

# Texas Department of State Health Services

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

# **TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES USER MANUAL** 2023

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#### BACKGROUND

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

DSHS 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Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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 2023 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, 847 facilities:

IP Base Data #1	443,443 records	156 variables	Fixed field format	329 MB	Tab-delimited	MB
IP Base Data #2	443,443 records	99 variables	Fixed field format	275 MB	Tab-delimited	MB
IP Charges Data	10,384,173 records	13 variables	Fixed field format	812 MB	Tab-delimited	MB
IP Grouper Data	443,443 records	21 variables	Fixed field format	28 MB	Tab-delimited	MB
OP Base Data	2,832,990 records	128 variables	Fixed field format	2,391 MB	Tab-delimited	MB
OP Classification Data	2,832,990 records	51 variables	Fixed field format	MB	Tab-delimited	MB
OP Charges Data	25,222,582 records	13 variables	Fixed field format	MB	Tab-delimited	MB
OP Grouper Data	25,222,582 records	17 variables	Fixed field format	2,694 MB	Tab-delimited	MB
Facility Type Data	847 records	33 variables	Fixed field format	80 KB	Tab-delimited	KB

#### Second quarter, 843 facilities:

IP Base Data #1	438,451 records	156 variables	Fixed field format	MB	Tab-delimited	MB
IP Base Data #2	438,451 records	99 variables	Fixed field format	MB	Tab-delimited	MB
IP Charges Data	10,136,349 records	13 variables	Fixed field format	MB	Tab-delimited	MB
IP Grouper Data	438,451 records	21 variables	Fixed field format	MB	Tab-delimited	MB
OP Base Data	2,899,136 records	128 variables	Fixed field format	2,447 MB	Tab-delimited	1,156 MB
OP Classification Data	2,899,136 records	51 variables	Fixed field format	661 MB	Tab-delimited	304 MB
OP Charges Data	25,633,620 records	13 variables	Fixed field format	2,005 MB	Tab-delimited	1,316 MB
OP Grouper Data	25,633,620 records	17 variables	Fixed field format	2,738 MB	Tab-delimited	2,626 MB
Facility Type Data	843 records	33 variables	Fixed field format	80 KB	Tab-delimited	70 KB

#### Third quarter, 822 facilities:

IP Base Data #1	448,013 records	156 variables	Fixed field format	MB	Tab-delimited	MB
IP Base Data #2	448,013 records	99 variables	Fixed field format	MB	Tab-delimited	MB
IP Charges Data	10,311,339 records	13 variables	Fixed field format	MB	Tab-delimited	MB
IP Grouper Data	448,013 records	21 variables	Fixed field format	MB	Tab-delimited	MB
OP Base Data	2,960,634 records	128 variables	Fixed field format	2,499 MB	Tab-delimited	1,182 MB
OP Classification Data	2,960,634 records	51 variables	Fixed field format	675 MB	Tab-delimited	310 MB
OP Charges Data	26,430,815 records	13 variables	Fixed field format	2,067 MB	Tab-delimited	1,357 MB
OP Grouper Data	26,430,815 records	17 variables	Fixed field format	2,823 MB	Tab-delimited	2,707 MB
Facility Type Data	822 records	33 variables	Fixed field format	KB	Tab-delimited	KB

#### Fourth quarter, 852 facilities:

IP Base Data #1	456,907 records	156 variables	Fixed field format	MB	Tab-delimited	MB
IP Base Data #2	456,907 records	99 variables	Fixed field format	MB	Tab-delimited	MB
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#### First quarter, 847 facilities:

IP Charges Data	10,564,690 records	13 variables	Fixed field format	MB	Tab-delimited	MB
IP Grouper Data	456,907 records	21 variables	Fixed field format	MB	Tab-delimited	MB
OP Base Data	3,158,892 records	128 variables	Fixed field format	2,666 MB	Tab-delimited	1,255 MB
OP Classification Data	3,158,892 records	51 variables	Fixed field format	720 MB	Tab-delimited	326 MB
OP Charges Data	27,315,069 records	13 variables	Fixed field format	2,136 MB	Tab-delimited	1,403 MB
OP Grouper Data	27,314,919 records	17 variables	Fixed field format	2,918 MB	Tab-delimited	2,798 MB
Facility Type Data	852 records	33 variables	Fixed field format	KB	Tab-delimited	KB

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

#### **DATA PROCESSING AND QUALITY**

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

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

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

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

#### PATIENT/PHYSICIAN CONFIDENTIALITY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:
  - Texas Emergency Department Public Use Data Files, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

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

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

#### DATA LIMITATIONS

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

- THSC Section <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

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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						
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**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 Р 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 S Ν 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 DSHS/THCIC Page DSHS Document #25-15013

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Length: Alphanumeric Type:

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:** 

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 39

Length: Alphanumeric Type:

