denied	WO	United Mine Workers of America (UMWA) Demonstration
84	or greater Dialysis for Acute Kidney Injury	C5	Post-payment review applicable		Indicator
0-1	(AKI)	C6	Admission Preauthorization	W2	Duplicate of Original Bill
85	Delayed Recertification of Hospice Terminal Illness	C7	Extended Authorization	W3	Level I Appeal
86	Additional Hemodialysis	D0	Changes to Service Dates	W4	Level II Appeal
	Treatment with Medical	D1	Changes to Charges	W5	Level III Appeal
	Justification	D3	Second or Subsequent Interim PPS Bill		

Beginning Position: Length:	58 2	Data Source:	Claim Alphanumeric
Field 23:	CONDITION_CODE_	Type:	ларланатисте
i iciu 25.	Code describing a con-		ho claim
Coding Scheme:	Same as Field CONDITIO		ne ciaini.
Beginning Position:	60	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 24:	CONDITION_CODE_		Alphanamene
riciu 24.			ha alaim
0 - di C-l	Code describing a con-		ne ciaim.
Coding Scheme:	Same as Field CONDITIO		Claim
Beginning Position:	62	Data Source:	Claim
Length: Field 25:	2	Type:	Alphanumeric
rieia 25:	CONDITION_CODE_		-1
Cadina Cabama.	Code describing a conditi	on relating to the cia	aim.
Coding Scheme:	Same as Field 22. 64	Data Caureau	Claim
Beginning Position:		Data Source:	Claim
Length: Field 26:	CONDITION CODE	Type:	Alphanumeric
riela 20:	CONDITION_CODE_		h l- t
	Code describing a con-		ne claim.
Coding Scheme:	Same as Field CONDITIO		Claim
Beginning Position:	66	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 27:	CONDITION_CODE_		
	Code describing a con-		ne ciaim.
Coding Scheme:	Same as Field CONDITIO		CI.:
Beginning Position:	68	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 28:	CONDITION_CODE_		
	Code describing a con-	dition relating to t	he claim.
Coding Scheme:	Same as Field CONDITIO		
Beginning Position:	70	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 29:	CONDITION_CODE_	8	
	Code describing a con-	dition relating to the	he claim.
Coding Scheme:	Same as Field CONDITIO	N_CODE_1.	
Beginning Position:	72	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 30:	PAT_REASON_FOR_		
	ICD-10-CM diagnosis	code, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follo	owing the third cha	aracter.
Beginning Position:	74	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 31:	PRINC DIAG CODE		·
		code for the princi	pal diagnosis, including the 4th, 5th, 6th and
			, , , , , , , , , , , , , , , , , , , ,
	7th digits if applicable	. Decimal is implie	d following the third character.
Beginning Position			d following the third character.
	81	Data Source:	Claim
Length:	81 7	Data Source: Type:	
Length:	81 7 <b>OTH_DIAG_CODE_1</b>	Data Source: Type:	Claim Alphanumeric
Length:	81 7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis	Data Source: Type: code, including the	Claim Alphanumeric  4th, 5th, 6th and 7th digits if applicable.
Length: Field 32:	81 7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follo	Data Source: Type:  code, including the bwing the third characters.	Claim Alphanumeric  4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 32: Beginning Position:	81 7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis of the company of the	Data Source: Type:  code, including the bwing the third characters.	Claim Alphanumeric  4th, 5th, 6th and 7th digits if applicable. aracter. Claim
Length: Field 32: Beginning Position: Length:	81 7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis of the company of the	Data Source: Type:  code, including the bwing the third chara Source: Type:	Claim Alphanumeric  4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 32: Beginning Position: Length:	81 7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows 88 7 OTH_DIAG_CODE_2	Data Source: Type:  code, including the owing the third che Data Source: Type:	Claim Alphanumeric  e 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 32: Beginning Position: Length:	81 7 OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows 88 7 OTH_DIAG_CODE_2 ICD-10-CM diagnosis of	Data Source: Type:  code, including the owing the third chara Source: Type:	Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable.
Length: Field 32:  Beginning Position: Length: Field 33:	81 7  OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows 88 7  OTH_DIAG_CODE_2 ICD-10-CM diagnosis of Decimal is implied follows	Data Source: Type:  code, including the bwing the third chara Source: Type:  code, including the bwing the third characters including the bwing the third characters.	Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 32:  Beginning Position: Length: Field 33:  Beginning Position:	81 7  OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows 7  OTH_DIAG_CODE_2 ICD-10-CM diagnosis of Decimal is implied follows	Data Source: Type:  code, including the bwing the third chara Source: Type:  code, including the bwing the third chara Source: Data Source:	Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Claim
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length:	81 7  OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows 7  OTH_DIAG_CODE_2 ICD-10-CM diagnosis of Decimal is implied follows 95 7	Data Source: Type:  code, including the bwing the third chara Source: Type:  code, including the bwing the third chara Source: Type:  Data Source: Type:	Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter.
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length:	81 7  OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows 7  OTH_DIAG_CODE_2 ICD-10-CM diagnosis of Decimal is implied follows pecimal is implied follows 7  OTH_DIAG_CODE_3	Data Source: Type:  code, including the bwing the third chara Source: Type:  code, including the bwing the third chara Source: Type:  Type:	Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length:	81 7  OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows 7  OTH_DIAG_CODE_2 ICD-10-CM diagnosis of Decimal is implied follows pecimal is implied follows 7  OTH_DIAG_CODE_3	Data Source: Type:  code, including the bwing the third chara Source: Type:  code, including the bwing the third chara Source: Type:  Type:	Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Claim
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length:	81 7  OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows 7  OTH_DIAG_CODE_2 ICD-10-CM diagnosis of Decimal is implied follows 95 7  OTH_DIAG_CODE_3 ICD-10-CM diagnosis of Decimal is implied follows	Data Source: Type:  code, including the bwing the third chara Source: Type:  code, including the bwing the third chara Source: Type:	Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable.
Length: Field 32: Beginning Position: Length: Field 33: Beginning Position: Length: Field 34:	81 7  OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows 7  OTH_DIAG_CODE_2 ICD-10-CM diagnosis of Decimal is implied follows pecimal is implied follows 7  OTH_DIAG_CODE_3	Data Source: Type:  code, including the bwing the third chara Source: Type:  code, including the bwing the third chara Source: Type:	Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable.
Length: Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position:	OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows  OTH_DIAG_CODE_2 ICD-10-CM diagnosis of Decimal is implied follows  OTH_DIAG_CODE_3 ICD-10-CM diagnosis of Decimal is implied follows  OTH_DIAG_CODE_3 ICD-10-CM diagnosis of Decimal is implied follows	Data Source: Type:  code, including the bwing the third chara Source: Type:  code, including the bwing the third chara Source: Type:  code, including the bwing the third chara Source: Type:	Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter.
Beginning Position: Length: Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: DSHS/THCIC	OTH_DIAG_CODE_1 ICD-10-CM diagnosis of Decimal is implied follows  OTH_DIAG_CODE_2 ICD-10-CM diagnosis of Decimal is implied follows  OTH_DIAG_CODE_3 ICD-10-CM diagnosis of Decimal is implied follows  Decimal is implied follows  Decimal is implied follows	Data Source: Type:  code, including the bwing the third character of the code, including the bwing the third character of the code, including the code, including the code, including the bwing the third character of the code, including the code, i	Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Alphanumeric  2 4th, 5th, 6th and 7th digits if applicable. aracter. Claim Claim

Field 35:	OTH_DIAG_CODE_4		
	ICD-10-CM diagnosis co	de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third ch	aracter.
Beginning Position:	109	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 36:	OTH_DIAG_CODE_5		
			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	116	Data Source:	Claim
Length: Field 37:	OTH DIAC CODE 6	Туре:	Alphanumeric
rielu 37:	OTH_DIAG_CODE_6	da includina the	Ath Eth 6th and 7th digits if applicable
	Decimal is implied follow		4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	123	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 38:	OTH_DIAG_CODE_7	турсі	Alphanameric
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	130	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 39:	OTH_DIAG_CODE_8		
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	137	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 40:	OTH_DIAG_CODE_9		
	ICD-10-CM diagnosis co	de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third ch	
Beginning Position:	144	Data Source:	Claim
Length: Field 41:	7 OTH DIAG CODE 10	Туре:	Alphanumeric
riela 41:	OTH_DIAG_CODE_10	مالك مدين المراب المالية	Abb. Fab. Cab. and 74b. digitalife and include
			4th, 5th, 6th and 7th digits if applicable.
Pasinning Pasitions	Decimal is implied follow		
Beginning Position: Length:	151 7	Data Source: Type:	Claim Alphanumeric
Field 42:	OTH_DIAG_CODE_11	Турсі	Alphanameric
		de includina the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third ch	aracter
Beginning Position:	158	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 43:	OTH_DIAG_CODE_12		
		de, including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	165	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 44:	OTH_DIAG_CODE_13		
			4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	172	Data Source:	Claim
Length:	7 OTH DIAG CODE 14	Туре:	Alphanumeric
Field 45:	OTH_DIAG_CODE_14	المراجعة والمسا	All The Chesal Till distance in the Lite
			4th, 5th, 6th and 7th digits if applicable.
Doginning Docitions	Decimal is implied follow		
Beginning Position:	179 7	Data Source:	Claim
Length: Field 46:	OTH_DIAG_CODE_15	Туре:	Alphanumeric
c.u +0.		de including the	4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	186	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 47:	OTH_DIAG_CODE_16	- /	p =
DSHS/THCIC	_ =====================================	Page	DSHS Document #25-15013

			7th digits if applicable.
193	Data Source:	Claim	
		Alphanumenc	
		4th, 5th, 6th and	7th digits if applicable.
Decimal is implied fol	lowing the third cha	racter.	3 11
200	Data Source:	Claim	
· ·	<i></i>	Alphanumeric	
		Ath 5th 6th and	7th digits if applicable
Decimal is implied fol	lowing the third cha	aracter	7th digits if applicable.
207	Data Source:	Claim	
7	Туре:	Alphanumeric	
		411 511 611 1	<b>7</b> 11 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1
			/th digits if applicable.
-	_		
7	Type:	Alphanumeric	
			7th digits if applicable.
	_		
221			
OTH DIAG CODE		Aiphanumenc	
		4th, 5th, 6th and	7th digits if applicable.
			y an angles in applicables
228	Data Source:	Claim	
	Туре:	Alphanumeric	
		1th Eth 6th and	7th digits if applicable
			7th digits if applicable.
	_		
7	Туре:	Alphanumeric	
			7th digits if applicable.
	7.1		
		4th, 5th, 6th and	7th digits if applicable.
· · · · · · · · · · · · · · · · · · ·	-		
	_		
		Aiphanumenc	
			y or an accident
	ccompanymu cause	of an illness, injur	
AA Auto accident	ccompanying cause	of an illness, injur	y or arr accident.
AA Auto accident AB Abuse		of an illness, injur	y or an accident.
AA Auto accident AB Abuse AP Another party respon		of an illness, injur	y or an accident.
AA Auto accident AB Abuse		or an illness, injur	y or an accident.
AA Auto accident AB Abuse AP Another party respon EM Employment		of an illness, injur	y or an accident.
AA Auto accident AB Abuse AP Another party respon EM Employment OA Other accident 256 2	sible  Data Source: Type:		y or an accident.
AA Auto accident AB Abuse AP Another party respon EM Employment OA Other accident 256 2  RELATED_CAUSE_C	Data Source: Type: CODE _2	Claim Alphanumeric	
AA Auto accident AB Abuse AP Another party respon EM Employment OA Other accident 256 2  RELATED_CAUSE_C Code identifying an a	Data Source: Type: CODE _2 ccompanying cause	Claim Alphanumeric	
AA Auto accident AB Abuse AP Another party respon EM Employment OA Other accident 256 2  RELATED_CAUSE_C	Data Source: Type: CODE _2 ccompanying cause	Claim Alphanumeric	
AA Auto accident AB Abuse AP Another party respon EM Employment OA Other accident 256 2  RELATED_CAUSE_C Code identifying an a Same as Field RELATED 258 2	Data Source: Type: CODE _2 ccompanying cause _CAUSE_CODE_1. Data Source: Type:	Claim Alphanumeric of an illness, injur	
AA Auto accident AB Abuse AP Another party respon EM Employment OA Other accident 256 2  RELATED_CAUSE_C Code identifying an a Same as Field RELATED 258 2  RELATED_CAUSE_C RELATED_CAUSE_C	Data Source: Type: CODE _2 ccompanying cause _CAUSE_CODE_1. Data Source: Type:	Claim Alphanumeric of an illness, injur Claim Alphanumeric	y or an accident.
AA Auto accident AB Abuse AP Another party respon EM Employment OA Other accident 256 2  RELATED_CAUSE_C Code identifying an a Same as Field RELATED 258 2  RELATED_CAUSE_C Code identifying an a	Data Source: Type: CODE _2 ccompanying cause _CAUSE_CODE_1. Data Source: Type: CODE _3 ccompanying cause	Claim Alphanumeric of an illness, injur Claim Alphanumeric	y or an accident.
AA Auto accident AB Abuse AP Another party respon EM Employment OA Other accident 256 2  RELATED_CAUSE_C Code identifying an a Same as Field RELATED 258 2  RELATED_CAUSE_C RELATED_CAUSE_C	Data Source: Type: CODE _2 ccompanying cause _CAUSE_CODE_1. Data Source: Type: CODE _3 ccompanying cause	Claim Alphanumeric of an illness, injur Claim Alphanumeric	y or an accident.
AA Auto accident AB Abuse AP Another party respon EM Employment OA Other accident 256 2  RELATED_CAUSE_C Code identifying an a Same as Field RELATED 258 2  RELATED_CAUSE_C Code identifying an a	Data Source: Type: CODE _2 ccompanying cause _CAUSE_CODE_1. Data Source: Type: CODE _3 ccompanying cause	Claim Alphanumeric of an illness, injur Claim Alphanumeric of an illness, injur	y or an accident.
	Decimal is implied fol 193 7  OTH_DIAG_CODE_ICD-10-CM diagnosis Decimal is implied fol 200 7  OTH_DIAG_CODE_ICD-10-CM diagnosis Decimal is implied fol 207 7  OTH_DIAG_CODE_ICD-10-CM diagnosis Decimal is implied fol 214 7  OTH_DIAG_CODE_ICD-10-CM diagnosis Decimal is implied fol 221 7  OTH_DIAG_CODE_ICD-10-CM diagnosis Decimal is implied fol 228 7  OTH_DIAG_CODE_ICD-10-CM diagnosis Decimal is implied fol 235 7  OTH_DIAG_CODE_ICD-10-CM diagnosis Decimal is implied fol 235 7  OTH_DIAG_CODE_ICD-10-CM diagnosis Decimal is implied fol 242 7  OTH_DIAG_CODE_ICD-10-CM diagnosis Decimal is implied fol 242 7  OTH_DIAG_CODE_ICD-10-CM diagnosis Decimal is implied fol 249 7  RELATED_CAUSE_CODE_ICD-10-CM diagnosis Decimal is implied fol 249 7	Decimal is implied following the third charges and the source: Type:  OTH_DIAG_CODE_17 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_18 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_19 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_19 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_21 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_22 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_23 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the Decimal is implied following the third charges are source: Type:  OTH_DIAG	OTH_DIAG_CODE_17 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and Decimal is implied following the third character. 200 Data Source: Claim Type: Alphanumeric  OTH_DIAG_CODE_18 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and Decimal is implied following the third character. 207 Data Source: Claim Type: Alphanumeric  OTH_DIAG_CODE_19 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and Decimal is implied following the third character. 214 Data Source: Claim Type: Alphanumeric  OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and Decimal is implied following the third character. 221 Data Source: Claim Type: Alphanumeric  OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and Decimal is implied following the third character. 221 Data Source: Claim Type: Alphanumeric  OTH_DIAG_CODE_21 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and Decimal is implied following the third character. 228 Data Source: Claim Type: Alphanumeric  OTH_DIAG_CODE_22 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and Decimal is implied following the third character. 235 Data Source: Claim Type: Alphanumeric  OTH_DIAG_CODE_23 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and Decimal is implied following the third character. 242 Data Source: Claim Alphanumeric  OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and Decimal is implied following the third character. 242 Data Source: Claim Alphanumeric  OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and Decimal is implied following the third character. 242 Data Source: Claim Alphanumeric