Field 14: PAT\_COUNTY

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

scne	me:
001	Ande
003	Andr
	001 003

9									
001	Anderson	037	Bowie		073	Cherokee	109	Culberson	
003	Andrews	039	Brazoria		075	Childress	111	Dallam	
005	Angelina	041	Brazos		077	Clay	113	Dallas	
007	Aransas	043	Brewster		079	Cochran	115	Dawson	
009	Archer	045	Briscoe		081	Coke	117	Deaf Smith	
011	Armstrong	047	Brooks		083	Coleman	119	Delta	
013	Atascosa	049	Brown		085	Collin	121	Denton	
015	Austin	051	Burleson		087	Collingsworth	123	Dewitt	
017	Bailey	053	Burnet		089	Colorado	125	Dickens	
019	Bandera	055	Caldwell		091	Comal	127	Dimmit	
021	Bastrop	057	Calhoun		093	Comanche	129	Donley	
023	Baylor	059	Callahan		095	Concho	131	Duval	
025	Bee	061	Cameron		097	Cooke	133	Eastland	
027	Bell	063	Camp		099	Coryell	135	Ector	
029	Bexar	065	Carson		101	Cottle	137	Edwards	
031	Blanco	067	Cass		103	Crane	139	Ellis	
033	Borden	069	Castro		105	Crockett	141	El Paso	
035	Bosque	071	Chambers		107	Crosby	143	Erath	
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145	Falls	239	Jackson	333	Mills	427	Starr
147	Fannin	241	Jasper	335	Mitchell	429	Stephens
149	Fayette	243	Jeff Davis	337	Montague	431	Sterling
151	Fisher	245	Jefferson	339	Montgomery	433	Stonewall
153	Floyd	247	Jim Hogg	341	Moore	435	Sutton
155	Foard	249	Jim Wells	343	Morris	437	Swisher
157	Fort Bend	251	Johnson	345	Motley	439	Tarrant
159	Franklin	253	Jones	347	Nacogdoches	441	Taylor
161	Freestone	255	Karnes	349	Navarro	443	Terrell
163	Frio	257	Kaufman	351	Newton	445	Terry
165	Gaines	259	Kendall	353	Nolan	447	Throckmorton
167	Galveston	261	Kenedy	355	Nueces	449	Titus
169	Garza	263	Kent	357	Ochiltree	451	Tom Green
171	Gillespie	265	Kerr	359	Oldham	453	Travis
173	Glasscock	267	Kimble	361	Orange	455	Trinity
175	Goliad	269	King	363	Palo Pinto	457	Tyler
177	Gonzales	271	Kinney	365	Panola	459	Upshur
179	Gray	273	Kleberg	367	Parker	461	Upton
181	Grayson	275	Knox	369	Parmer	463	Uvalde
183	Gregg	283	La Salle	371	Pecos	465	Val Verde
185	Grimes	277	Lamar	373	Polk	467	Van Zandt
187	Guadalupe	279	Lamb	375	Potter	469	Victoria
189	Hale	281	Lampasas	377	Presidio	471	Walker
191	Hall	285	Lavaca	379	Rains	473	Waller
193	Hamilton	287	Lee	381	Randall	475	Ward
195	Hansford	289	Leon	383	Reagan	477	Washington
197	Hardeman	291	Liberty	385	Real	479	Webb
199	Hardin	293	Limestone	387	Red River	481	Wharton
201	Harris	295	Lipscomb	389	Reeves	483	Wheeler
203	Harrison	297	Live Oak	391	Refugio	485	Wichita
205	Hartley	299	Llano	393	Roberts	487	Wilbarger
207	Haskell	301	Loving	395	Robertson	489	Willacy
209	Hays	303	Lubbock	397	Rockwall	491	Williamson
211	Hemphill	305	Lynn	399	Runnels	493	Wilson
213	Henderson	307	McCulloch	401	Rusk	495	Winkler
215	Hidalgo	309	McLennan	403	Sabine	497	Wise
217	Hill	311	McMullen	405	San Augustine	499	Wood
219	Hockley	313	Madison	407	San Jacinto	501	Yoakum
221	Hood	315	Marion	409	San Patricio	503	Young
223	Hopkins	317	Martin	411	San Saba	505	Zapata
225	Houston	319	Mason	413	Schleicher	507	Zavala
227	Howard	321	Matagorda	415	Scurry		
229	Hudspeth	323	Maverick	417	Shackelford	`	Invalid
231	Hunt	325	Medina	419	Shelby		
233	Hutchinson	327	Menard	421	Sherman		
235	Irion	329	Midland	423	Smith		
237	Jack	331	Milam	425	Somervell		
	*		•				

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

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

#### Field 15: Description: 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

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

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

Field 16: **PAT\_STATUS** 

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

#### **Coding Scheme:**

reported 01 Discharged/Transferred to a designated disaster Discharged to home or self-care (routine 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 Discharged/transferred to a Designated Cancer 05 72 Discharged/transferred to institution outpatient Center or Children's Hospital 06 Discharged to care of home health service Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission 07 Left against medical advice (effective 10-1-2013) 08 Discharged to care of Home IV provider Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute 09 Admitted as inpatient to this hospital Care Hospital Inpatient Readmission (effective 20 Expired 10-1-2013) Discharged/Transferred to a Skilled Nursing Discharged/transferred to Court/Law 21 Facility (SNF) with Medicare Certification with a Enforcement Planned Acute Care Hospital Inpatient 30 Still patient Readmission (effective 10-1-2013) 40 Expired at home Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a 41 Expired in a medical facility Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) 42 Expired, place unknown Discharged/transferred to a Designated Cancer 43 Discharged/transferred to federal health care Center or Children's Hospital with a Planned facility Acute Care Hospital Inpatient Readmission 50 Discharged to hospice-home (effective 10-1-2013) 51 Discharged to hospice-medical facility Discharged/Transferred to Home under Care of Organized Home Health Service Organization 61 Discharged/transferred within this institution to with a Planned Acute Care Hospital Inpatient Medicare-approved swing bed Readmission (effective 10-1-2013) 62 Discharged/transferred to inpatient Discharged/Transferred to Court/Law rehabilitation facility Enforcement with a Planned Acute Care Hospital

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Discharged/transferred to Medicare-certified

Discharged/transferred to Medicaid-certified

psychiatric distinct part of a hospital

Discharged/transferred to Critical Access

Discharged/transferred to psychiatric hospital or

long term care hospital

nursing facility

Hospital (CAH)

Inpatient Readmission (effective 10-1-2013)

Facility with a Planned Acute Care Hospital

Inpatient Readmission (effective 10-1-2013)

Discharged/Transferred to a Hospital-based

(effective 10-1-2013)

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

Discharged/Transferred to a Federal Health Care

63

64

65

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

**Beginning Position:** 46 Data Source: Claim Length: Alphanumeric Type: Field 17: SEX\_CODE **Description:** Gender of the patient as recorded at date of admission or start of care. Suppression:

Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV-STD diagnosis. If 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 Gender of the patient is reported as "U" (Unknown). If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Hospital Name and

Patient ZIP Code are blank for those patients.

**Coding Scheme:** Male

Female U Unknown Invalid

**Beginning Position:** 48 **Data Source:** Claim

Length: Alphanumeric Type:

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:** American Indian/Eskimo/Aleut

2 Asian or Pacific Islander

3 Black 4 White

5 Other

Invalid

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

Field 19: **ETHNICITY** 

Description: Code indicating the Hispanic origin of the patient.

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

race is suppressed (code is blank).

**Coding Scheme:** Hispanic Origin 1

2 Not of Hispanic Origin

Invalid

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

Length: Alphanumeric Type:

Field 20: ADMIT\_WEEKDAY

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

**Coding Scheme:** Monday Friday 1 2 Tuesday 6 Saturday

3 Wednesday Sunday 7 4 Invalid Thursday

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

Field 21: LENGTH\_OF\_STAY

Description:	Length of stay in days <i>equals</i> Statement covers period through date <i>minus</i> Admission/start of care date. The minimum length of stay is 1 day. The maximum is				
Beginning Position:	9999 days. 52	Data Source:	Calculated		
Length: Field 22:	A ACE	Туре:	Alphanumeric		
	PAT_AGE			6 1: 1	
Description:	Code indicating age of p		r years on date o		
Coding Scheme:	00 1-28 days	10 35-39		20 85-89	
	01 29-365 days 02 1-4 years	11 40-44 12 45-49		21 90+ HIV-STD and drug/alcohol use	
	02 1-4 years	12 43-43		patients:	
	03 5-9	13 50-54		22 0-17	
	04 10-14	14 55-59		23 18-44	
	05 15-17	15 60-64		24 45-64	
	06 18-19	16 65-69		25 65-74	
	07 20-24	17 70-74		26 75+	
	08 25-29	18 75-79		` Invalid	
Beginning Position:	09 30-34 56	19 80-84 <b>Data Source:</b>	Accianad		
Length:	2	_	Assigned Alphanumeric		
Field 23:		Type:	Aiphanumenc		
Description:	FIRST_PAYMENT_SRO		urco of navmont		
-	Code indicating the expo		• •		
Coding Scheme:	beginning 2Q		TIM Health M	laintenance Organization	
	10 Central Certification	2012 data)	LI Liability		
	11 Other Non-federal Prog	ırams	LM Liability	Medical	
	12 Preferred Provider Orga	anization (PPO)	MA Medicare		
	13 Point of Service (POS)	(550)	MB Medicare		
	14 Exclusive Provider Orga	anization (EPO)	MC Medicaid TV Title V	1	
	<ul><li>15 Indemnity Insurance</li><li>16 Health Maintenance Or</li></ul>	nanization (HMO)		ederal Program	
	Medicare Risk AM Automobile Medical	gamzation (mio)		Administration Plan	
	BL Blue Cross/Blue Shield			Compensation Health Claim	
	CH CHAMPUS			Indigent or Unknown	
	CI Commercial Insurance		`` Codes 0	9 and ZZ, combined for 2004 & 2005	
	DS Disability Insurance		` Invalid		
Beginning Position:	58	Data Source:	Claim		
Length: Field 24:	2 SECONDARY_PAYMEN	Type:	Alphanumeric	_	
Description:	Code indicating the expe		source of payme	ent.	
Coding Scheme:	Same as field FIRST_PAYM 60	Data Source:	Claim		
Beginning Position: Length:	2	Type:	Alphanumeric		
Field 25:	TYPE_OF_BILL	турсі	Alphanameric		
Description:	Indicates the specific type	of hill			
Coding Scheme:	1 <sup>st</sup> digit–Type of Facility	2 <sup>nd</sup> digit-Typ	ne of Care	3 <sup>rd</sup> digit–Sequence of claim	
county container	1 Hospital	1 Inpatient	, including Medicare	0 Non-payment/Zero claim	
	2 Skilled nursing	Part A 2 Inpatient	, Medicare Part B	1 Admit through discharge	
	5	only	,	claim	
	3 Home health	3 Outpatier		2 Interim-first claim	
	4 Religious non-medical		nt Other, Medicare	3 Interim-continuing claim	
	health care–Hospital 5 Religious non-medical	Part B on 5 Intermed	liate Care–Level I	4 Interim-last claim	
	health care-Extended car		nate care lever i	4 Interim last claim	
	6 Intermediate care		liate Care-Level II	5 Late charge(s) only claim	
	7 Clinic		e inpatient – Level	6 Adjustment of prior claim	
	8 Special facility	III 8 Swing be	ام	<ul><li>(Not used by Medicare)</li><li>7 Replacement of prior claim</li></ul>	
	8 Special facility	6 Swilly be	:u	8 Void/cancel of prior claim	
<b>Beginning Position:</b>	62	Data Source:	Claim	o void, carreer or prior claim	
Length:	3	Type:	Alphanumeric		
Field 26:	TOTAL_CHARGES	/1	•		
Description:		charges, non-co	vered accommod	dation charges, ancillary	
•	charges, non-covered a			and the second of the second of	
<b>Beginning Position:</b>	65	Data Source:	Claim		
Length:	12	Type:	Numeric		
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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

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**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

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

**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.

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**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: Claim

**Beginning Position:** 232 Length: Type: Alphanumeric

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

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

> patient was admitted to the hospital 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 Same as Field POA PRINC DIAG CODE

**Coding Scheme:** 247 **Data Source:** 

**Beginning Position:** 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

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**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

Alphanumeric Length: 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

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**Beginning Position:** 

**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:

Field 68: POA\_OTH\_DIAG\_CODE\_17 **Description:** Code identifying whether Oth\_Diag\_Code\_17 code was present at the time the

patient was admitted to the hospital

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

**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.

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**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:** Claim 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

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**Beginning Position:** 343 **Data Source:** Claim Length: Alphanumeric Type:

Field 83: E CODE 1

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

applicable, of the primary external cause of injury. A decimal is implied following the

third character.

**Beginning Position:** 344 **Data Source:** Claim

Alphanumeric Length: Type:

Field 84: POA E CODE 1

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

time the patient was admitted to the hospital

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

**Beginning Position: Data Source:** 351

Length: Type: 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:** 352 **Data Source:** Claim

Length: Alphanumeric Type:

Field 86: POA E CODE 2

**Description:** Code identifying whether external cause of injury E Code 2 code was present at the

time the patient was admitted to the hospital

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

**Beginning Position:** 359 **Data Source:** Claim

Length: Type: Alphanumeric

Field 87: E\_CODE\_3

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

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

third character.