Beginning Position: Length:	260 2	Data Source: Type:	Claim Alphanumeric
Field 59:	E_CODE_1	- //-	
		se of injury code	, including the 4th, 5th, 6th and 7th digits if
			of injury. A decimal is implied following the
	third character.		
Beginning Position:	262	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 60:	E_CODE_2		including the Ath. The Cth and 7th digitalife
			e, including the 4th, 5th, 6th and 7th digits if see of injury. Decimal is implied following the
	third character.	ai externai caus	se of injury. Decimal is implied following the
<b>Beginning Position:</b>	269	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 61:	E_CODE_3		
			, including the 4th, 5th, 6th and 7th digits if
	• • •	al external caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position:	276	Data Source:	Claim
Length: Field 62:	7 <b>E_CODE_4</b>	Туре:	Alphanumeric
riela 02.		e of injury code	, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
	third character.	ar external caus	or injury. Decimal is implied following the
<b>Beginning Position:</b>	283	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 63:	E_CODE_5		
			, including the 4th, 5th, 6th and 7th digits if
		al external caus	se of injury. Decimal is implied following the
	third character.		
Beginning Position: Length:	290 7	Data Source: Type:	Claim Alphanumeric
Field 64:	E_CODE_6	турсі	Alphanamene
			in all aliana the Ath Tth Cth and Tth digita if
	ICD-IU-CIM external caus	se of infury code	, including the 4th, 5th, 6th and 7th digits if
			e, including the 4th, 5th, 6th and 7th digits if see of injury. Decimal is implied following the
Beginning Position:	applicable, of an addition third character. 297	al external caus  Data Source:	se of injury. Decimal is implied following the  Claim
Length:	applicable, of an addition third character. 297 7	al external caus	se of injury. Decimal is implied following the
	applicable, of an addition third character. 297 7 <b>E_CODE_7</b>	al external caus  Data Source:  Type:	se of injury. Decimal is implied following the  Claim  Alphanumeric
Length:	applicable, of an addition third character. 297 7 <b>E_CODE_7</b> ICD-10-CM external caus	Data Source: Type:  ge of injury code	ce of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if
Length:	applicable, of an addition third character. 297 7 <b>E_CODE_7</b> ICD-10-CM external caus applicable, of an addition	Data Source: Type:  ge of injury code	se of injury. Decimal is implied following the  Claim  Alphanumeric
Length: Field 65:	applicable, of an addition third character. 297 7 <b>E_CODE_7</b> ICD-10-CM external caus applicable, of an addition third character.	Data Source: Type:  se of injury code al external caus	ce of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if
Length:	applicable, of an addition third character. 297 7 <b>E_CODE_7</b> ICD-10-CM external caus applicable, of an addition third character. 304 7	Data Source: Type:  ge of injury code	Claim Alphanumeric  t, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Length: Field 65: Beginning Position:	applicable, of an addition third character. 297 7 <b>E_CODE_7</b> ICD-10-CM external caus applicable, of an addition third character. 304 7 <b>E_CODE_8</b>	Data Source: Type:  se of injury code al external caus  Data Source: Type:	Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length:	applicable, of an addition third character. 297 7 <b>E_CODE_7</b> ICD-10-CM external caus applicable, of an addition third character. 304 7 <b>E_CODE_8</b> ICD-10-CM external caus	Data Source: Type:  se of injury code al external caus  Data Source: Type:	Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if
Length: Field 65:  Beginning Position: Length:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition	Data Source: Type:  se of injury code al external caus  Data Source: Type:	Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character.	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus	Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  claim Alphanumeric  d, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Data Source: Data Source:	Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus	Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  claim Alphanumeric  d, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  A, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  Alphanumeric  Claim Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external caus	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if the of injury. Decimal is implied following the claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  c, including the 4th, 5th, 6th and 7th digits if the claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external caus	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  A, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the  Claim Alphanumeric  Alphanumeric  Claim Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external caus applicable, of an addition third character. 311 7  ICD-10-CM external caus applicable, of an addition third character. 318	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source:  Data Source:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Claim Alphanumeric  Claim Claim Alphanumeric  Claim Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length: Length:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external causapplicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external causapplicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external causapplicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external causapplicable, of an addition third character. 318 7	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  de of injury. Decimal is implied following the  claim Alphanumeric  de of injury. Decimal is implied following the
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external caus applicable, of an addition third character. 318 7  E_CODE_10	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length: Length:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external caus applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external caus applicable, of an addition third character.	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length: Length:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external caus applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external caus applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external caus applicable, of an addition applicable, a	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length: Length:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external caus applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external caus applicable, of an addition third character.	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length: Length:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external caus applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external caus applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external caus applicable, of an addition applicable, a	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric
Length: Field 65:  Beginning Position: Length: Field 66:  Beginning Position: Length: Field 67:  Beginning Position: Length: Field 68:	applicable, of an addition third character. 297 7  E_CODE_7 ICD-10-CM external caus applicable, of an addition third character. 304 7  E_CODE_8 ICD-10-CM external caus applicable, of an addition third character. 311 7  E_CODE_9 ICD-10-CM external caus applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external caus applicable, of an addition third character. 318 7  E_CODE_10 ICD-10-CM external caus applicable, of an addition third character.	Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:  Ge of injury code al external caus  Data Source: Type:	Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Claim Alphanumeric  Alphanumeric  Claim Alphanumeric

Length: Field 69:  Beginning Position: Length:	PROC_CODE_1 Code for the surgical or o	Туре:	Alphanumeric
Beginning Position:			
	COURTOL THE SHITHIGH OF O	ther procedure	with the highest charge performed during
	the period covered by the		
	332	Data Source:	Claim
	5	Type:	Alphanumeric
Field 70:	PROC_CODE_2	.,,,,,	, aprilation to
		r nrocedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	337	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 71:	PROC_CODE_3	турсі	Aprianament
		r nrocedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	342	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 72:	PROC_CODE_4	турсі	Alphanameric
11010 72.		r procedure with	the post highest sharge performed during
			the next highest charge performed during
Reginning Desitions	the period covered by the 347		Claim
Beginning Position: Length:	5 5	Data Source: Type:	Alphanumeric
Field 73:	PROC CODE 5	. ypc.	лирианинене
	<b>—</b>	nroceduro with	the next highest charge performed during
	the period covered by the		
Beginning Position:	352	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 74:	PROC_CODE_6	туре.	Alphanumenc
ricia 74.		r procedure with	the next highest charge performed during
	the period covered by the		
Posinning Position	357	Data Source:	Claim
Beginning Position: Length:	5	Type:	Alphanumeric
Field 75:	PROC_CODE_7	турс.	Alphanamenc
1 icia 73.		r procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	362	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 76:	PROC_CODE_8	.,,	7 iphanamene
		r nrocedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	367	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 77:	PROC_CODE_9	турсі	лирианалисте
		r nrocedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	372	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 78:	PROC_CODE_10	- y p = -	
		nrocedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	377	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 79:	PROC_CODE_11		·
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	382	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 80:	PROC_CODE_12	# E	
		procedure with	the next highest charge performed during
	the period covered by the		
Beginning Position:	387	Data Source:	Claim
			DSHS Document #25-15013
DSHS/THCIC www.dshs.texas.gov	TELLOLO	Page 67	Last Updated: July, 2025

	5	Туре:	Alphanumeric
Field 81:	PROC_CODE_13		
	Code for surgical or other	r procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	392	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 82:	PROC_CODE_14		
		r procedure with	n the next highest charge performed during
	the period covered by the		
Beginning Position:	397	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 83:	PROC_CODE_15	турс.	Alphanamene
ricid 65.		r procedure with	the payt highest sharge performed during
			n the next highest charge performed during
	the period covered by the		
Beginning Position:	402	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 84:	PROC_CODE_16		
	Code for surgical or other	r procedure with	n the next highest charge performed during
	the period covered by the	e bill. HCPCS or	CPT code.
Beginning Position:	407	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 85:	PROC_CODE_17	16	ρ (ππππ.
		r procedure with	the next highest charge performed during
			n the next highest charge performed during
	the period covered by the		
Beginning Position:	412	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 86:	PROC_CODE_18		
	Code for surgical or other	r procedure with	n 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		·
		r nrocedure with	n the next highest charge performed during
	the period covered by the		
Danimuluu Danitian.			
Beginning Position:	422	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 88:	PROC_CODE_20		
	Code for surgical or other the period covered by the		
Beginning Position:			
-	the period covered by the	e bill. HCPCS or	CPT code.
Length:	the period covered by the 427 5	e bill. HCPCS or Data Source:	CPT code. Claim
-	the period covered by the 427 5 PROC_CODE_21	e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric
Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other	e bill. HCPCS or  Data Source: Type:  r procedure with	CPT code. Claim Alphanumeric  The next highest charge performed during
Length: Field 89:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the	e bill. HCPCS or Data Source: Type: r procedure with bill. HCPCS or	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code.
Length: Field 89: Beginning Position:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source:	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code. Claim
Length: Field 89:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5	e bill. HCPCS or Data Source: Type: r procedure with bill. HCPCS or	CPT code. Claim Alphanumeric  the next highest charge performed during CPT code.
Length: Field 89:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 89:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during alphanumeric
Length: Field 89:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during alphanumeric
Length: Field 89: Beginning Position: Length: Field 90:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during alphanumeric
Length: Field 89:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Claim CPT code.
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim CPT code. CIaim CPT code. Claim
Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. CIaim CPT code. Claim Alphanumeric
Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21  Code for surgical or other the period covered by the 432 5  PROC_CODE_22  Code for surgical or other the period covered by the 437 5  PROC_CODE_23  Code for surgical or other	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with c bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 89: Beginning Position: Length: Field 90: Beginning Position: Length: Field 91:	the period covered by the 427 5  PROC_CODE_21  Code for surgical or other the period covered by the 432 5  PROC_CODE_22  Code for surgical or other the period covered by the 437 5  PROC_CODE_23  Code for surgical or other the period covered by the	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. CPT code.
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position:	the period covered by the 427 5  PROC_CODE_21  Code for surgical or other the period covered by the 432 5  PROC_CODE_22  Code for surgical or other the period covered by the 437 5  PROC_CODE_23  Code for surgical or other the period covered by the 442	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. CPT code. CIaim CPT code. Claim
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. CPT code.
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24 Code for surgical or other	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length: Field 92:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24 Code for surgical or other the period covered by the	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:  r procedure with e bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code.
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length: Field 92:  Beginning Position:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24 Code for surgical or other the period covered by the 442 5	e bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:  r procedure with bill. HCPCS or Data Source: Type:	CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim CPT code. Claim CPT code. Claim
Length: Field 89:  Beginning Position: Length: Field 90:  Beginning Position: Length: Field 91:  Beginning Position: Length:	the period covered by the 427 5  PROC_CODE_21 Code for surgical or other the period covered by the 432 5  PROC_CODE_22 Code for surgical or other the period covered by the 437 5  PROC_CODE_23 Code for surgical or other the period covered by the 442 5  PROC_CODE_24 Code for surgical or other the period covered by the	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:  r procedure with e bill. HCPCS or Data Source: Type:	Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim Alphanumeric  The next highest charge performed during CPT code. Claim CPT code. The next highest charge performed during CPT code.

Field 93:	PROC_CODE_25				
	Code for surgical or other procedure with the next highest charge performed during				
	the period covered by the				
Beginning Position:	452	Data Source:	Claim		
Length:	5	Туре:	Alphanumeric		
Field 94:	OTHER_AMOUNT		A COLUMN MEDDAD I W		
			Amount. Calculated using MEDPAR algorithm.		
	Sum of charges associated with revenue codes other than 0100-0219, revenue				
		(-024X, 052X-05	53X, 055X-060X, 064X-070X, 076X-078X,		
	090X-095X, 099X.				
Beginning Position:	457	Data Source:	Calculated		
Length: Field 95:	DUADM AMOUNT	Туре:	Numeric		
rieiu 95:	PHARM_AMOUNT				
	Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,				
	revenue center 026X, 06		ich revenue codes other than 0100-0219,		
Beginning Position:	469	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 96:	MEDSURG AMOUNT	Турсі	Numeric		
	<del>_</del>	Medical/Surgic	al Supply Charge Amount. Calculated using		
			ociated with revenue codes other than 0100-		
	0219, revenue center 02		solution with revenue codes office than 5155		
Beginning Position:	481	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 97:	DME_AMOUNT				
	Ancillary Service Charge	e, Durable Medic	al Equipment Charge Amount. Calculated		
	using MEDPAR algorithm	n. Sum of charge	es associated with revenue codes other than		
	0100-0219, revenue cer				
Beginning Position:	493	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 98:	USED_DME_AMOUNT				
	Ancillary Service Charge, Used Durable Medical Equipment Charge Amount.				
			m of charges associated with revenue codes		
	other than 0100-0219, r				
Beginning Position:	505	Data Source:	Calculated		
I was subtless.		Type:	Numeric		
Length:	DT AMOUNT	. / P C .			
	PT_AMOUNT				
Length: Field 99:	PT_AMOUNT Ancillary Service Charge	e, Physical Thera	py Charge Amount. Calculated using MEDPAR		
	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge	e, Physical Thera	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Field 99:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 042X.	e, Physical Thera ges associated w	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Field 99: Beginning Position:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517	e, Physical Thera les associated w	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated		
Field 99: Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charg revenue center 042X. 517 12	e, Physical Thera ges associated w	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Field 99: Beginning Position:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT	e, Physical Thera les associated w Data Source: Type:	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric		
Field 99: Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge	p., Physical Thera pes associated w Data Source: Type:	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric Therapy Charge Amount. Calculated using		
Field 99: Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	p., Physical Thera yes associated w Data Source: Type: e, Occupational To	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric		
Field 99:  Beginning Position:  Length:  Field 100:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04	pe, Physical Thera ges associated w Data Source: Type: e, Occupational Tool of charges associated	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100-		
Field 99: Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	p., Physical Thera yes associated w Data Source: Type: e, Occupational To	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219, Calculated Numeric Therapy Charge Amount. Calculated using		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529	pe, Physical Thera yes associated w  Data Source: Type:  pe, Occupational Tool of charges associated  3X.  Data Source:	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100-Calculated		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge	pe, Physical Thera yes associated w  Data Source: Type:  pe, Occupational Tool charges associated  All Company of the charges associated  Data Source: Type:  pe, Speech Pathological Tool charges  pe, Speech Pathological Type:	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100-  Calculated Numeric  Dogy Charge Amount. Calculated using		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge	pe, Physical Thera yes associated w  Data Source: Type:  pe, Occupational Tool charges associated  All Company of the charges associated  Data Source: Type:  pe, Speech Pathological Tool charges  pe, Speech Pathological Type:	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100-  Calculated Numeric		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 047	pe, Physical Thera yes associated w  Data Source: Type:  Per Occupational To of charges associated  Paragraphy of the source: Type:  Per Speech Pathology of charges associated w	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Therapy Charge Amount. Calculated using ociated with revenue codes other than 0100-  Calculated Numeric  Dogy Charge Amount. Calculated using		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length: Field 101:  Beginning Position:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541	pe, Physical Thera yes associated w  Data Source: Type:  Per Occupational To of charges associated  Paragraphy of the source: Type:  Per Speech Pathology of charges associated w	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Cherapy Charge Amount. Calculated using ociated with revenue codes other than 0100-  Calculated Numeric  Dogy Charge Amount. Calculated using		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length: Field 101:  Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12	per Physical Thera pes associated w  Data Source: Type:  Per Occupational To of charges associated w  Data Source: Type:  Per Speech Pathology of charges associated w  Per Speech Pathology of charges associated w  Data Source:	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated 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-		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length: Field 101:  Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT	pe, Physical Thera pes associated w  Data Source: Type:  Per Occupational To of charges associated  Para Source: Type:  Per Speech Pathology Type:	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Cherapy 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  Calculated Numeric		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length: Field 101:  Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge Servi	pe, Physical Thera pes associated w  Data Source: Type:  Per Occupational To of charges associated  Para Source: Type:  Per Speech Pathology Per Of Charges associated  Per Of Charges associated with the charges as a charge with the charge with	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated 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  Calculated Numeric  Tapy Charge Amount. Calculated using		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length: Field 101:  Beginning Position: Length:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum	pata Source: Type:  a, Occupational To of charges associated work of the charges associ	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Cherapy 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  Calculated Numeric		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length: Field 101:  Beginning Position: Length: Field 102:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541	pata Source: Type:  a, Occupational To of charges associated work of the charges as a charge work of the charge work of the charges as a charge work of the charge work of the charge work of the charg	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated 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  Calculated Numeric  Trapy Charge Amount. Calculated using ociated with revenue codes other than 0100-  Calculated Numeric		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length: Field 101:  Beginning Position: Length: Field 102:  Beginning Position:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04553	pata Source: Type:  a, Occupational To of charges associated work of the charges associated	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated 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  rapy Charge Amount. Calculated using ociated with revenue codes other than 0100-  Calculated Numeric  Calculated with revenue codes other than 0100-  Calculated Calculated using ociated with revenue codes other than 0100-  Calculated		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length: Field 101:  Beginning Position: Length: Field 102:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541	pata Source: Type:  a, Occupational To of charges associated work of the charges as a charge work of the charge work of the charges as a charge work of the charge work of the charge work of the charg	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated 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  Calculated Numeric  Trapy Charge Amount. Calculated using ociated with revenue codes other than 0100-  Calculated Numeric		
Field 99:  Beginning Position: Length: Field 100:  Beginning Position: Length: Field 101:  Beginning Position: Length: Field 102:  Beginning Position:	PT_AMOUNT Ancillary Service Charge algorithm. Sum of charge revenue center 042X. 517 12 OT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04529 12 SPEECH_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04541 12 IT_AMOUNT Ancillary Service Charge MEDPAR algorithm. Sum 0219, revenue center 04553	pata Source: Type:  a, Occupational To of charges associated work of the charges associated	py Charge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated 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  Calculated Numeric  rapy Charge Amount. Calculated using ociated with revenue codes other than 0100-  Calculated Numeric  Calculated Calculated using ociated with revenue codes other than 0100-  Calculated Calculated Using Ociated with revenue codes other than 0100-  Calculated		

Field 103:	BLOOD_AMOUNT				
	<b>—</b>	ge for blood provid	ded during the patient's stay. Calculated		
	using MEDPAR algorithm. Sum of charges associated with revenue codes other than				
	0100-0219, revenue o	enter 038X.			
<b>Beginning Position:</b>	565	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 104:	BLOOD_ADMIN_AMOUNT				
	Ancillary Service Charge for blood storage and processing related to the patient's				
	stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X.				
Danimulua Danitiani	codes other than 0100 577	Data Source:			
Beginning Position: Length:	12	Type:	Calculated Numeric		
Field 105:	OR AMOUNT	.,,,.	Hameric		
		ge, Operating Roo	m Charge Amount. Calculated using MEDPAR		
			ith revenue codes other than 0100-0219,		
	revenue center 036X,		,		
Beginning Position:	589	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 106:	LITH_AMOUNT				
			arge Amount. Calculated using MEDPAR		
		rges associated w	ith revenue codes other than 0100-0219,		
	revenue center 079X.				
Beginning Position:	601	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 107:	CARD_AMOUNT				
	Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,				
			ith revenue codes other than 0100-0219,		
	revenue center 048X,				
Beginning Position:	613	Data Source:	Calculated		
Length: Field 108:	ANES_AMOUNT	Туре:	Numeric		
rielu 100.					
	Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219,				
	algorithm. Sum of cha				
Reginning Position	algorithm. Sum of charevenue center 037X.	rges associated w	ith revenue codes other than 0100-0219,		
	algorithm. Sum of cha revenue center 037X. 625	rges associated wi	ith revenue codes other than 0100-0219,  Calculated		
Length:	algorithm. Sum of cha revenue center 037X. 625 12	rges associated w	ith revenue codes other than 0100-0219,		
Length:	algorithm. Sum of cha revenue center 037X. 625 12 LAB_AMOUNT	rges associated wind Data Source: Type:	ith revenue codes other than 0100-0219,  Calculated  Numeric		
Beginning Position: Length: Field 109:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Char	rges associated wind parta Source: Type: ge, Laboratory Cha	Calculated Numeric  Arge Amount. Calculated using MEDPAR		
Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of cha	Data Source: Type:  ge, Laboratory Charges associated with	Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Length: Field 109:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Char	Data Source: Type:  ge, Laboratory Charges associated with	Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Length: Field 109: Beginning Position:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-	rges associated wind parts Source: Type:  ge, Laboratory Charges associated wind parts with the company of the	Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Length: Field 109:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637	Data Source: Type:  ge, Laboratory Charges associated wide of the control of the	Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated  Calculated		
Length: Field 109:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT	rges associated wind parts Source: Type:  ge, Laboratory Charges associated wind source: Type:  Data Source: Type:	Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated  Calculated		
Length: Field 109:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Chara	pata Source: Type:  ge, Laboratory Charges associated wide of the control of the	Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric		
Length: Field 109:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Chara	rges associated wind parts Source: Type:  ge, Laboratory Charges associated wind source: Type:  ge, Radiology Charges associated wind source: Type:	Calculated Numeric  Talculated Street Codes other than 0100-0219,  Calculated Street Codes other than 0100-0219,  Calculated Numeric  Talculated Street Codes other than 0100-0219,  Calculated Street Codes other Codes other than 0100-0219,  Talculated Street Codes other than 0100-0219,		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649	rges associated wind parts Source: Type:  ge, Laboratory Charges associated wind source: Type:  ge, Radiology Charges associated wind source: Type:	Calculated Numeric  Talculated Sith revenue codes other than 0100-0219,  Calculated Using MEDPAR Sith revenue codes other than 0100-0219,  Calculated Numeric  Talculated Using MEDPAR Sith revenue codes other than 0100-0219,		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12	rges associated wind parts Source: Type:  ge, Laboratory Charges associated wind source: Type:  ge, Radiology Charges associated wind source: Type:  ge, Radiology Charges associated wind source: 032X-035X, 040X	Calculated Numeric  Targe Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Targe Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Targe Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT	pata Source: Type:  ge, Laboratory Charges associated wide of the control of the	Calculated Numeric  Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Sumeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Sumeric  Calculated Numeric		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm.	pata Source: Type:  ge, Laboratory Charges associated with the control of the con	Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  mount. Calculated using MEDPAR algorithm.		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT  Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT  Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT  Ancillary Service Charalgorithm. Sum of charges associated the content of the	pata Source: Type:  ge, Laboratory Charges associated with the control of the con	Calculated Numeric  Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Sumeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Sumeric  Calculated Numeric		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm. Sum of charges associonenter 061X.	pata Source: Type:  ge, Laboratory Charges associated with a source: Type:  ge, Radiology Charges associated with a source: Type:  ge, Radiology Charges associated with a source: Type:  ge, MRI Charge Arated with revenue	Calculated Numeric  Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Numeric  mount. Calculated using MEDPAR algorithm. it codes other than 0100-0219, revenue		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm. Sum of charges associonenter 061X. 661	pata Source: Type:  ge, Laboratory Charges associated with revenue  ge, Radiology Charges associated with revenue  pata Source: Type:  ge, Radiology Charges associated with revenue  Data Source: Type:	Calculated Numeric  Calculated Numeric  Carge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Sith revenue codes other than 0100-0219,  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  mount. Calculated using MEDPAR algorithm. is codes other than 0100-0219, revenue  Calculated  Calculated		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm. Sum of charges associated the center 061X. 661 12	pata Source: Type:  ge, Laboratory Charges associated with a source: Type:  ge, Radiology Charges associated with a source: Type:  ge, Radiology Charges associated with a source: Type:  ge, MRI Charge Arated with revenue	Calculated Numeric  Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Numeric  mount. Calculated using MEDPAR algorithm. it codes other than 0100-0219, revenue		
Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm. Sum of charges associonenter 061X. 661 12  OP_AMOUNT	pata Source: Type:  ge, Laboratory Charges associated with revenue  ge, Radiology Charges associated with revenue  Data Source: Type:  ge, Radiology Charges associated with revenue  Data Source: Type:	Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Using MEDPAR algorithm. It codes other than 0100-0219, revenue  Calculated Numeric		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm. Sum of charges associoneter 061X. 661 12  OP_AMOUNT Ancillary Service Charalgorithm.	rges associated wind pata Source: Type:  ge, Laboratory Charges associated with 331X, 074X-075X.     Data Source: Type:  ge, Radiology Charges associated with 32X-035X, 040X     Data Source: Type:  ge, MRI Charge Arrated with revenue  Data Source: Type:  ge, Outpatient Ser	Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Using MEDPAR algorithm. It codes other than 0100-0219, revenue  Calculated Numeric  Calculated Numeric  Calculated Numeric		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm. Sum of charges associcenter 061X. 661 12  OP_AMOUNT Ancillary Service Charalgorithm. Sum OP_AMOUNT	rges associated wind pata Source: Type:  ge, Laboratory Charges associated with 331X, 074X-075X.     Data Source: Type:  ge, Radiology Charges associated with 32X-035X, 040X     Data Source: Type:  ge, MRI Charge Arated with revenue  Data Source: Type:  ge, Outpatient Serum of charges associated with revenue	Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Using MEDPAR algorithm. It codes other than 0100-0219, revenue  Calculated Numeric  Calculated Numeric  Calculated Numeric		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 111:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm. Sum of charges associcenter 061X. 661 12  OP_AMOUNT Ancillary Service Charalgorithm. Sum of charges associcenter 061X. 661 12  OP_AMOUNT Ancillary Service Charalgorithm. Sum of charges associcenter 061X.	rges associated wind pata Source: Type:  ge, Laboratory Charges associated with 331X, 074X-075X.  Data Source: Type:  ge, Radiology Charges associated with 32X-035X, 040X  Data Source: Type:  ge, MRI Charge Arrated with revenue  Data Source: Type:  ge, Outpatient Serum of charges associated Serum of charges associated with revenue	Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Cal		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 112:  Beginning Position:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm. Sum of charges associated of the center 061X. 661 12  OP_AMOUNT Ancillary Service Charalgorithm. Sum of charges associated of the center 061X. 661 12  OP_AMOUNT Ancillary Service Charalgorithm. Sum 0219, revenue center 673	pata Source: Type:  ge, Laboratory Charges associated with revenue  ge, Radiology Charges associated with revenue  Data Source: Type:  ge, MRI Charge Arated with revenue  Data Source: Type:  ge, Outpatient Serum of charges associated with revenue  Data Source: Type:	Calculated Numeric  Calculated Numeric  Calculated Sith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Sith revenue codes other than 0100-0219,  Calculated Sith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR algorithm. Secodes other than 0100-0219, revenue  Calculated Numeric  Calculated Sith revenue codes other than 0100-0219, revenue  Calculated Numeric  Calculated Sith revenue codes other than 0100-0219, revenue codes other than 010		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 111:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm. Sum of charges associcenter 061X. 661 12  OP_AMOUNT Ancillary Service Charalgorithm. Sum of charges associcenter 061X. 661 12  OP_AMOUNT Ancillary Service Charalgorithm. Sum of charges associcenter 061X.	rges associated wind pata Source: Type:  ge, Laboratory Charges associated with 331X, 074X-075X.  Data Source: Type:  ge, Radiology Charges associated with 32X-035X, 040X  Data Source: Type:  ge, MRI Charge Arrated with revenue  Data Source: Type:  ge, Outpatient Serum of charges associated Serum of charges associated with revenue	Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated using MEDPAR algorithm.  Codes other than 0100-0219, revenue  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Numeric  Calculated Numeric		
Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position: Length: Field 111:  Beginning Position: Length: Field 112:  Beginning Position:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 030X-637 12  RAD_AMOUNT Ancillary Service Charalgorithm. Sum of charevenue center 028X, 649 12  MRI_AMOUNT Ancillary Service Charalgorithm. Sum of charges associated of the center 061X. 661 12  OP_AMOUNT Ancillary Service Charalgorithm. Sum of charges associated of the center 061X. 661 12  OP_AMOUNT Ancillary Service Charalgorithm. Sum 0219, revenue center 673	pata Source: Type:  ge, Laboratory Charges associated with revenue  ge, Radiology Charges associated with revenue  Data Source: Type:  ge, MRI Charge Arated with revenue  Data Source: Type:  ge, Outpatient Serum of charges associated with revenue  Data Source: Type:	Calculated Numeric  Calculated Numeric  Calculated Sith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Sith revenue codes other than 0100-0219,  Calculated Sith revenue codes other than 0100-0219,  Calculated Numeric  Calculated Numeric  Calculated Using MEDPAR algorithm. Secodes other than 0100-0219, revenue  Calculated Numeric  Calculated Sith revenue codes other than 0100-0219, revenue  Calculated Numeric  Calculated Sith revenue codes other than 0100-0219, revenue codes other than 010		

Field 113:	ER_AMOUNT				
	Ancillary Service Charge, Emergency Room Charge Amount. Calculated using				
	MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-				
	0219, revenue center 04				
Beginning Position:	685	Data Source:	Calculated		
Length: Field 114:	12 AMBULANCE_AMOUNT	Type: -	Numeric		
rieiu 114.	Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR				
	algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X.				
Beginning Position:	697	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 115:	PRO_FEE_AMOUNT	. , , ,	Hameric		
	Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MED				
			ith revenue codes other than 0100-0219,		
	revenue center 096X-09		in revenue codes other than 0100 02157		
<b>Beginning Position:</b>	709	Data Source:	Calculated		
Length:	12	Type:	Numeric		
Field 116:	ORGAN_AMOUNT				
	Ancillary Service Charge	, Organ Acquisit	ion Charge Amount. Calculated using		
	MEDPAR algorithm. Sum	of charges asso	ociated with revenue codes other than 0100-		
	0219, revenue center 08	1X, 089X.			
<b>Beginning Position:</b>	721	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 117:	ESRD_AMOUNT				
			al Dialysis Charge Amount. Calculated using		
			ociated with revenue codes other than 0100-		
	0219, revenue center 08	0X, 082X-085X			
Beginning Position:	733	Data Source:	Calculated		
Length:	12	Туре:	Numeric		
Field 118:	CLINIC_AMOUNT	GI: : \ <i>I</i> : :: GI	A CLILL MEDDAD		
			rge Amount. Calculated using MEDPAR		
	-	es associated wi	ith revenue codes other than 0100-0219,		
Posinning Position	revenue center 051X. 745	Data Saureau	Calculated		
Beginning Position: Length:	12	Data Source: Type:	Numeric		
Field 119:	TOTAL CHARGES	туре.	Numeric		
		charges non-co	vered accommodation charges, ancillary		
	charges, non-covered an		vered decommodation enarges, unemary		
Beginning Position:	757	Data Source:	Claim		
Length:	12	Type:	Numeric		
Field 120:	TOTAL_NON_COV_CH	ARGES			
			arges, non-covered ancillary charges.		
<b>Beginning Position:</b>	769	Data Source:	Claim		
Length:	12	Type:	Numeric		
Field 121:	TOTAL_CHARGES_ANG				
	Sum of covered and non	-covered ancilla	ry charges.		
<b>Beginning Position:</b>	781	Data Source:	Claim		
Length:	12	Type:	Numeric		
Field 122:	TOTAL_NON_COV_CH				
	Sum of non-covered and				
Beginning Position:	793	Data Source:	Claim		
Length: Field 123:	12 PHYSICIAN1_INDEX_	Type:	Numeric		

**Description:** Unique identifier assigned to the licensed physician reported as the Operating

Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to

the outpatient's surgical or radiological procedure, including a technician,

psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist,

authorized by the facility to treat patients.