**Beginning Position:** 360 **Data Source:** Claim

Alphanumeric Length: Type:

Field 88: POA\_E\_CODE\_3

**Description:** Code identifying whether E Code 3 external cause of injury code was present at the

time the patient was admitted to the hospital

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

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

Length: Alphanumeric Type:

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: Data Source:** 368 Claim

Length: Alphanumeric Type:

Field 90: POA\_E\_CODE\_4

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

time the patient was admitted to the hospital

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

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

Length: 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.

**Data Source: Beginning Position:** 376 Claim

Length: Type: 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

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

**Beginning Position: Data Source:** Claim

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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

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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: Data Source:** 468 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

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**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 **Beginning Position: Data Source:** 497 Calculated Type: Alphanumeric Length: 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 **Beginning Position:** 519 **Data Source:** Calculated 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 Lenath: 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

<b>Beginning Position:</b>	552	Data Source:	Calculated
Length:	4	Type:	Alphanumeric
Field 127:	OTH_SURG_PROC_CO	DE_12	

Type:

OTH SURG PROC DAY 11

Admission/Start of Care Date.

Alphanumeric

D 0110 D

......

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

Length:

Field 126:

**Description:** 

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

**Beginning Position:** 556 **Data Source:** Claim

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

Field 128: OTH\_SURG\_PROC\_DAY\_12

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

Admission/Start of Care Date.

Beginning Position:563Data Source:CalculatedLength:4Type:Alphanumeric

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

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

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

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

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

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

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

Admission/Start of Care Date.

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

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

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

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

**Beginning Position:** 578 **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: 589 Data Source: Claim

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

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

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

Admission/Start of Care Date.

Beginning Position: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

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

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

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

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

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

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

Admission/Start of Care Date.

Beginning Position:629Data Source:CalculatedLength:4Type:Alphanumeric

Field 141: OTH\_SURG\_PROC\_CODE\_19

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

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

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

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

Field 142: OTH\_SURG\_PROC\_DAY\_19

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

Admission/Start of Care Date.

Beginning Position:640Data Source:CalculatedLength:4Type:Alphanumeric

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

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

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

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

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

Field 144: OTH\_SURG\_PROC\_DAY\_20

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

Admission/Start of Care Date.

Beginning Position:651Data Source:CalculatedLength:4Type:Alphanumeric

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

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

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

Beginning Position: 655 Data Source: Claim

Length: 7 Type: Alphanumeric

Field 146: OTH\_SURG\_PROC\_DAY\_21

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

Admission/Start of Care Date.

Beginning Position:662Data Source:CalculatedLength:4Type:Alphanumeric

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

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

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

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

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

Field 148: OTH\_SURG\_PROC\_DAY\_22

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

Admission/Start of Care Date.

Beginning Position:673Data Source:CalculatedLength:4Type:Alphanumeric

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

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

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

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

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

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:684Data Source:CalculatedLength:4Type:Alphanumeric

Field 151: OTH SURG PROC CODE 24

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**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 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: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

9999999999 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: 12 Type: Numeric Field 12: PT AMOUNT **Description:** Ancillary Service Charge, Physical Therapy Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X. **Beginning Position:** 133 **Data Source:** Calculated Length: Numeric 12 Type: Field 13: **OT AMOUNT Description:** Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X. **Beginning Position:** 145 **Data Source:** Calculated Length: Numeric 12 Type: **SPEECH AMOUNT** Field 14: **Description:** Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X. **Beginning Position:** 157 Data Source: Calculated Length: 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

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Field 20: CARD\_AMOUNT **Description:** Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X. **Beginning Position:** 229 **Data Source:** Calculated Length: 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 Numeric Length: 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

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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

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**Beginning Position:** 381 **Data Source:** Calculated Length: Alphanumeric Type: Field 36: OCCUR CODE 3 **Description:** Code describing a significant event relating to the claim. **Coding Scheme:** Same as Field OCCUR CODE 1. **Beginning Position:** 385 **Data Source:** Claim Length: Alphanumeric Type: Field 37: OCCUR\_DAY\_3 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated 387 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

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**Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position: Data Source:** Calculated 423 Length: Alphanumeric Type: Field 50: OCCUR CODE 10 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR CODE 1. Coding Scheme: **Beginning Position:** Data Source: Claim Length: Alphanumeric Type: Field 51: OCCUR\_DAY\_10 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **Beginning Position:** Data Source: Calculated Length: Alphanumeric Type: Field 52: OCCUR\_CODE\_11 **Description:** Code describing a significant event relating to the claim. Same as Field OCCUR\_CODE 1. **Coding Scheme: Beginning Position:** 433 **Data Source:** Claim Length: Type: Alphanumeric Field 53: OCCUR\_DAY\_11 **Description:** Occurrence Day equals Occurrence Date minus Admission/Start of Care Date. **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 71 Prior stay dates Prior Same SNF prior stay dates for Payment Ban Purposes 72 First/Last Visit 81 Antepartum Days at Reduced Level of Care 73 Benefit eligibility period 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

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**Beginning Position:** 461 **Data Source:** Calculated Length: Alphanumeric Type: Field 61: **OCCUR SPAN THRU 2 Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care Date. **Beginning Position:** 467 **Data Source:** Calculated Lenath: Alphanumeric Type: Field 62: OCCUR SPAN CODE 3 **Description:** Code describing a significant event relating to the claim that may affect payer processing. **Coding Scheme:** Same as Field OCCUR\_CODE\_SPAN\_1. **Beginning Position:** 473 **Data Source:** Claim Length: Alphanumeric Type: Field 63: OCCUR\_SPAN\_FROM\_3 **Description:** Occurrence Span From equals Beginning Date of Event minus Admission/Start of Care Date. **Beginning Position:** 475 Data Source: Calculated Alphanumeric Length: Type: Field 64: OCCUR SPAN THRU 3 **Description:** Occurrence Span Thru equals Ending Date of Event minus Admission/Start of Care **Beginning Position:** 481 Data Source: Calculated Length: Alphanumeric 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