**Suppression:** Suppressed when the number of physicians reported for a facility or the number of physicians

reported for CCS\_PROC\_CODE\_1 for the facility is less than five.

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

9999999999 Temporary license or license number could not be matched

Beginning Position:805Data Source:AssignedLength:10Type: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:** 9999999998 Cell size less than 5

999999999 Temporary license or license number could not be matched

Beginning Position:815Data Source:AssignedLength:10Type:Alphanumeric

Field 125: INPUT\_FORMAT

Format in which the outpatient data file was submitted by the facility

**Coding Scheme:** 0 837 Professional 1 837 Institutional

Beginning Position:825Data Source:AssignedLength:1Type:Alphanumeric

Field 126: SOURCE\_OF\_ADMISSION

**Description:** Code indicating source of the admission.

**Coding Scheme:** 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

Alphanumeric

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

**Beginning** 826 **Data Source:** Claim **Position:** 

Length: 1
Field 127: PAT STATUS

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

Type:

reported

**Coding Scheme:** 

01 Discharged to home or self-care (routine

discharge)

02 Discharged/transferred to a short term general

hospital for inpatient care

O3 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 72 Last Updated: July, 2025

04	Discharged/transferred to a facility that provides custodial or supportive care		Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1- 2007)	83	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care	84	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned
07	Left against medical advice		Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
80	Admitted as inpatient to this hospital	85	Discharged/Transferred to Home under Care of
09	Expired		Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient
20	Discharged/transferred to Court/Law Enforcement	86	Readmission (effective 10-1-2013) Discharged/Transferred to Court/Law
21	Still patient		Enforcement with a Planned Acute Care Hospital
30	Expired at home	87	Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Federal Health Care
40	Expired in a medical facility	07	Facility with a Planned Acute Care Hospital
41	Expired, place unknown	00	Inpatient Readmission (effective 10-1-2013)
42	Discharged/transferred to federal government operated health facility	88	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission
43	Hospice-home		(effective 10-1-2013)
50	Hospice–medical facility (Certified) providing hospice level of care	89	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital
51	Discharged/transferred within this institution to Medicare-approved swing bed		with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
61	Discharged/transferred to inpatient rehabilitation facility	90	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned
62	Discharged/transferred to Medicare-certified long term care hospital		Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
63	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare	91	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital
64	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital	92	Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Psychiatric Hospital
65	Discharged/transferred to Critical Access Hospital (CAH)	72	or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient
66	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)	93	Readmission (effective 10-1-2013)  Discharged/Transferred to a Critical Access
69	Discharge/transfer to another type of health care institution not defined elsewhere in the code list		Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1- 2013)
70	Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)	94	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-
81	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective	95	2013) Discharged to home or self-care (routine
	10-1-2013)	`	discharge) Invalid
82	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a		

Beginning Position:827Data Source:ClaimLength:2Type:Alphanumeric

Field 128: PROVIDER\_NAME

**Description:** Name provided by the facility.

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

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

'unknown', Provider Name is blank.

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

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

Field 1: RECORD\_ID

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

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

Inpatient PUDF or ED Research Data Files (RDFs).

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

Field 2: REVENUE\_CODE

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

calculation related to the services being billed.

#### **Coding Scheme:**

0100	All-inclusive room charges plus ancillary	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0155	Room charges for ward rooms - hospice
0101	All-inclusive room charges	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0156	Room charges for ward rooms - detoxification
0110	Room charges for private rooms - general	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0157	Room charges for ward rooms - oncology
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0158	Room charges for ward rooms - rehabilitation
0112	Room charges for private rooms - obstetrics	0136	Room charges for semi-private	0159	Room charges for ward rooms - other
0113	Room charges for private rooms - pediatric	0137	detoxification  Room charges for semi-private	0160	Room charges for other rooms - general
0114	Room charges for private rooms - psychiatric	0138	- 3/4 beds - rooms - oncology Room charges for semi-private	0164	Room charges for other rooms  – Sterile Environment
0115	Room charges for private rooms - hospice		- 3/4 beds - rooms - rehabilitation	0167	Room charges for other rooms – self care
0116	Room charges for private rooms - detoxification	0139	Room charges for semi-private - 3/4 beds - rooms - other	0169	Room charges for other rooms - other
0117	Room charges for private rooms - oncology	0140	Room charges for private (deluxe) rooms - general	0170	Room charges for nursery - general
0118	Room charges for private rooms - rehabilitation	0141	Room charges for private (deluxe) rooms -	0171	Room charges for nursery - newborn level I
0119	Room charges for private rooms - other	0142	medical/surgical/GYN Room charges for private (deluxe) rooms - obstetrics	0172	Room charges for nursery - newborn level II
0120	Room charges for semi-private rooms - general	0143	Room charges for private (deluxe) rooms - pediatric	0173	Room charges for nursery - newborn level III
0121	Room charges for semi-private rooms - medical/surgical/GYN	0144	Room charges for private (deluxe) rooms - psychiatric	0174	Room charges for nursery - newborn level IV
0122	Room charges for semi-private rooms - obstetrics	0145	Room charges for private (deluxe) rooms - hospice	0179	Room charges for nursery - other
0123	Room charges for semi-private rooms - pediatric	0146	Room charges for private (deluxe) rooms - detoxification	0180	Room charges for LOA - general
0124	Room charges for semi-private rooms - psychiatric	0147	Room charges for private (deluxe) rooms - oncology	0182	Room charges for LOA - patient convenience-charges billable
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183	Room charges for LOA - therapeutic leave
0126	Room charges for semi-private rooms - detoxification	0149	Room charges for private (deluxe) rooms - other	0185	Room charges for LOA – nursing home (for hospitalization)
0127	Room charges for semi-private rooms - oncology	0150	Room charges for ward rooms - general	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
DSHS/	ГНСІС		Рабе		DSHS Document #25-15013

0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care -	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general  Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
0202	care - surgical	0249	All-inclusive ancillary - other	0294	DME - supplies/drugs for DME effectiveness
0202	Room charges for intensive care - medical	0250	Pharmacy - general	0299	DME - other equipment
0203	Room charges for intensive care - pediatric	0251	Pharmacy - generic drugs	0300	Laboratory - general
0204	Room charges for intensive care - psychiatric	0252	Pharmacy – non-generic drugs	0301	Laboratory - chemistry
0206	Room charges for intensive care - intermediate intensive	0253	Pharmacy - take-home drugs	0302	Laboratory - immunology
0207	care unit (ICU) Room charges for intensive	0254	Pharmacy - drugs incident to other diagnostic services	0303	Laboratory - renal patient (home)
	care - burn care	0255	Pharmacy - drugs incident to radiology	0304	Laboratory – non-routine dialysis
0208	Room charges for intensive care - trauma	0256	Pharmacy - experimental drugs	0305	Laboratory - hematology
0209	Room charges for intensive care - other	0257	Pharmacy - nonprescription	0306	Laboratory - bacteriology and microbiology
0210	Room charges for coronary care - general	0258	Pharmacy - IV solutions	0307	Laboratory - urology
0211	Room charges for coronary care - myocardial infarction	0259	Pharmacy - other	0309	Laboratory - other
0212	Room charges for coronary care - pulmonary care	0260	IV Therapy - general	0310	Laboratory pathological - general
0213	Room charges for coronary care	0261	IV Therapy - infusion pump	0311	Laboratory pathological -
0214	<ul> <li>heart transplant</li> <li>Room charges for coronary care</li> </ul>	0262	IV Therapy - pharmacy services	0312	cytology Laboratory pathological -
	<ul> <li>intermediate coronary care unit (CCU)</li> </ul>	0263	IV Therapy - drug/supply delivery	0314	histology Laboratory pathological -
0219	Room charges for coronary care - other	0264	IV Therapy - supplies	0319	biopsy Laboratory pathological - other
0220	Special charges - general	0269	IV Therapy - other	0320	Radiology - diagnostic - general
0221	Special charges - admission	0270	Medical surgical supplies and devices - general	0321	Radiology - diagnostic -
0222	charge Special charges - technical	0271	Medical surgical supplies and devices - nonsterile	0322	angiocardiography
0223	support charge Special charges - UR service	0272	Medical surgical supplies and	0322	Radiology - diagnostic - arthrography
	charge	0273	devices - sterile Medical surgical supplies and	0323	Radiology - diagnostic - arteriography
0224	Special charges - late discharge, medically necessary	0274	devices - take-home  Medical surgical supplies and	0324	Radiology - diagnostic - chest x-ray
0229	Special charges - other		devices - prosthetic/orthotic	0329	Radiology - diagnostic - other
0230	Incremental nursing care - general	0275	Medical surgical supplies and devices - pacemaker	0330	Radiology - therapeutic and/or chemotherapy administration -
0231	Incremental nursing care - nursery	0276	Medical surgical supplies and devices - intraocular lens (IOL)	0331	general  Radiology - therapeutic and/or
0232	Incremental nursing care - OB	0277	Medical surgical supplies and devices - oxygen - take-home		chemotherapy administration - chemotherapy - injected
0233	Incremental nursing care - ICU (includes transitional care)	0278	Medical surgical supplies and devices - other implants	0332	Radiology - therapeutic and/or chemotherapy administration -
0234	Incremental nursing care - CCU (includes transitional care)	0279	Medical surgical supplies and devices - other	0333	chemotherapy - oral  Radiology - therapeutic and/or
0235	Incremental nursing care - hospice	0280	Oncology - general		chemotherapy administration - radiation therapy

DSHS/THCIC Page 75

DSHS/	ГНСІС shs.texas.gov/THCIC		Page		DSHS Document #25-15013 Last Updated: July, 2025
0389	Blood - other	0442	Speech-language pathology - hourly charge	0520 0521	Freestanding Clinic - general  Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0387	Blood - other derivatives (cryoprecipitate)	0441	Speech-language pathology - visit charge	0519	Clinic - other
0386	Blood - other components	0440	Speech-language pathology - general	0517	Clinic - family practice
0385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
0384	Blood - platelets	0434	Occupational therapy - evaluation	0515	Clinic - pediatric
0382	Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0381 0382	Blood - packed red cells  Blood - whole blood	0432	Occupational therapy - hourly charge	0512	Clinic - psychiatric
0380	Blood - general	0431	Occupational therapy - visit charge	0511	Clinic - dental
0379	Anesthesia - other	0430	Occupational therapy - general	0510 0511	Clinic - general  Clinic - chronic pain
0374	Anesthesia - acupuncture	0429	Physical therapy - other	0509	Outpatient services - other
0372	Anesthesia - incident to other diagnostic services	0424	Physical therapy - evaluation or reevaluation	0500	Outpatient services - general
0371	Anesthesia - incident to radiology	0423	Physical therapy - group rate	0499	Ambulatory surgical care - other
0370	Anesthesia - general	0422	Physical therapy - hourly charge	0490	Ambulatory surgical care - general
0369	Operating room services - other	0421	Physical therapy - visit charge	0489	Cardiology - other
0367	Operating room services - kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
	organ transplant other than kidney	0419	Respiratory services - other	0482	Cardiology - stress test
0362	minor surgery  Operating room services -	0413	Respiratory services - hyperbaric oxygen therapy	0481	Cardiology - cardiac cath lab
0361	general Operating room services -	0412	Respiratory services - inhalation	0480	Cardiology - general
0360	Operating room services -	0410	Respiratory services - general	0479	Audiology - other
0359	CT scan - other	0409	Other imaging services - other	0471	Audiology - diagnostic  Audiology - treatment
0352	CT scan - body	0404	Other imaging services - PET	0470	Audiology - general  Audiology - diagnostic
0350	CT scan - head	0403	Other imaging services - screening mammography	0469 0470	Pulmonary function - other
0350	CT scan - general	0402	Other imaging services - ultrasound	0460	Pulmonary function - general
0349	radiopharmaceuticals  Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0459	Emergency room - other
0344	radiopharmaceuticals  Nuclear medicine - therapeutic	J-00	general	0456	Emergency room - urgent care
0343	procedures  Nuclear medicine - diagnostic	0400	processing - other  Other imaging services -	0452	Emergency room - beyond EMTALA screening
0341	Nuclear medicine - diagnostic procedures  Nuclear medicine - therapeutic	0399	storage Blood and blood component administration, storage and	0431	Emergency room - EMTALA emergency medical screening services
0340	•	0032	administration, storage and processing – processing and	0450 0451	Emergency room - general
0340	other  Nuclear medicine - general	0392	processing - administration  Blood and blood component	0449	Speech-language pathology - other
0339	Radiology - therapeutic and/or chemotherapy administration -	0391	processing - general  Blood and blood component administration, storage and	0444	Speech-language pathology - evaluation or reevaluation
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0390	Blood and blood component administration, storage and	0443	Speech-language pathology - group rate

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner	0562	Medical social services - hourly charge	0622	Medical/surgical supplies - incident to other diagnostic
0523	Freestanding Clinic - family practice	0569	Medical social services - other	0623	services  Medical/surgical supplies -
0524	Freestanding Clinic - Visit by	0570	Home health aide - general		surgical dressings
	RHC/FQHC Practitioner to a Member in a Covered Part A	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FDA investigational devices
0525	Stay at SNF Freestanding Clinic - Visit by	0572	Home health aide - hourly charge	0631	Drugs requiring specific identification - single source
	RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
0526	Other Residential Facility Freestanding Clinic - urgent	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0320	care	0581	Other visits (home health) - visit charge	0634	prescription  Drugs requiring specific
		0582	Other visits (home health) - hourly charge		identification - EPO, less than 10,000 units
0527	Freestanding Clinic - Visiting Nurse Services(s) to a	0583	Other visits (home health) - assessment	0635	Drugs requiring specific identification - EPO, 10,000 or more units
	Member's Home when in a Home Health Shortage Area	0589	Other visits (home health) - other	0636	Drugs requiring specific identification - requiring
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other	0590	Units of service (home health) - general	0627	detailed coding
0529	non RHC/FQHC Site (e.g. Scene of Accident) Freestanding Clinic - other	0600	Oxygen (home health) - general	0637	Drugs requiring specific identification - self- administrable
0329	Treestanding Clinic - Other	0601	Oxygen (home health) - stat/equip/supply or contents	0640	Home IV therapy services - general
0530	Osteopathic service - general	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute	0641	Home IV therapy services – non-routine nursing, central line
0531	Osteopathic service - therapy	0603	Oxygen (home health) - stat/equip/supply over 4 liters	0642	Home IV therapy services - IV site care, central line
0539	Osteopathic service - other	0504	per minute	0643	Home IV therapy services - IV
0540	Ambulance service - general	0604	Oxygen (home health) - portable add-in	0644	start/change, peripheral line Home IV therapy services –
0541	Ambulance service - supplies	0609	Oxygen (home health) - other		non-routine nursing, peripheral line
0542	Ambulance service - medical transport	0610	Magnetic Resonance Technology (MRT) - MRI -	0645	Home IV therapy services - training patient/caregiver, central line
0543	Ambulance service - heart mobile	0644	general	0646	Home IV therapy services -
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)		training, disabled patient, central line
0545	Ambulance service - air ambulance	0612	Magnetic Resonance Technology (MRT) - MRI -	0647	Home IV therapy services - training, patient/caregiver,
0546	Ambulance service - neonatal		spinal cord (including spine)	0648	peripheral Home IV therapy services -
0547	Ambulance service - pharmacy	0614	Magnetic Resonance Technology (MRT) - MRI - other		training, disabled patient, peripheral
0548	Ambulance service - telephone transmission EKG	0615	Magnetic Resonance	0649	Home IV therapy services - other
0549	Ambulance service - other		Technology (MRT) - MRA – head and neck	0650	Hospice services - general
0550	Skilled nursing - general	0616	Magnetic Resonance Technology (MRT) - MRA –	0651	Hospice services - routine home care
0551	Skilled nursing - visit charge	0618	lower extremities  Magnetic Resonance	0652	Hospice services - continuous home care
0552	Skilled nursing - hourly charge		Technology (MRT) - MRA – other	0655	Hospice services - inpatient respite care
0559	Skilled nursing - other	0619	Magnetic Resonance Technology (MRT) - Other MRT	0656	Hospice services - general inpatient care (non-respite)
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - physician services
0561	Medical social services - visit charge				Sei VICES

0658	Hospice services - room and board - nursing facility	0729	Labor/Delivery Room services - other	0820	Hemodialysis - outpatient or home - general
0659	Hospice services - other	0730	EKG/ECG services - general	0821	Hemodialysis - outpatient or home - composite or other rate
0660	Respite care - general	0731	EKG/ECG services - Holter monitor	0822	Hemodialysis - outpatient or home – home supplies
0661	Respite care - hourly charge/skilled nursing	0732	EKG/ECG services - telemetry	0823	Hemodialysis - outpatient or home – home equipment
0662	Respite care - hourly charge/aide/homemaker/compa	0739	EKG/ECG services - other	0824	Hemodialysis - outpatient or home - maintenance 100%
0663	nion Respite care - daily charge	0740	EEG services - general	0825	Hemodialysis - outpatient or
0669	Respite care - other	0750	Gastrointestinal services - general	0826	home - support services Hemodialysis - outpatient or
0670	Outpatient special residence -	0760	Treatment or observation room services - general		home – shorter duration (effective 7/1/17)
	general	0761	Specialty Room - Treatment/ Observation Room - Treatment	0829	Hemodialysis - outpatient or home - other
0671	Outpatient special residence - hospital based	0762	Room Specialty Room - Treatment/	0830	Peritoneal dialysis - outpatient
0672	Outpatient special residence - contracted	0702	Observation Room - Observation Room	0831	or home - general Peritoneal dialysis - outpatient
0679	Outpatient special residence - other	0769	Treatment or observation room services - other		or home - composite or other rate
0681	Trauma response - level I			0832	Peritoneal dialysis - outpatient or home - home supplies
0682	Trauma response - level II	0770	Preventive care services - general	0833	Peritoneal dialysis - outpatient or home - home equipment
0683	Trauma response - level III	0771	Preventive care services - vaccine administration	0834	Peritoneal dialysis - outpatient or home - maintenance 100%
0684	Trauma response - level IV	0780	Telemedicine services - general	0835	Peritoneal dialysis - outpatient
0689	Trauma response - other	0790	Extra-corporeal shockwave therapy - general	0839	or home - support services  Peritoneal dialysis - outpatient
0690	Pre-hospice/Palliative Care Services - general	0800	Inpatient renal dialysis services - general	0840	or home - other  CAPD - outpatient or home -
0691	Pre-hospice/Palliative Care Services – visit charge	0801	Inpatient renal dialysis services		general
0692	Pre-hospice/Palliative Care Services – hourly charge	0802	<ul> <li>hemodialysis</li> <li>Inpatient renal dialysis services</li> </ul>	0841	CAPD - outpatient or home - composite or other rate
0693	Pre-hospice/Palliative Care	0803	<ul> <li>peritoneal (non-CAPD)</li> <li>Inpatient renal dialysis services</li> </ul>	0842	CAPD - outpatient or home – home supplies
0694	Services - evaluation Pre-hospice/Palliative Care		- continuous ambulatory peritoneal dialysis (CAPD)	0843	CAPD - outpatient or home – home equipment
	Services – consultation and education	0804	Inpatient renal dialysis services - continuous cycling peritoneal	0844	CAPD - outpatient or home - maintenance 100%
0695	Pre-hospice/Palliative Care Services – inpatient care	0000	dialysis (CAPD)	0845	CAPD - outpatient or home - support services
0696	Pre-hospice/Palliative Care Services – physician services	0809	Inpatient renal dialysis services - other	0849	CAPD - outpatient or home - other
0699	Pre-hospice/Palliative Care Services - other	0810	Acquisition of body components- general	0850	CCPD - outpatient or home -
0700	Cast Room services - general	0811	Acquisition of body components - living donor	0851	general  CCPD - outpatient or home - composite or other rate
0710	Recovery Room services - general	0812	Acquisition of body components - cadaver donor	0852	CCPD - outpatient or home - home supplies
0720	Labor/Delivery Room services - general	0813	Acquisition of body components - unknown donor	0853	CCPD - outpatient or home -
0721	Labor/Delivery Room services - labor	0814	Acquisition of body components	0854	home equipment  CCPD - outpatient or home -
0722	Labor/Delivery Room services - delivery	0015	- unsuccessful organ search- donor bank charges	0855	maintenance 100%  CCPD - outpatient or home -
0723	Labor/Delivery Room services -	0815	Acquisition of body components – stem cells- allogeneic	0859	support services  CCPD - outpatient or home -
0724	circumcision Labor/Delivery Room services -	0819	Acquisition of body components		other
	birthing center		- other donor	0860	Magnetoencephalography (MEG) - General

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

0861	Magnetoencephalography (MEG) - MEG	0923	Other diagnostic services - pap smear	0976	Professional fees - respiratory therapy
0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
0302	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services -	0986	Professional fees - EEG
0904	therapy Behavior health	0944	Other therapeutic services -	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0945	drug rehabilitation Other therapeutic services -	0988	Professional fees - consultation
0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health	0340	complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	treatments/services - community behavioral health	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0011	program	0545	other	0994	
0911	Behavior health treatment/services - rehabilitation	0951	Other therapeutic services – athletic training		Patient convenience items - TV/radio
0912	Behavior health	0952	Other therapeutic services -	0995	Patient convenience items - nonpatient room rentals
0012	treatment/services - partial hospitalization - less intensive	0953	kinesiotherapy Other therapeutic services –	0996	Patient convenience items - late discharge charge
0913	Behavior health treatment/services - partial hospitalization - intensive	0060	chemical dependency (drug and alcohol)	0997	Patient convenience items - admission kits
0914	Behavior health treatment/services - individual	0960	Professional fees - general	0998	Patient convenience items - beauty shop/barber
0015	therapy	0961	Professional fees - psychiatric	0999	Patient convenience items - other
0915	Behavior health treatment/services - group	0962	Professional fees - ophthalmology	1000	Behavior health
0916	therapy Behavior health	0963	Professional fees -	4004	accommodations - general
0910	treatment/services - family therapy	0964	anesthesiologist (MD) Professional fees - anesthetist	1001	Behavior health accommodations - residential treatment - psychiatric
0917	Behavior health	0000	(CRNA)	1002	Behavior health
	treatment/services - biofeedback	0969	Professional fees - other		accommodations - residential treatment - chemical
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1003	dependency Behavior health
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic		accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	peripheral vascular lab Other diagnostic services - electromyogram	0975	Professional fees - operating room		accommodations - group home
	S. Sectionity ograni				

2100	Alternative thera general	py services -	2105	Alternative therapy servious biofeedback	ces -	3103	Adult day care, medical and social - daily
2101	Alternative thera acupuncture	py services -	2106	Alternative therapy service hypnosis	ces -	3104	Adult day care, social - daily
2102	Alternative therapy services - acupressure		2109	Alternative therapy service other	ces -	3105	Adult foster care - daily
2103	Alternative thera massage	py services -	3101	Adult day care, medical a social - hourly	ind	3109	Adult foster care - other
2104	Alternative thera reflexology	py services -	3102	Adult day care, social - h	ourly		
Beginn	ing Position:	13		Data Source:	Claim		
Length		4		Туре:	Alphanı	ımeric	
Field 3:		HCPCS_QUA					
Descrip		HCPCS_PROC		_	-	e numi	per used in
_	ing Position:	17		Data Source:	Claim		
Length Field 4	<u>:</u>	2 HCPCS_PRO	CEDIII	Type:	Alphanı	ımeric	
Descrip	otion:				(HCPCS	) code	applicable to ancillary
	+	services or ac			. (110100	, couc	applicable to allemary
Coding	Scheme:	See http://www	v.cms.h		odeSets/A	NHCPC	S/list.asp for complete list of
D - '	<b>B</b>	Level II HCPCS	codes.	D-1 C	CI :		
Beginn Length	ing Position:	19 5		Data Source: Type:	Claim Alphanu	ımoric	
Field 5		MODIFIER_:	1	туре.	Aipilalit	inenc	
Descrip	='			cumstances related to	o the per	formai	nce of the service
	Scheme:						
22	Increased proced	lural services	58	Staged or Related Proced	lure or		Professional During the
23	Unusual Anesthe	sia		Service by the Same Phy or Other Qualified Health		80	Postoperative Period Assistant Surgeon
24				Professional During the Postoperative Period		81	Minimum Assistant Surgeon
	Management Ser Same Physician o		59	Distinct Procedural Service	re .	82	-
	Qualified Health	Care	62	Two Surgeons		62	Repeat procedure by same physician
	Professional duri Postoperative Pe			Procedure Performed on Infants		90	Reference (Outside) Laboratory
25	Significant, Sepa		63	less than 4kg	Imants	91	Repeat Clinical Diagnostic
	Identifiable Evalu		66	Surgical Team		92	Laboratory Test
	Management Ser Same Physician o		73	Discontinued Outpatient	ued Outpatient		Alternative Laboratory Platform Testing
	Qualified Health	Care		Hospital/Ambulatory Surg			Synchronous Telemedicine
	Professional on the Same Day of the Procedure or Other			Center (ASC) Procedure prior to the Administration of		95	Service Rendered Via a Real-
	Service			Anesthesia			Time Interactive Audio and Video Telecommunications
26	Professional Com	ponent	74	Discontinued Outpatient Hospital/Ambulatory Sur	nerv		System
27	Multiple Outpatie			Center (ASC) Procedure	after	99	Multiple Modifiers
	E/M Encounters of Date	ni tile Same		Administration of Anestho		1P	Performance Measure Exclusion
32	Mandated Servic		76	Repeat Procedure by San Physician or Other Qualifi		2P	Modifier due to Medical Reasons Performance Measure Exclusion
33	Preventive Service	ce	77	Health Care Professional Repeat Procedure by Ano	thor	_	Modifier due to Patient Reasons
47 50	Anesthesia by Su Bilateral Procedu	3	//	Physician or Other Qualifi Health Care Professional		3P	Performance Measure Exclusion Modifier due to System Reasons
			78	Unplanned Return to the		8P	Performance Measure Reporting
51 52	Multiple Procedure Reduced Services		. 0	Operating/Procedure Roo the Same Physician or Ot			Modifier- Action not performed, reason not otherwise specified
53	Discontinued Pro			Qualified Health Care		P1	A normal healthy patient
53 54	Surgical Care On			Professional Following Ini Procedure for a Related	tial	P2	A patient with mild systemic disease
55	Postoperative Ma	•		Procedure During the Postoperative Period		Р3	A patient with severe systemic
20	Only	<b>J</b> =	79	Unrelated Procedure or S	ervice	_	disease
56	Preoperative Mar	nagement Only		by the Same Physician or		P4	A patient with severe systemic disease that is a constant
57	Decision for Surg	ery		Qualified Health Care			threat to life