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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 payer as payment	B1	demonstration claim Beneficiary is ineligible for
40	Same day transfer	78	New coverage not implemented	B4	demonstration program  Admission unrelated to
41	Partial hospitalization	70	by HMO		discharge on same day
42	Continuing care not related to inpatient admission	79 80	CORF services provided offsite  Home dialysis - nursing facility	BP	Gulf Oil Spill of 2010
43	Continuing care not provided within prescribed postdischarge	81	C-section/Inductions <39	C1 C2	Approved as billed  Automatic approval as billed
4.4	window	82	weeks-Medical Necessity C-section/Inductions <39		based on focused review
44	Inpatient admission changed to outpatient	02	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 Transfer from another Home	٠.	(AKI)	C6 C7	Admission Preauthorization  Extended Authorization
7/	Health Agency	85	Delayed Recertification of Hospice Terminal Illness		
48	Psychiatric residential treatment centers for children	86	Additional Hemodialysis	D0 D1	Changes to Service Dates  Changes to Charges
	and adolescents (RTCs)		Treatment with Medical Justification	D3	Second or Subsequent Interim
49	Product replacement within product lifecycle	Α0	TRICARE external partnership program	D3	PPS Bill
50	Product Replacement for Known Recall of a Product	A1	EPSDT/CHAP	υ4	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
<b>C</b> 0	time reserve (LTR) days		social or economic reasons	P1	Do not Resuscitate Order (DNI
68	Beneficiary elects to use life time reserve (LTR) days	AH	Elective abortion	P7	Direct Inpatient Admission fro 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	Self-care in unit	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason Code - Misapplication of a Fee
73	Self-care training				Schedule
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R4		eopening Reason	R7	Request for reopening		WO	United Mine Workers of America
R5	Code - Computer Errors Code - Corrections other the Request for reopening Reason clerical errors			14/0	(UMWA) Demonstration Indicator		
	Duplicate Clai	ectly Identified m	R8	Code - New and Material		W2 W3	Duplicate of Original Bill  Level I Appeal
R6		eopening Reason Clerical Errors or	R9	Evidence Request for reopening	n Reason	W4	Level II Appeal
	Minor Errors a	and Omissions not	113	Code - Faulty Evidend		W5	Level III Appeal
	Specified in R	1-R5 above					
Beginnin Length:	g Position:	501 2		Data Source: Type:	Claim Alphanum	eric	
Field 69:		CONDITION_					
Descript Coding S		Code describing Same as Field CO		dition relating to t	he claim.		
	g Position:	503	אוונטאוכ	Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 70:		CONDITION_					
Descript Coding S		Code describing Same as Field 68		dition relating to t	he claim.		
	g Position:	505	٠.	Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 71:		CONDITION_					
Descript Coding S		Same as Field CO		dition relating to t	ne claim.		
_	g Position:	507	NUTTIC	Data Source:	Claim		
Length:		2		Туре:	Alphanum	eric	
Field 72		CONDITION_			la a la tara		
Descrip Coding S		Same as Field CO		dition relating to t	ne ciaim.		
	g Position:	509	NUTTIC	Data Source:	Claim		
Length:		2		Type:	Alphanum	eric	
Field 73:		CONDITION_			la a la tara		
Descript Coding S		Same as Field CO		dition relating to t	ne ciaim.		
	g Position:	511		Data Source:	Claim		
Length:		2		Type:	Alphanum	eric	
Field 74: Descript		Code describing		_/ dition relating to t	ha claim		
Coding S		Same as Field CO			ne ciaiin.		
Beginnin	g Position:	513		Data Source:	Claim		
Length: Field 75:		2 CONDITION	CODE	Type:	Alphanum	eric	
Descript		Code describing	_	_ <b>ខ</b> dition relating to t	he claim		
Coding S		Same as Field CC	_		ine ciaiiii.		
	g Position:	515		Data Source:	Claim		
Length: Field 76:		2 VALUE_CODE	1	Туре:	Alphanum	eric	
Descript				nation that may a	ffect paver	proces	ssing.
Coding S	cheme:		,	,			3
01	Most common	semi-private rate	09	Coinsurance amount calendar year	in the first	15	Worker's compensation
02	Hospital has r rooms	no semi-private	10	Lifetime reserve amo second calendar year		16	Public health service (PHS) or other federal agency
04 Inpatient professional component charges which are		arges which are	11 Coinsurance amount in the second calendar year		in the	21	Catastrophic
combined bille			12	Working aged		22	Surplus
05	Professional c included in ch billed separate	arges and also		beneficiary/spouse w employer group healt		23	Recurring monthly income
06	Blood deducti	•	13	ESRD beneficiary in a coordination period w	ith an	24	Medicaid Rate Code
08	Life time rese first calendar	rve amount in the year	14	employer group healt No fault, including au	•	25	Offset to the patient - payment amount - prescription drugs
Delle				D			DCUC Dogument #05 15012
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ginnin	ng Position: 517		Data Source: Claim		
52	Speech Therapy visits	A9	Patient height	Y5	Part B Deductible
51	Occupational Therapy visits	A8	Patient weight	13 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	, 5	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	A2	Coinsurance payer A	D4	Clinical Trial Number Assigned by NLM/NIH
43	Disabled beneficiary under age 65 with LGHP	A0 A1	Deductible payer A	D3	Patient estimated responsibility
42	VA	84 A0	Shorter Duration Hemodialysis  Special zip code reporting	СВ	Other assessments or allowances (e.g., medical education) - payer C
41	Black lung	83	Lifetime Reserve Days	СВ	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	BB	Other assessments or allowances (e.g., medical education) - payer B
33	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 transport	60	HHA branch MSA	BA	Regulatory surcharges,
31	Patient Liability Amount	59	Oxygen saturation	В7	B Co-payment payer B
30	Preadmission testing	58	Arterial blood gas	В3	Estimated responsibility payer
29	Offset to the patient - payment amount - chiropractic services	57	Home health aide - home visit hours	B2	Coinsurance payer B
28	Offset to the patient - payment amount - dental services	56	Skilled nurse - home visit hours	B1	education) - payer A  Deductible payer B
27	Offset to the patient - payment amount - vision and eye services	55	Eligibility threshold for charity care	AB	payer A Other assessments or allowances (e.g., medical
20	amount - hearing and ear services	54	Newborn birth weight in grams	AA	assessments, allowances or health care related taxes -
26	Offset to the patient - payment	53	Cardiac rehab visits	AA	Regulatory surcharges,