Page 80 DSHS Document #25-15013 Last Updated: July, 2025

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

expected to surv		IA	Leit	nana, unamb		KI	procedure
operation	ive without the	GG		ormance and paymen		т.	•
P6 A declared brain	-dead natient			ening mammography		T1	Left foot, second digit
whose organs ar removed for dor	e being			nostic mammography e patient, same day.	on	T2	Left foot, third digit
		GH		nostic mammogram		Т3	Left foot, fourth digit
E1 Upper left eyelid  E2 Lower left eyelid	mammagram		erted from screening Imogram on same da	у	T4	Left foot, fifth digit	
,		LC	Left	circumflex coronary a	rtery	T5	Right foot, great toe
E3 Upper right eyel	ıd	LD	Left	anterior descending		T6	Right foot, second digit
E4 Lower right eyel			coro	nary artery		T7	Right foot, third digit
F1 Left hand, secon	d digit	LM	Left	main coronary artery		T8	Right foot, fourth digit
F2 Left hand, third	digit	LT	Left	side of the body proc	edure	Т9	Right foot, fifth digit
F3 Left hand, fourth	n digit	Q		ulance service provid	ed	TA	Left foot, great toe
F4 Left hand, fifth o	ligit	М		er arrangement by a ider of services		XE	Separate Encounter
F5 Right hand, thur	nb	QN		ulance service furnish	ied	XS	Separate Structure
F6 Right hand, seco	ond digit		direc servi	tly by a provider of		XP	Separate Practitioner
F7 Right hand, third	d digit	RC		t coronary artery		XU	Unusual Non-Overlapping
F8 Right hand, four	th digit	RI	_	us intermedius coron	arv	λΟ	Service
F9 Right hand, fifth	digit		arter		,		
Beginning Position:	24			Data Source:	Claim		
Length:	2			Type:	Alphanur	neric	
Field 6:	MODIFIER_2				•		
Description:		al circ	ums	tances related to	the perfe	orma	nce of the service.
Coding Scheme:	Same as Field MC				•		
<b>Beginning Position:</b>	26			Data Source:	Claim		
Length:	2			Туре:	Alphanur	neric	
Field 7:	MODIFIER_3						
Description:	Identifies specia	al circ	cums	tances related to	the nerf	orma	nce of the service
•				carrees relaced to	tile peri	Jiiiia	ince of the service.
Coding Scheme:	Same as Field MC					Jiiia	rice of the service.
Coding Scheme: Beginning Position:	Same as Field MC 28			Data Source:	Claim		nee of the service.
Coding Scheme: Beginning Position: Length:	Same as Field MC 28 2						ince of the service.
Coding Scheme: Beginning Position: Length: Field 8:	Same as Field MC 28 2 MODIFIER_4	DIFIE	:R_1	Data Source: Type:	Claim Alphanur	meric	
Coding Scheme: Beginning Position: Length: Field 8: Description:	Same as Field MC 28 2 MODIFIER_4 Identifies specia	DIFIE	:R_1 ::ums	Data Source: Type:	Claim Alphanur	meric	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8:	Same as Field MC 28 2 MODIFIER_4	DIFIE	:R_1 ::ums	Data Source: Type:	Claim Alphanur	meric	
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length:	Same as Field MC 28 2 MODIFIER_4 Identifies special Same as Field MC 30 2	odifie	cums	Data Source: Type: tances related to Data Source: Type:	Claim Alphanur the perfe	<u>meric</u> orma	
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9:	Same as Field MC 28 2 MODIFIER_4 Identifies specia Same as Field MC 30 2 UNIT_MEASUR	odifie al circ odifie	:R_1 ::ums :R_1	Data Source: Type: tances related to Data Source: Type:	Claim Alphanur the perfo Claim Alphanur	meric orma meric	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description:	Same as Field MC 28 2 MODIFIER_4 Identifies special Same as Field MC 30 2 UNIT_MEASUR Code specifying	odifie al circ odifie	:R_1 ::ums :R_1 : <b>NT_</b>	Data Source: Type: tances related to Data Source: Type:	Claim Alphanur the perfo Claim Alphanur	meric orma meric	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days	al circodiffe	cums R_1 ENT_ units	Data Source: Type: tances related to Data Source: Type:	Claim Alphanur the perfo Claim Alphanur	meric orma meric	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation	al circodiffe	cums R_1 ENT_ units	Data Source: Type: tances related to Data Source: Type:	Claim Alphanur the perfo Claim Alphanur	meric orma meric	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32	al circodiffe	cums R_1 ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE	Claim Alphanur the perfo Claim Alphanur is being	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2	al circondified	cums R_1 ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE in which a value	Claim Alphanur the perfo Claim Alphanur is being	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE	REME the u	ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:	Claim Alphanur the perfo Claim Alphanur is being	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of	REME the u	ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:	Claim Alphanur  the performal claim Alphanur  is being  Claim Alphanur	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value C 34	REME the u	ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:	Claim Alphanur  the performal claim Alphanur  claim Alphanur  Claim Alphanur  Claim	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value C 34 7	REME the u	ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:	Claim Alphanur  the performal claim Alphanur  is being  Claim Alphanur	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE	REME the u	ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:	Claim Alphanur  the performal claim Alphanur  claim Alphanur  Claim Alphanur  Claim	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE Rate per unit	REME the u	ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:	Claim Alphanur  the performal claim Alphanur  claim Alphanur  Claim Alphanur  Claim Numeric	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE	REME the u	ENT_ units	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:	Claim Alphanur  the performal claim Alphanur  claim Alphanur  Claim Alphanur  Claim	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 11: Description: Beginning Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE Rate per unit 41	REME the usonal user	ER_1  ENT_ units  cums  care care care care care care care car	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  the perfect Claim Alphanur  is being  Claim Alphanur  Claim Numeric  Claim	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE Rate per unit 41 12	REME the u onal u	ER_1  ENT_ units  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  the perfect Claim Alphanur  is being  Claim Alphanur  Claim Numeric  Claim	meric orma meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Beginning Position: Length: Field 12: Description: Beginning Position:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53	REME the u onal u	ER_1  ENT_ units  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  the perfect Claim Alphanur  is being  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned	meric meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14	REME the unional union	ER_1  ENT_ units  CE antity	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  the performal claim Alphanur  is being  Claim Alphanur  Claim Numeric  Claim Numeric	meric meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14  CHRGS_NON_	REME the unional union from the control of quantities of the control of the contr	ER_1  ENT_ units  charge	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  the perfect Claim Alphanur  is being  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned	meric meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13: Description:	MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14  CHRGS_NON_ Total non-cover	REME the unional union from the control of quantities of the control of the contr	ER_1  ENT_ units  charge	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  the performal claim Alphanur  is being  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned Numeric	meric meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13:	Same as Field MC 28 2  MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14  CHRGS_NON_	REME the unional union from the control of quantities of the control of the contr	ER_1  ENT_ units  charge	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  the perfect Claim Alphanur  is being  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned	meric meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme:  Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13: Description:	MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value C 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14  CHRGS_NON_ Total non-cover	REME the unional union from the control of quantities of the control of the contr	ER_1  ENT_ units  charge	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:  Data Source: Type:	Claim Alphanur  the performal claim Alphanur  is being  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned Numeric	meric meric expre	nce of the service.
Coding Scheme: Beginning Position: Length: Field 8: Description: Coding Scheme: Beginning Position: Length: Field 9: Description: Coding Scheme: Beginning Position: Length: Field 10: Description: Beginning Position: Length: Field 11: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 12: Description: Beginning Position: Length: Field 13: Description: Beginning Position: Beginning Position:	MODIFIER_4 Identifies special Same as Field MC 30 2  UNIT_MEASUR Code specifying DA Days F2 Internation UN Unit 32 2  UNITS_OF_SE Numeric value of 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE_ Total amount of 53 14  CHRGS_NON_ Total non-cover 67	REME the unional union from the control of quantities of the control of the contr	ER_1  ENT_ units  charge	Data Source: Type: tances related to Data Source: Type: CODE in which a value  Data Source: Type:  Data Source: Type:  Data Source: Type:  de Data Source: Type: de Data Source: Type: de Data Source: Type:	Claim Alphanur  the performal claim Alphanur  is being  Claim Alphanur  Claim Numeric  Claim Numeric  Assigned Numeric	meric meric expre	essed.

FA Left hand, thumb

RT Right side of the body

P5 A moribund patient who is not

Lenath:	14	Type:	Numeric	

#### **OUTPATIENT CLASSIFICATION DATA FILE**

	number assigned to identify the record. The
Record_ID in the ED Outpatient PUDF i	
	s not linkable to the Record_ID in the ED
Inpatient PUDF or ED Research Data Fi	les (RDFs).
1 Data Source:	Assigned
12 Type:	Alphanumeric
	classification of PRIN_DIAG_CODE into clinically
	Assigned
	Alphanumeric
	classification of OTH DIAC CODE 1 into
	Assigned
	Alphanumeric
71	Alphanamene
	classification of OTH_DIAG_CODE_2 into
, , ,	Assigned
4 Type:	Alphanumeric
CCSR_OTH_DIAG_CODE_3	•
Clinical Classifications Software (CCS)	classification of OTH DIAG CODE 3 into
clinically meaningful diagnosis category	7.
25 Data Source:	Assigned
4 Type:	Alphanumeric
CCSR_OTH_DIAG_CODE_4	
clinically meaningful diagnosis category	<i>'</i> .
29 <b>Data Source:</b>	Assigned
	Alphanumeric
	Assigned Alphanumeric
- / F	Aiphanumenc
	classification of OTH DIAC CODE 6 into
	Assigned
	Alphanumeric
	, up not
	classification of OTH_DIAG_CODE_7 into
	Assigned
4 Type:	Alphanumeric
CCSR_OTH_DIAG_CODE_8	•
	classification of OTH DIAG CODE 8 into
	Assigned
4 Type:	Alphanumeric
CCSR_OTH_DIAG_CODE_9	
	classification of OTH_DIAG_CODE_9 into
clinically meaningful diagnosis category	<i>'</i> .
49 Data Source:	Assigned
4 Type:	Alphanumeric
_	
	DSHS Document #25-15013 Last Updated: July, 2025
	CCSR_PRIN_DIAG_CODE  Clinical Classifications Software (CCS) meaningful diagnosis category.  13

Field 12:	CCCD OTH DIAC CODE 10	
Field 12:	CCSR_OTH_DIAG_CODE_10	assification of OTH DIAC CODE 10 into
	Clinical Classifications Software (CCS) clinically meaningful diagnosis category.	assincation of OTH_DIAG_CODE_10 INto
Beginning Position:	53 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 13:	CCSR_OTH_DIAG_CODE_11	
	Clinical Classifications Software (CCS) classifications	assification of OTH_DIAG_CODE_11 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	57 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 14:	CCSR_OTH_DIAG_CODE_12	and the second of the place copy in the
	Clinical Classifications Software (CCS) classifications softwa	assification of OTH_DIAG_CODE_12 into
Beginning Position:	clinically meaningful diagnosis category. 61 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 15:	CCSR_OTH_DIAG_CODE_13	, aprilation to
	Clinical Classifications Software (CCS) cl	assification of OTH DIAG CODE 13 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	65 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 16:	CCSR_OTH_DIAG_CODE_14	accidiantian of OTH DIAC CODE 14 inte
	Clinical Classifications Software (CCS) classifications	assification of OTH_DIAG_CODE_14 Into
Beginning Position:	clinically meaningful diagnosis category. 69 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 17:	CCSR_OTH_DIAG_CODE_15	, aprilation of the state of th
	Clinical Classifications Software (CCS) cl	assification of OTH DIAG CODE 15 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	73 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 18:	CCSR_OTH_DIAG_CODE_16	and Carling of OTH DIAC CODE 16 into
	Clinical Classifications Software (CCS) classifications	assification of OTH_DIAG_CODE_16 into
Beginning Position:	clinically meaningful diagnosis category.  77 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 19:	CCSR_OTH_DIAG_CODE_17	, aprilanding
	Clinical Classifications Software (CCS) cl	assification of OTH DIAG CODE 17 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	81 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 20:	CCSR_OTH_DIAG_CODE_18	CODE 10 into
	Clinical Classifications Software (CCS) classifications	assification of OTH_DIAG_CODE_18 Into
Beginning Position:	clinically meaningful diagnosis category.  85 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 21:	CCSR_OTH_DIAG_CODE_19	F
	Clinical Classifications Software (CCS) classifications	assification of OTH_DIAG_CODE_19 into
	clinically meaningful diagnosis category.	
Beginning Position:	89 <b>Data Source:</b>	Assigned
Length: Field 22:	4 Type:	Alphanumeric
rielu 22:	CCSR_OTH_DIAG_CODE_20	assification of OTH DIAC CODE 30 into
	Clinical Classifications Software (CCS) clinically meaningful diagnosis category.	assincation of OTTI_DIAG_CODE_20 INto
Beginning Position:	93 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 23:	CCSR_OTH_DIAG_CODE_21	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_21 into
	clinically meaningful diagnosis category.	
Beginning Position:	97 Data Source:	Assigned
Length: Field 24:	CCSR_OTH_DIAG_CODE_22	Alphanumeric
		DCUC Desument #25 15012
DSHS/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov	THCIC 84	Last Updated: July, 2025

			assification of OTH_DIAG_CODE_22 into
Paginning Dagition	clinically meaningful diagr	nosis category. <b>Data Source:</b>	Assigned
Beginning Position: Length:	4	Type:	Assigned Alphanumeric
Field 25:	CCSR_OTH_DIAG_COD		Aphanamere
			assification of OTH DIAG CODE 23 into
	clinically meaningful diagr		
<b>Beginning Position:</b>	105	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 26:	CCSR_OTH_DIAG_COD		
			assification of OTH_DIAG_CODE_24 into
	clinically meaningful diag		
Beginning Position:	109	Data Source:	Assigned
Length: Field 27:	CCS_PROC_CODE_1	Туре:	Alphanumeric
rieiu 27.		ftwaro (CCS) fo	r Services and Procedures classification of
	PROC_CODE_1 into clinical		
Beginning Position:	113	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 28:	CCS_PROC_CODE_2	- , , ,	
		ftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_2 into clinical		
<b>Beginning Position:</b>	116	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 29:	CCS_PROC_CODE_3		
	Clinical Classifications Sof	ftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_3 into clinical		
Beginning Position:	119	Data Source:	Assigned
Length: Field 30:	CCS_PROC_CODE_4	Туре:	Alphanumeric
rieiu 30:		ftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_4 into clinical		
Beginning Position:	122	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 31:	CCS_PROC_CODE_5		
	Clinical Classifications Sof	ftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_5 into clinical	ally meaningful	procedure category.
Beginning Position:		Data Carres	
	125	Data Source:	Assigned
Length:	3	Type:	Assigned Alphanumeric
Length: Field 32:	3 CCS_PROC_CODE_6	Туре:	Alphanumeric
	3 CCS_PROC_CODE_6 Clinical Classifications Sof	Type: ftware (CCS) fo	Alphanumeric r Services and Procedures classification of
Field 32:	3 CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical	Type: ftware (CCS) fo	r Services and Procedures classification of procedure category.
Field 32:  Beginning Position:	3 CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical	Type: ftware (CCS) fo ally meaningful Data Source:	r Services and Procedures classification of procedure category. Assigned
Field 32:  Beginning Position: Length:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3	Type: ftware (CCS) fo	r Services and Procedures classification of procedure category.
Field 32:  Beginning Position:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7	Type: ftware (CCS) fo ally meaningful Data Source: Type:	Alphanumeric  r Services and Procedures classification of procedure category.  Assigned Alphanumeric
Field 32:  Beginning Position: Length:	3 CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof	Type:  ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of
Field 32:  Beginning Position: Length:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7	Type:  ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category.
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length:	CCS_PROC_CODE_6 Clinical Classifications Soft PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Soft PROC_CODE_7 into clinical	Type:  ftware (CCS) fo ally meaningful Data Source: Type:  ftware (CCS) fo ally meaningful	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of
Field 32:  Beginning Position: Length: Field 33:  Beginning Position:	CCS_PROC_CODE_6 Clinical Classifications Soft PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Soft PROC_CODE_7 into clinical 131	ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Assigned
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length:	CCS_PROC_CODE_6 Clinical Classifications Soft PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Soft PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Soft Soft PROC_CODE_8	ftware (CCS) fo ally meaningful Data Source: Type:  ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical	ftware (CCS) fo ally meaningful Data Source: Type:  ftware (CCS) fo ally meaningful Data Source: Type:  ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category.  r Services and Procedures classification of procedure category.
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical 134	ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical 134 3	ftware (CCS) fo ally meaningful Data Source: Type:  ftware (CCS) fo ally meaningful Data Source: Type:  ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category.  r Services and Procedures classification of procedure category.
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical 134 3 CCS_PROC_CODE_9	ftware (CCS) fo ally meaningful Data Source: Type:  ftware (CCS) fo ally meaningful Data Source: Type:  ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical 134 3 CCS_PROC_CODE_9 Clinical Classifications Sof	ftware (CCS) fo ally meaningful Data Source: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical 134 3 CCS_PROC_CODE_9 Clinical Classifications Sof PROC_CODE_9 into clinical	ftware (CCS) fo ally meaningful Data Source: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category.
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical 134 3 CCS_PROC_CODE_9 Clinical Classifications Sof PROC_CODE_9 into clinical 137	ftware (CCS) fo ally meaningful Data Source: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical 134 3 CCS_PROC_CODE_9 Clinical Classifications Sof PROC_CODE_9 into clinical 137 3	ftware (CCS) fo ally meaningful Data Source: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category.
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical 134 3 CCS_PROC_CODE_9 Clinical Classifications Sof PROC_CODE_9 into clinical 137	ftware (CCS) fo ally meaningful Data Source: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical 134 3 CCS_PROC_CODE_9 Clinical Classifications Sof PROC_CODE_9 into clinical 137 3	Type:  ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned
Field 32:  Beginning Position: Length: Field 33:  Beginning Position: Length: Field 34:  Beginning Position: Length: Field 35:  Beginning Position: Length: Field 36:	CCS_PROC_CODE_6 Clinical Classifications Sof PROC_CODE_6 into clinical 128 3 CCS_PROC_CODE_7 Clinical Classifications Sof PROC_CODE_7 into clinical 131 3 CCS_PROC_CODE_8 Clinical Classifications Sof PROC_CODE_8 into clinical 134 3 CCS_PROC_CODE_9 Clinical Classifications Sof PROC_CODE_9 into clinical 137 3 CCS_PROC_CODE_9 into clinical 137 3 CCS_PROC_CODE_10	ftware (CCS) fo ally meaningful Data Source: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: Type: ftware (CCS) fo ally meaningful Data Source: Type:	r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric  r Services and Procedures classification of procedure category. Assigned Alphanumeric