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

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

Field 77: VALUE\_AMOUNT\_1

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

Beginning Position: 519 Data Source: Claim

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

Field 78: VALUE\_CODE\_2

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

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**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:** 552 **Data Source:** 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

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**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:**

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 -	0189	Room charges for LOA - other
0128	Room charges for semi-private rooms - rehabilitation	0151	Room charges for ward rooms - medical/surgical/GYN	0190	Room charges for subacute care - general
0129	Room charges for semi-private rooms - other	0152	Room charges for ward rooms - obstetrics	0191	Room charges for subacute care - Level I (skilled care)
0130	Room charges for semi-private - 3/4 beds - rooms - general	0153	Room charges for ward rooms - pediatric	0192	Room charges for subacute care - Level II (comprehensive
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0154	Room charges for ward rooms - psychiatric		care)
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0193	Room charges for subacute care - Level III (complex care)	0239	Incremental nursing care - other	0289	Oncology - other
0194	Room charges for subacute care - Level IV (intensive care)	0240	All-inclusive ancillary - general	0290	DME - general
0199	Room charges for subacute care - other	0241	All-inclusive ancillary - basic	0291	DME - rental
0200	Room charges for intensive	0242	All-inclusive ancillary - comprehensive	0292	DME - purchase of new
0201	care - general  Room charges for intensive	0243	All-inclusive ancillary - specialty	0293	DME - purchase of used
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

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(cryoprecipitate) Blood - other THCIC	0442	Speech-language pathology - hourly charge  Page	0521	Freestanding Clinic - Clinic Vis by Member to RHC/FQHC DSHS Document #25-1501
	0442		0521	
(cryoprecipitate)			0520	Freestanding Clinic - general
Blood - other derivatives	0441	Speech-language pathology - visit charge	0519	Clinic - other
Blood - other components	0440	Speech-language pathology - general	0517	Clinic - family practice
Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
Blood - platelets	0434	Occupational therapy - evaluation	0515	Clinic - pediatric
Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
Blood - whole blood	0432	Occupational therapy - hourly charge	0513	Clinic - psychiatric
5	0431	Occupational therapy - visit charge	0512	Clinic - dental
	0430	Occupational therapy - general	0510	Clinic - chronic pain
·	0429	Physical therapy - other		Outpatient services - other  Clinic - general
diagnostic services	0424	Physical therapy - evaluation or reevaluation		Outpatient services - general
radiology	0423	Physical therapy - group rate		Ambulatory surgical care - other
-	0422	Physical therapy - hourly charge		Ambulatory surgical care - general
	0421	Physical therapy - visit charge	0489	Cardiology - other
kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
kidney	0419	Respiratory services - other	0482	Cardiology - stress test
Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy	0481	Cardiology - cardiac cath lab
Operating room services -	0412	Respiratory services - inhalation	0480	Cardiology - general
Operating room services - general	0410	Respiratory services - general	0479	Audiology - other
CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - other
Nuclear medicine - other		diagnostic mammography	0460	Pulmonary function - general
Nuclear medicine - therapeutic radiopharmaceuticals			0459	Emergency room - other
Nuclear medicine - diagnostic radiopharmaceuticals	0400	Other imaging services -	0456	EMTALA screening  Emergency room - urgent car
Nuclear medicine - therapeutic procedures	0399	administration, storage and	0452	services Emergency room - beyond
Nuclear medicine - diagnostic		processing – processing and storage	0451	Emergency room - EMTALA emergency medical screening
Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	Emergency room - general
chemotherapy administration - other	0371	administration, storage and processing - administration	0449	evaluation or reevaluation  Speech-language pathology - other
chemotherapy - IV	0201	processing - general	0444	Speech-language pathology -
Radiology - therapeutic and/or chemotherapy administration -	0390	Blood and blood component	0443	Speech-language pathology - group rate
	chemotherapy administration - chemotherapy - IV  Radiology - therapeutic and/or chemotherapy administration - other  Nuclear medicine - general  Nuclear medicine - diagnostic procedures  Nuclear medicine - therapeutic procedures  Nuclear medicine - diagnostic radiopharmaceuticals  Nuclear medicine - therapeutic radiopharmaceuticals  Nuclear medicine - other  CT scan - general  CT scan - bead  CT scan - body  CT scan - other  Operating room services - general  Operating room services - organ transplant other than kidney  Operating room services - kidney transplant  Operating room services - other  Anesthesia - general  Anesthesia - incident to radiology  Anesthesia - incident to other diagnostic services Anesthesia - acupuncture  Anesthesia - other  Blood - general  Blood - packed red cells  Blood - plasma  Blood - plasma  Blood - leukocytes  Blood - other components  Blood - other derivatives	chemotherapy administration - chemotherapy - IV Radiology - therapeutic and/or chemotherapy administration - other Nuclear medicine - general  Nuclear medicine - diagnostic procedures Nuclear medicine - therapeutic procedures Nuclear medicine - therapeutic radiopharmaceuticals Nuclear medicine - therapeutic radiopharmaceuticals Nuclear medicine - other  CT scan - general  CT scan - bead  CT scan - body  CT scan - other  Operating room services - general Operating room services - organ transplant other than kidney Operating room services - other O420 Anesthesia - incident to radiology Anesthesia - incident to other diagnostic services Anesthesia - acupuncture O422 Anesthesia - acupuncture O429 Anesthesia - other O430 Blood - general O431 Blood - packed red cells O432 Blood - plasma Blood - plasma Blood - platelets Blood - leukocytes Blood - other components O440 Blood - other derivatives	chemotherapy administration - chemotherapy - IV Radiology - therapeutic and/or chemotherapy administration - other Other Nuclear medicine - general  Nuclear medicine - diagnostic procedures Nuclear medicine - therapeutic radiopharmaceuticals Nuclear medicine - other  Outlear medicine - other	chemotherapy - IV Radiology - therapeutic and/or chemotherapy - IV Radiology - therapeutic and/or chemotherapy administration - other Nuclear medicine - general Nuclear medicine - diagnostic procedures Nuclear medicine - therapeutic procedures Nuclear medicine - other Nuclear medicine - other Outlear medicine - other maging services - other Outlear medicine -

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	0579	Home health aide - other	0632	Drugs requiring specific identification - multiple source
	Part A Stay) or NF or ICF MR or Other Residential Facility	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0526	Freestanding Clinic - urgent care	0581	Other visits (home health) - visit charge	0634	prescription  Drugs requiring specific
		0582	Other visits (home health) - hourly charge	0054	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
0526	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	0043	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		home care
0552	Skilled nursing - hourly charge	5510	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 (nonrespite)
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	Hospice services - physician services
0561	Medical social services - visit charge		medent to radiology	0658	Hospice services - room and board - nursing facility
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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

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0880	Miscellaneous dialysis - general	0924	Other diagnostic services - allergy test	0977	Professional fees - physical therapy
0881	Miscellaneous dialysis - ultrafiltration	0925	Other diagnostic services - pregnancy test	0978	Professional fees - occupational therapy
0882	Miscellaneous dialysis - home aide visit	0929	Other diagnostic services - other	0979	Professional fees - speech therapy
0889	Miscellaneous dialysis - other	0931	Medical rehabilitation day program - half day	0981	Professional fees - emergency room
0900	Behavior health treatments/services - general	0932	Medical rehabilitation day program - full day	0982	Professional fees - outpatient services
0901	Behavior health treatments/services -	0940	Other therapeutic services - general	0983	Professional fees - clinic
0902	electroshock Behavior health	0941	Other therapeutic services - recreational therapy	0984	Professional fees - medical social services
	treatments/services - milieu therapy	0942	Other therapeutic services - education/training	0985	Professional fees - EKG
0903	Behavioral health treatments/services - play	0943	Other therapeutic services - cardiac rehabilitation	0986	Professional fees - EEG
0904	therapy Behavior health	0944	Other therapeutic services -	0987	Professional fees - hospital visit
050.	treatments/services - activity		drug rehabilitation	0988	Professional fees - consultation
0905	therapy Behavior health	0945	Other therapeutic services - alcohol rehabilitation	0989	Professional fees - private duty
0,000	treatments/services - intensive	0946	Other therapeutic services -	0303	nurse
0906	outpatient services - psychiatric Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health treatments/services -	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health treatment/services -	0951	other Other therapeutic services –	0994	Patient convenience items - TV/radio
	rehabilitation		athletic training	0995	Patient convenience items -
0912	Behavior health treatment/services - partial	0952	Other therapeutic services - kinesiotherapy	0996	nonpatient room rentals Patient convenience items - late
0913	hospitalization - less intensive Behavior health	0953	Other therapeutic services – chemical dependency (drug and	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		• ,	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)		accommodations - residential treatment - psychiatric
0917	Behavior health treatment/services - biofeedback	0969	Professional fees - other	1002	Behavior health accommodations - residential
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1000	treatment - chemical dependency
0919	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 accommodations - halfway
0921	general Other diagnostic services -	0974	Professional fees - radiology - nuclear medicine	1005	house  Behavior health
0922	peripheral vascular lab Other diagnostic services -	0975	Professional fees - operating room		accommodations - group home
0923	electromyogram Other diagnostic services - pap	0976	Professional fees - respiratory therapy	2100	Alternative therapy services - general
	smear		. ,		

2101	Alternative thera acupuncture	py services -	2105	Alternative therapy servious 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	ind	3105	Adult foster care - daily
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3109	Adult foster care - other
Domin	nning Position:	13		Data Source:	Claim		
Leng	-	4		Type:	Alphani	umerio	
Field		HCPCS_QUA	LIFI		•		
Desc	ription:	Code identify HCPCS_PROC	ing th	e type/source of the d RE CODE	escriptiv	/e nu	mber used in
	nning Position:	17		Data Source:	Claim		
Leng		2		Туре:	Alphanı	umerio	
Field		HCPCS_PRC			(LICDC)	~\	da a a a Baadala ka a a a sua su
Desci	ription:	services or a			(HCPC	5) CO	de applicable to ancillary
Codir	ng Scheme:				odeSets/	ANHC	PCS/list.asp for complete list.
	nning Position:	19	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Data Source:	Claim	, •, , , ,	respirate for complete fist.
Leng		5		Type:	Alphani	umerio	
Field	5:	MODIFIER_	1		•		
	ription:	Identifies spe	ecial ci	ircumstances related to	o the pe	rform	nance of the service
	ng Scheme:						
22	Increased procedur	al services	59	Distinct Procedural Service		91	Repeat Clinical Diagnostic Laboratory Test
23	Unusual Anesthesia		62	Two Surgeons		92	Alternative Laboratory Platform
24				Procedure Performed on Infa	ants	-	Testing
	Management Service by the Same Physician or Other Qualified Health Care Professional during a		66	less than 4kg Surgical Team			Synchronous Telemedicine Service
				-			Rendered Via a Real-Time Interactive Audio and Video
25	Postoperative Perio Significant, Separat	Hospit		Discontinued Outpatient Hospital/Ambulatory Surger	У		Telecommunications System
23	Evaluation and Man			Center (ASC) Procedure prior to			Multiple Modifiers
	Service by the Sam Other Qualified Hea		74	the Administration of Anesth Discontinued Outpatient	iesia	1P	Performance Measure Exclusion Modifier due to Medical Reasons
	Professional on the	Same Day of	7 -	Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia		2P	Performance Measure Exclusion
	the Procedure or Ot						Modifier due to Patient Reasons
26	Professional Compo		76	Repeat Procedure by Same	-	3P	Performance Measure Exclusion
27	Multiple Outpatient Encounters on the S			Physician or Other Qualified Care Professional	Health	8P	Modifier due to System Reasons Performance Measure Reporting
32	Mandated Services		77	Repeat Procedure by Anothe	ar.	Oi.	Modifier- Action not performed,
33	Preventive Service		,,	Physician or Other Qualified		P1	reason not otherwise specified
47	Anesthesia by Surg	eon	78	Care Professional Unplanned Return to the			A normal healthy patient
50	Bilateral Procedure		70	Operating/Procedure Room		P2	A patient with mild systemic 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 Proce	dure		Postoperative Period			disease that is a constant threat to life
54	Surgical Care Only		79	Unrelated Procedure or Servithe 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	gement Only	00	During the Postoperative Pe	riod	P6	operation A declared brain-dead patient
57	Decision for Surger	у	80	Assistant Surgeon		, 0	whose organs are being removed
58	Staged or Related F	Procedure or	81	Minimum Assistant Surgeon		_,	for donor purposes
	Service by the Sam		82	Repeat procedure by same physician		E1	Upper left eyelid
	Other Qualified Hea Professional During		90	Reference (Outside) Laborat	torv	E2	Lower left eyelid
	Postoperative Perio		50		1	E3	Upper right eyelid