	Clinical Classifications So	oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_10 into clir		
<b>Beginning Position:</b>	140	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 37:	CCS_PROC_CODE_11	(000)	Consider and Durandous alongition of
	PROC_CODE_11 into clir		r Services and Procedures classification of
Beginning Position:	143	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 38:	CCS_PROC_CODE_12		
			r Services and Procedures classification of
	PROC_CODE_12 into clir		
Beginning Position: Length:	146 3	Data Source: Type:	Assigned Alphanumeric
Field 39:	CCS_PROC_CODE_13	1 4 PC1	Alphanamene
		oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_13 into clir		
<b>Beginning Position:</b>	149	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 40:	CCS_PROC_CODE_14	oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_14 into clir		
Beginning Position:	152	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 41:	CCS_PROC_CODE_15		
			r Services and Procedures classification of
Designing Desition.	PROC_CODE_15 into clir 155	nically meaningfu  Data Source:	
Beginning Position: Length:	3	Type:	Assigned Alphanumeric
Field 42:	CCS_PROC_CODE_16	- 7 F	
		oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_16 into clir		
Beginning Position:	158	Data Source:	Assigned
Length: Field 43:	3 CCS_PROC_CODE_17	Туре:	Alphanumeric
11014 451		oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_17 into clir		
<b>Beginning Position:</b>	161	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 44:	CCS_PROC_CODE_18	oftware (CCC) for	r Comisso and Dragodinas alsocification of
	PROC_CODE_18 into clir		r Services and Procedures classification of
Beginning Position:	164	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 45:	CCS_PROC_CODE_19		
			r Services and Procedures classification of
Designing Desitions	PROC_CODE_19 into clir		
Beginning Position: Length:	167 3	Data Source: Type:	Assigned Alphanumeric
Field 46:	CCS_PROC_CODE_20	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- nproduction to
		oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_20 into clir		ıl procedure category.
Beginning Position:	170	Data Source:	Assigned
Length: Field 47:	3 CCC DDCC CODE 31	Туре:	Alphanumeric
rielu 4/:	CCS_PROC_CODE_21	oftware (CCS) for	r Services and Procedures classification of
	PROC_CODE_21 into clir		
Beginning Position:	173	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 48:	CCS_PROC_CODE_22		
		D-	DOLIG D
DSHS/THCIC	/THCIC	Page	DSHS Document #25-15013
www.dshs.texas.gov	INCIC	86	Last Updated: July, 2025

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC\_CODE\_22 into clinically meaningful procedure category.

Beginning Position:176Data Source:AssignedLength:3Type:Alphanumeric

Field 49: CCS\_PROC\_CODE\_23

Clinical Classifications Software (CCS) for Services and Procedures classification of

PROC\_CODE\_23 into clinically meaningful procedure category.

Beginning Position: 179 Data Source: Assigned 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 meaningful 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 meaningful procedure category.

Beginning Position:185Data Source:AssignedLength:3Type:Alphanumeric

#### **OUTPATIENT GROUPER DATA FILE**

Field 1:	RECORD_ID					
Description:		Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD ID in THCIC Research				
			T match the RECORD_ID in THCIC Research			
	Data Files (RDF's	,				
Beginning	1	Data	Assigned			
Position:		Source:				
Length:	12	Type:	Alphanumeric			
Field 2:		_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_0					
		tory Patient Group V	ersion Number, as assigned by 3M EAPG			
	Grouper.	_				
Beginning	16	Data	<b>Source:</b> Assigned			
Position:						
Length:	12	Туре:	Alphanumeric			
Field 4:		_EAPG_CAT_COD				
			(EAPG) category code, as assigned by 3M <sup>™</sup>			
		ot available 4Q09.				
Beginning	28	Data	Assigned			
Position:		Source:				
Length:	2	Type:	Alphanumeric			
Field 5:		_EAPG_TYPE_COI				
			(EAPG) type code, as assigned by 3M <sup>™</sup> EAPG			
	Grouper. Not ava	•				
Beginning	30	Data	Assigned			
Position:		Source:				
Length:	2	Туре:	Alphanumeric			
Field 6:	FROZEN_FINAL					
			roup (EAPG), as assigned by 3M™ EAPG			
	Grouper. Not ava	-				
Beginning	32	Data	Assigned			
Position:		Source:				
DSHS/THCIC		Page	DSHS Document #25-15013			
www.dshs.texas.go	ov/THCIC	87	Last Updated: July, 2025			

Field 7: FROZEN_APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3 Grouper. Not available 4Q09.  Beginning 47 Data Assigned  Position: Source: Length: 12 Type: Alphanumeric	М АРС
Grouper. Not available 4Q09.  Beginning 47 Data Assigned  Position: Source:	M APC
Beginning 47 Data Assigned Position: Source:	
Position: Source:	
Field 8: FROZEN_APC_PROCEDURE_CODE Ambulatory Payment Classification (APC) procedure code as assigned by	RMTM ADC
Grouper. Not available 4Q09.	DIN AFC
Beginning 59 Data Assigned	
Position: Source:	
Length: 5 Type: Alphanumeric	
Field 9: FROZEN_APC_PX_STATUS_IND_CODE	
Ambulatory Payment Classification (APC) procedure status indicator as as	signed by
3M™ APC Grouper. Not available 4Q09.	
<b>Beginning</b> 64 <b>Data</b> Assigned	
Position: Source:	
Length: 2 Type: Alphanumeric	
Field 10: FROZEN_APC_WEIGHT	NDC
Ambulatory Payment Classification (APC) weighting as assigned by $3M^{TM}$ . Grouper. Not available 4Q09.	APC
Beginning 66 Data Assigned	
Position: Source:	
<b>Length:</b> 9 <b>Type:</b> Alphanumeric	
Field 11: EAPG_GRP_VER	
Enhanced Ambulatory Patient Group Version Number, as assigned by 3M E	APG
Grouper	
Beginning 80 Data Source: Assigned	
Position:	
Length: 12 Type: Alphanumeric	
Field 12: FINAL_EAPG_CAT_CODE	O NATM
Enhanced Ambulatory Patient Group (EAPG) category code, as assigned to	у ЗМ™
EAPG Grouper. Not available 4Q09. <b>Beginning</b> 92 <b>Data</b> Assigned	
Position: Source:	
Length: 2 Type: Alphanumeric	
Field 13: FINAL_EAPG_TYPE_CODE	
Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3N	1™ EAPG
Grouper. Not available 4Q09.	
<b>Beginning</b> 94 <b>Data</b> Assigned	
Position: Source:	
Length: 2 Type: Alphanumeric	
Field 14: FINAL_EAPG	N.D.C
Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ E. Grouper. Not available 4Q09.	APG
Beginning 96 Data Assigned	
Position: Source:	
Length: 5 Type: Alphanumeric	
Field 15: APC_GRP_VER	
Ambulatory Payment Classification (APC) Version Number as assigned by 3	M APC
Grouper. Not available 4Q09.	
<b>Beginning</b> 111 <b>Data</b> Assigned	
Position: Source:	
Length: 12 Type: Alphanumeric	
Field 16: APC_PROCEDURE_CODE	DMTM ADC
Ambulatory Payment Classification (APC) procedure code as assigned by	SMIII APC
Grouper. Not available 4Q09.	
DSHS/THCIC Page DSHS Document :	
www.dshs.texas.gov/THCIC <b>88</b> Last Updated:	July, 2025

Beginning	123	<b>Data</b> Assigned			
Position:		Source:			
Length:	5	Type:	Alphanumeric		
Field 17:	APC_PX_STA	TUS_IND_CODE			
	Ambulatory Pa	yment Classification (A	PC) procedure status indicator as assigned by		
	3M <sup>™</sup> APC Grou	iper. Not available 4Q0	9.		
Beginning	128	Data	Assigned		
Position:		Source:			
Length:	2	Type:	Alphanumeric		
Field 18:	APC_WEIGHT	•			
	Ambulatory Pa	yment Classification (A	.PC) weighting as assigned by 3M <sup>™</sup> APC		
	Ambulatory Pa Grouper. Not a	,	.PC) weighting as assigned by 3M <sup>™</sup> APC		
Beginning	,	,	PC) weighting as assigned by 3M <sup>™</sup> APC  Assigned		
Beginning Position:	Grouper. Not a	vailable 4Q09.	, , ,		
-	Grouper. Not a	vailable 4Q09. <b>Data</b>	, , ,		

#### **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.

Field 1:	THCIC_ID					
Description:	Provider ID. Unique identifier assigned to the provider by DSHS. The THCIC_ID is					
	consistent throughout each quarter of data and generally throughout a full year. A					
	THCIC_ID may change Provider_Name during the middle of a year. This will be					
	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		•			
Description:	Types of healthcare fa	cilities.				
Beginning Position:	7	Data Source:	Provider			
Length:	4	Type:	Alphanumeric			
Field 3:	FAC_TEACHING_INI	<u> </u>	7 ii priditattiette			
Description:	Teaching Facility Indic					
Suppression:			discharges (Provider ID equals '999999').			
Coding Scheme:	A Member, Council of Tea		discharges (Frovider 15 equals 959555).			
couning Scheme.	X Other teaching facility	ichnig Hospitals				
Beginning Position:	11	Data Source:	Provider			
Length:	1	Type:	Alphanumeric			
Field 4:	FAC_PSYCH_IND					
Description:	Psychiatric Facility Ind	icator.				
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:	12	Data Source:	Provider			
Length:	1	Type:	Alphanumeric			
Field 5:	FAC_REHAB_IND		·			
Description:	Rehabilitation Facility	Indicator.				
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:	13	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 6:	FAC_ACUTE_CARE_1	IND				
Description:	Acute Care Facility Ind	licator.				
Suppression:	Suppressed for hospitals	with fewer than 50	discharges (Provider ID equals '999999').			
<b>Beginning Position:</b>	14	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 7:	FAC_SNF_IND					
Description:	Skilled Nursing Facility					
Suppression:			discharges (Provider ID equals '999999').			
<b>Beginning Position:</b>	15	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 8:	FAC_LONG_TERM_A					
Description:	Long Term Acute Care					
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:	16	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 9:	FAC_OTHER_LTC_IN					
Description:	Other Long Term Care					
Suppression:			discharges (Provider ID equals '999999').			
Beginning Position:	17	Data Source:	Provider			
Length:	1	Туре:	Alphanumeric			
Field 10:	FAC_PEDS_IND					
Description:	Pediatric Facility Indica					
Suppression:			discharges (Provider ID equals '999999').			
Coding Scheme:	C Member, National Asso	ciation of Children's	s Hospitals and Related Institutions (NACHRI)			
Delig/THCIC		Do 20	DOILG D #25 15012			
DSHS/THCIC /TI	ICIC	_ Page	DSHS Document #25-15013			
www.dshs.texas.gov/TF	ICIC	90	Last Updated: July, 2025			

X Facilities that also treat children

**Beginning Position:** 18 **Data Source:** Provider Length: Type: Alphanumeric Field 11: FAC CARDIOVASCULAR IND **Description:** Cardiovascular facility indicator. **Beginning Position:** 19 **Data Source:** Provider Length: Alphanumeric Type: Field 12: FAC\_CHIROPRACTIC\_IND **Description:** Chiropractic care facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric Field 13: FAC\_ENDOSCOPY\_IND **Description:** Endoscopy facility indicator. **Beginning Position: Data Source:** 21 Provider Lenath: Type: Alphanumeric Field 14: **FAC FOOT IND Description:** Foot care facility indicator. **Beginning Position:** 22 **Data Source:** Provider Length: Alphanumeric Type: FAC GASTROENTEROLOGY IND Field 15: **Description:** Gastroenterology facility indicator. **Beginning Position:** 23 **Data Source:** Provider Length: Type: Alphanumeric **FAC GENERAL IND** Field 16: **Description:** General care facility indicator. **Beginning Position: Data Source:** Provider Length: Type: Alphanumeric FAC\_NEUROLOGICAL\_IND Field 17: **Description:** Neurological care facility indicator. **Beginning Position:** 25 Data Source: Provider Length: Type: Alphanumeric Field 18: FAC\_OB\_GYN\_IND **Description:** Obstetric and gynecology facility indicator. **Beginning Position:** 26 Data Source: Provider Lenath: Alphanumeric Type: Field 19: **FAC OPTHAMOLOGY IND** Description: Ophthalmology facility indicator. **Beginning Position:** 27 **Data Source:** Provider Type: Length: Alphanumeric Field 20: **FAC ORAL IND** Description: Oral health care facility indicator. **Beginning Position:** 28 **Data Source:** Provider Alphanumeric Length: Type: FAC ORTHOPEDIC IND Field 21: **Description:** Orthopedic care facility indicator. **Beginning Position:** 29 **Data Source:** Provider Length: Type: Alphanumeric FAC\_OTOLARYNGOLOGY\_IND Field 22: **Description:** Otolaryngology facility indicator. **Beginning Position:** 30 **Data Source:** Provider Alphanumeric Length: Type: Field 23: FAC\_ PAIN\_MNGMT \_IND **Description:** Pain management facility indicator. **Beginning Position:** 31 **Data Source:** Provider Length: Type: Alphanumeric Field 24: **FAC PLASTIC IND** Plastic surgery facility indicator. **Description: Beginning Position: Data Source:** 32 Provider Length: Alphanumeric Type: Field 25: FAC\_THORACIC\_IND **Description:** Thoracic care facility indicator. DSHS/THCIC DSHS Document #25-15013 Page

91

Last Updated: July, 2025

www.dshs.texas.gov/THCIC

Beginning Position:	33	Data Source:	Provider
Length: Field 26:		Type:	Alphanumeric
Description:	Urology care facility in		
Beginning Position:	34	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 27:	FAC_OTHER_IND	71	F
Description:	Other facility indicato	r.	
Beginning Position:	, 35	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 28: Description:	FAC_EMERGENCY_I Facility indicator for Ho		IND Fs, including Hospital-owned FEMCFs, starting
-	with the 4th Quarter 2020		
	Note:	J J1	
	The FEMCFs names are	available at https:/	//dshs.texas.gov/thcic/ (downloadable Excel
			er "Facility Reporting Requirement". The
			el sheet are more current than the ones in the
			implementation, 4 <sup>th</sup> Quarter 2020, the facility
	indicator has incomplete		
	marcaror nas meomprete	data due to impier	nemation timing.
Beginning Position:	36	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 29:	FAC_ONCOLOGY_IN		
Description:	Oncology facility indic	ator.	
Beginning Position:	37	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 30:	PROVIDER_NAME		
Description:	Uccnital name provid	ad hy tha hosnit:	al.
•	Hospital name provide		
Beginning Position:	38	Data Source:	Provider
Beginning Position: Length: Field 31: Description:	38 55 <b>POA_PROVIDER_IN</b> Indicator identifying who	Data Source: Type: IDICATOR ether facility is requ	Provider Alphanumeric  uired to submit Diagnosis Present on Admission
Beginning Position: Length: Field 31:	38 55 POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the	Data Source: Type: IDICATOR ether facility is requection 421.9(e) ide de department: Crit chiatric Hospitals, C	Provider Alphanumeric
Beginning Position: Length: Field 31: Description:	38 55  POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to th Hospitals, Inpatient Psyc Hospitals and Long-Term  M Mixed (Facility has patients) R Required	Data Source: Type:  IDICATOR  ether facility is requestion 421.9(e) ide ne department: Critichiatric Hospitals, Con Care Hospitals.	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation
Beginning Position: Length: Field 31: Description:	38 55  POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to th Hospitals, Inpatient Psyc Hospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt	Data Source: Type:  IDICATOR  ether facility is requestion 421.9(e) ide ne department: Critichiatric Hospitals, Con Care Hospitals.	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric
Beginning Position: Length: Field 31: Description:  Coding Scheme:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychologicals and Long-Term M Mixed (Facility has patients) R Required X Exempt Invalid	Data Source: Type: IDICATOR Ether facility is requection 421.9(e) ide the department: Critical Carlo Hospitals, Carlo Hospitals.  Sections that would be a source of the carlo Hospitals.	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  d be exempted from reporting POA for those
Beginning Position: Length: Field 31: Description: Coding Scheme: Beginning Position:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid  Invalid	Data Source: Type:  IDICATOR Ether facility is requection 421.9(e) ide to department: Critical Care Hospitals.  Sections that would be a constant with the constant would be a constant would be a constant with the constant with the constant would be a constant with the constant would be a constant with the constant would be a constant with the constant with the constant would be a constant with the constan	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  d be exempted from reporting POA for those  Assigned
Beginning Position: Length: Field 31: Description: Coding Scheme: Beginning Position: Length:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to th Hospitals, Inpatient Psyc Hospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid  1	Data Source: Type: IDICATOR Ether facility is requection 421.9(e) ide the department: Critical Carlo Hospitals, Carlo Hospitals.  Sections that would be a source of the carlo Hospitals.	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  d be exempted from reporting POA for those
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to th Hospitals, Inpatient Psyc Hospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid  1 CERT_STATUS_IP	Data Source: Type: IDICATOR Ether facility is requection 421.9(e) idea department: Critichiatric Hospitals, Con Care Hospitals.  sections that would be a source: Type:	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  d be exempted from reporting POA for those  Assigned Alphanumeric
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid 1 CERT_STATUS_IP Assignment of a code	Data Source: Type:  IDICATOR Ether facility is requection 421.9(e) idea department: Critichiatric Hospitals, Con Care Hospitals.  sections that woul  Data Source: Type:  to indicate the control of the	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  d be exempted from reporting POA for those  Assigned Alphanumeric  certification of data (inpatient) and
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32: Description:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid Invalid STATUS_IP Assignment of a code submission of comme	Data Source: Type: IDICATOR Ether facility is requection 421.9(e) idea department: Critichiatric Hospitals.  Sections that woul  Data Source: Type:  to indicate the conts by the hospital	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  d be exempted from reporting POA for those  Assigned Alphanumeric  certification of data (inpatient) and
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32: Description:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to th Hospitals, Inpatient Psyc Hospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid  TCERT_STATUS_IP Assignment of a code submission of comme Certified, without comme	Data Source: Type:  IDICATOR Ether facility is requestion 421.9(e) ide the department: Critical Care Hospitals.  Sections that woul  Data Source: Type:  to indicate the conts by the hospitals.	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  d be exempted from reporting POA for those  Assigned Alphanumeric  certification of data (inpatient) and
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32: Description:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to th Hospitals, Inpatient Psyc Hospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid  TCERT_STATUS_IP Assignment of a code submission of comme Certified, without comme Certified, with comme	Data Source: Type:  IDICATOR Ether facility is requestion 421.9(e) ide the department: Critical Care Hospitals.  Sections that woul  Data Source: Type:  to indicate the conts by the hospital comment ment	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  d be exempted from reporting POA for those  Assigned Alphanumeric  certification of data (inpatient) and tal.
Beginning Position: Length: Field 31: Description: Coding Scheme: Beginning Position: Length: Field 32: Description:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to th Hospitals, Inpatient Psyc Hospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid  TCERT_STATUS_IP Assignment of a code submission of comme Certified, without comme Certified, with comme	Data Source: Type: IDICATOR Ether facility is requestion 421.9(e) ide the department: Critical Control of the Care Hospitals.  Sections that would be a section of the Care Hospitals.  Data Source: Type:  to indicate the conts by the hospital comment ment ment, comment not section of the Care Hospitals.	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  d be exempted from reporting POA for those  Assigned Alphanumeric  certification of data (inpatient) and
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32: Description:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid  Total Invalid  Sample of a code submission of commental Certified, without comments of a Certified, with comments of a Certified of the Certified	Data Source: Type: IDICATOR Ether facility is requestion 421.9(e) ide the department: Critical Control of the Care Hospitals.  Sections that would be a section of the Care Hospitals.  Data Source: Type:  to indicate the conts by the hospital comment ment ment ment, comment not to certify	Provider Alphanumeric  uired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  d be exempted from reporting POA for those  Assigned Alphanumeric  certification of data (inpatient) and tal.
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32: Description:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid Invalid Sala CERT_STATUS_IP Assignment of a code submission of commental Certified, without commental Certified, with commental Certified C	Data Source: Type: IDICATOR Ether facility is requestion 421.9(e) ide the department: Critical Control of the Care Hospitals.  Sections that would be a section of the Care Hospitals.  Data Source: Type:  to indicate the control of the Care Hospitals of the Hospitals of the Care Hospitals.	Provider Alphanumeric  Lired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  Id be exempted from reporting POA for those  Assigned Alphanumeric  Exertification of data (inpatient) and tal.  ot received by deadline
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32: Description:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid 93 1  CERT_STATUS_IP Assignment of a code submission of commental Certified, without of Certified, with commental Certified, with certified, with certified Certified, with certified Certified, with certified Certified Certified Certified Certified Certified C	Data Source: Type: IDICATOR Ether facility is requestion 421.9(e) ide the department: Critical Control of the C	Provider Alphanumeric  Lired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  Id be exempted from reporting POA for those  Assigned Alphanumeric  Exertification of data (inpatient) and tal.  ot received by deadline
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32: Description:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid 93 1  CERT_STATUS_IP Assignment of a code submission of commental Certified, without of Certified, with commental Certified, with certified, with certified Certified, with certified Certified, with certified Certified Certified Certified Certified Certified C	Data Source: Type: IDICATOR Ether facility is requestion 421.9(e) ide the department: Critical Control of the C	Provider Alphanumeric  Lired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  Id be exempted from reporting POA for those  Assigned Alphanumeric  Certification of data (inpatient) and tal.  In the received by deadline  Pertify data In natural or man-made disaster (4Q2016)
Beginning Position: Length: Field 31: Description:  Coding Scheme: Beginning Position: Length: Field 32: Description: Coding Scheme:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid 93 1  CERT_STATUS_IP Assignment of a code submission of commet Certified, without of commet Certified, with commet Hospital elected not Hospital out of commet Data not certified.	Data Source: Type: IDICATOR Ether facility is requection 421.9(e) ide the department: Critichiatric Hospitals, Concare Hospitals.  Sections that would  Data Source: Type:  to indicate the conts by the hospitals omment ment, comment not to certify ta not certified inpliance, did not certified oppliance, did not certify tartment data submata Source:  Data Source:	Provider Alphanumeric  Lired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  Id be exempted from reporting POA for those  Assigned Alphanumeric  Lertification of data (inpatient) and tal.  Let received by deadline  Lertify data In natural or man-made disaster (4Q2016)  Initted Assigned
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32: Description:  Coding Scheme:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid 93 1  CERT_STATUS_IP Assignment of a code submission of commet Certified, without of commet Certified, with commet Hospital elected not Hospital closed, dat Hospital out of commet No Emergency Deput	Data Source: Type: IDICATOR Ether facility is requection 421.9(e) idea department: Critichiatric Hospitals, Con Care Hospitals.  Sections that would be a control of the co	Provider Alphanumeric  Lired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  Id be exempted from reporting POA for those  Assigned Alphanumeric  Lertification of data (inpatient) and tal.  Let received by deadline  Lertify data Anatural or man-made disaster (4Q2016)  Initted
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32: Description: Coding Scheme:  Beginning Position: Length: Field 33:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid 93 1  CERT_STATUS_IP Assignment of a code submission of comme Certified, without of Certified, with com Hospital elected no Hospital closed, da Hospital out of com Data not certified. No Emergency Dep Hospital CERT_STATUS_OP	Data Source: Type: IDICATOR Ether facility is requection 421.9(e) ide the department: Critichiatric Hospitals, Con Care Hospitals.  Sections that would  Data Source: Type:  to indicate the conts by the hospitals comment ment, comment ment, comment of to certify the to certify the total control of the certified of the comment of the certified of	Provider Alphanumeric  Lired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  Id be exempted from reporting POA for those  Assigned Alphanumeric  Lertification of data (inpatient) and tal.  Let received by deadline  Lertify data An anatural or man-made disaster (4Q2016)  Initted Assigned Alphanumeric
Beginning Position: Length: Field 31: Description:  Coding Scheme:  Beginning Position: Length: Field 32: Description: Coding Scheme:  Beginning Position: Length: Field 33:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid 93 1  CERT_STATUS_IP Assignment of a code submission of comme Certified, with com Certified, with com Hospital elected not Hospital closed, da Hospital out of com Data not certified. No Emergency Dep Hossignment of a code CERT_STATUS_OP Assignment of a code	Data Source: Type: IDICATOR Ether facility is requection 421.9(e) ide the department: Critichiatric Hospitals, Concare Hospitals.  Sections that would  Data Source: Type:  to indicate the conts by the hospitals ment ment ment, comment not to certify ta not certify ta not certified apliance, did not certified apliance, did not certified apliance, did not certify ta rot certify ta not certified apliance, did not certified apliance, did not certify ta rot certify ta not certified apliance, did not certified apliance, did not certify ta rot certified apliance. Type:  to indicate the certified apliance to indicate the certified apliance to indicate the certified appliance to indicate the certified applications are the certified application	Provider Alphanumeric  Lired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  Id be exempted from reporting POA for those  Assigned Alphanumeric  Lertification of data (inpatient) and tal.  Let received by deadline  Lertify data Anatural or man-made disaster (4Q2016)  Initted Assigned Alphanumeric  Lertification of data (outpatient) and  Lertification of data (outpatient) and
Beginning Position: Length: Field 31: Description:  Beginning Position: Length: Field 32: Description: Coding Scheme:  Beginning Position: Length: Field 33:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid 93 1  CERT_STATUS_IP Assignment of a code submission of comme Certified, without of Certified, with com Hospital elected no Hospital closed, da Hospital out of com Data not certified. No Emergency Dep Hospital CERT_STATUS_OP	Data Source: Type: IDICATOR Ether facility is requection 421.9(e) ide the department: Critichiatric Hospitals, Concare Hospitals.  Sections that would  Data Source: Type:  to indicate the conts by the hospitals ment ment ment, comment not to certify ta not certify ta not certified apliance, did not certified apliance, did not certified apliance, did not certify ta rot certify ta not certified apliance, did not certified apliance, did not certify ta rot certify ta not certified apliance, did not certified apliance, did not certify ta rot certified apliance. Type:  to indicate the certified apliance to indicate the certified apliance to indicate the certified appliance to indicate the certified applications are the certified application	Provider Alphanumeric  Lired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  Id be exempted from reporting POA for those  Assigned Alphanumeric  Lertification of data (inpatient) and tal.  Let received by deadline  Lertify data Anatural or man-made disaster (4Q2016)  Initted Assigned Alphanumeric  Lertification of data (outpatient) and  Lertification of data (outpatient) and
Beginning Position: Length: Field 31:	POA_PROVIDER_IN Indicator identifying whe (POA) codes. 25 TAC, S from reporting POA to the Hospitals, Inpatient Psychospitals and Long-Term  M Mixed (Facility has patients) R Required X Exempt Invalid 93 1  CERT_STATUS_IP Assignment of a code submission of comme Certified, with com Certified, with com Hospital elected not Hospital closed, da Hospital out of com Data not certified. No Emergency Dep Hossignment of a code CERT_STATUS_OP Assignment of a code	Data Source: Type: IDICATOR Ether facility is requection 421.9(e) ide the department: Critichiatric Hospitals, Concare Hospitals.  Sections that would  Data Source: Type:  to indicate the conts by the hospitals ment ment ment, comment not to certify ta not certify ta not certified apliance, did not certified apliance, did not certified apliance, did not certify ta rot certify ta not certified apliance, did not certified apliance, did not certify ta rot certify ta not certified apliance, did not certified apliance, did not certify ta rot certified apliance. Type:  to indicate the certified apliance to indicate the certified apliance to indicate the certified appliance to indicate the certified applications are the certified application	Provider Alphanumeric  Lired to submit Diagnosis Present on Admission entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric  Id be exempted from reporting POA for those  Assigned Alphanumeric  Lertification of data (inpatient) and tal.  Let received by deadline  Lertify data Anatural or man-made disaster (4Q2016)  Initted Assigned Alphanumeric  Lertification of data (outpatient) and  Lertification of data (outpatient) and

Coding Scheme:	1	Certified, without comment	
_	2	Certified, with comment	
	3	Certified, with comment, comment no	ot received by deadline
	4	Hospital elected not to certify	
	5	Hospital closed, data not certified	
	6	Hospital out of compliance, did not ce	ertify data
	7	Data not certified. Facility affected by	natural or man-made disaster (4Q2016)
	8	No Emergency Department data subm	nitted
<b>Beginning Position:</b>	95	Data Source:	Assigned
Length:	1	Type:	Alphanumeric

# Texas Department of State Health Services

# Texas Hospital Emergency Department Data Set DATA FILE LAYOUTS

#### **Inpatient Base Data #1 File**

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

DSHS/THCIC Page DSHS Document #25-15013 www.dshs.texas.gov/THCIC 94 Last Updated: July, 2025

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

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

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

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	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	•
	PRIVATE_AMOUNT			Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric
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

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

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	

## **Inpatient Grouper Data File**

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	

#### **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
12	PAT_ZIP	36	5	Alphanumeric

DSHS/THCIC www.dshs.texas.gov/THCIC DSHS Document #25-15013 Last Updated: July, 2025

Number	Field Name (OP Base Data File)	Position	Length	Field Type
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
52	OTH_DIAG_CODE_21	228	7	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
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
92	PROC_CODE_24	447	5	Alphanumeric

Number	Field Name (OP Base Data File)	Position	Length	Field Type
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	

## **Outpatient Charges Data File**

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

## **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
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

Number	Field Name (OP Classification File)	Position	Length	Field Type
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	