⊑4	Lower right eyella		GП	Diagnostic mamin			ΙŢ	Lert 100t, Second digit
F1	Left hand, second di	igit			ed from screening ogram on same day		T2	Left foot, third digit
F2	Left hand, third digit	t	LC	Left circumflex co	,	rv	T3	Left foot, fourth digit
F3	Left hand, fourth dig		LD	Left anterior desc	,	,	T4	Left foot, fifth digit
F4	Left hand, fifth digit		LD	artery	ending coro	iiai y	T5	Right foot, great toe
	, ,		LM	Left main corona	y artery			
F5	Right hand, thumb		LT	Left side of the bo	ody procedu	re	T6	Right foot, second digit
F6	Right hand, second	-	Q	Ambulance service	e provided i	under	T7	Right foot, third digit
F7	Right hand, third dig	jit	М	arrangement by a	provider of	f	T8	Right foot, fourth digit
F8	Right hand, fourth d	ligit	QN	services Ambulance services	a furnished		T9	Right foot, fifth digit
F9	Right hand, fifth dig	it	QIV	directly by a prov		ices	TA	Left foot, great toe
FA	Left hand, thumb		RC	Right coronary ar	tery		XE	Separate Encounter
GG	Performance and pa		RI	Ramus intermedi	us coronary		XS	Separate Structure
	screening mammogi diagnostic mammog		D.T.	artery			XP	Separate Practitioner
	same patient, same		RT	Right side of the	body proced	lure	XU	Unusual Non-Overlapping Service
D'		24		<b>D</b> -1 (	· · · · · · · · · · · · · · · · · · ·	Cle !		
Leng	nning Position: ith:	24 2		Data S Type:	Source:	Claim Alphar	ume	ric
Field		MODIFIER	2	.,,,,		, upriai	idille	
Desc	ription:		_	circumstances	related to	o the p	erfor	mance of the service.
	ng Scheme:	Same as Field	MOD	_		<b>.</b>		
Leng	nning Position:	26 2		Data S Type:	Source:	Claim Alphar	ume	ric
Field		MODIFIER	3	турсі		Aipiidi	iuiiic	
Desc	ription:	Identifies sp	ecial		related to	o the p	erfor	mance of the service.
	ng Scheme:	Same as Field	MOD	_		GL :		
Leng	nning Position: ith:	28 2		Data S Type:	Source:	Claim Alphar	ume	ric
Field		MODIFIER	4	турсі		Aipiidi	iuiiic	
Desc	ription:	_		circumstances	related to	o the p	erfor	mance of the service.
	ng Scheme:	Same as Field	MOD	_		<b></b> .		
Leng	nning Position:	30 2		Data S Type:	Source:	Claim Alphar	ume	ric
Field			SURI	MENT_CODE		Aipiidi	iuiiic	
Desc	ription:	<del></del> -		he units in whi	ch a valu	e is bei	ng e	xpressed.
Codi	ng Scheme:	DA Days						
		F2 Inter	rnatioi	nal unit				
Begi	nning Position:	32		Data S	Source:	Claim		
Leng		2		Туре:		Alphar	ume	ric
Field		UNITS_OF						
	ription: nning Position:	Numeric val	ue or	•	Source:	Claim		
Leng		7		Type:	ource.	Nume	ic	
Field	11:	UNIT_RAT	E					
	ription:	Rate per un	it			<b></b> .		
Begi Leng	nning Position:	41 12		Data S Type:	Source:	Claim Numei	ic	
Field		CHRGS_LII	NE I			ivamici	10	
Desc	ription:	Total amour						
	nning Position:	53		Data S	Source:	Assign		
Leng Field		14	) NI C	Type:		Nume	ic	
	ription:	CHRGS_NC		<b>ov</b> d amount of th	o chargo			
	nning Position:	67	vere		ource:	Assign	ed	
Leng						_		
Lelig	jtn:	14		Type:		Nume	'IC	

GH Diagnostic mammogram

T1 Left foot, second digit

E4 Lower right eyelid

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## **INPATIENT GROUPER DATA FILE**

Field 1.	DECORD ID
Field 1:	RECORD_ID  Percent Identification Number Unique number assigned to identify the record. First available
<b>Description:</b>	Record Identification Number. Unique number assigned to identify the record. First available
Danimuina Danitiana	1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).
Beginning Position:	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
	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 Data Source: 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
	O1 Diagnosis code cannot be used as principal 20 DisableHac is invalid and at least one HAC POA is N or diagnosis U
	02 21 DisableHad is invalid and at least one HAC DOA is
	Record does not meet criteria for any DRG  Record does not meet criteria for any DRG  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
coung somewor	2 Moderate
	3 Major
Dardandar, D. W.	4 Extreme
<b>Beginning Position:</b>	Data Source: Assigned
Length:	1 Type: Alphanumeric
Field 8:	FROZEN_ILLNESS_SEVERITY
DCUC/TUCIC	DOI: DOMESTIC 15012
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<b>Description:</b>			m the All Patient Refined (APR) Diagnosis Related ouper. Indicates the extent of physiologic
	decompensation.	AI K-DKG GI	ouper. Indicates the extent of physiologic
Coding Scheme:	1 Minor		
coung beneme.	2 Moderate		
	3 Major		
	4 Extreme		
<b>Beginning Position:</b>	0 No class specified	Data Source:	Assigned
Length:	29 1	Type:	Assigned Alphanumeric
Field 9:	FROZEN_APR_MDC	Type.	Aiphanumene
Description:		(MDC) as assign	ned by 3M™ APR-DRG Grouper.
Beginning Position:	30	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APR_GRP_VE		riphanameric
Description:			d Grouper version used to assign APR DRG codes,
Description.			s and, Severity of Illness rankings
<b>Beginning Position:</b>	32	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 11:	FROZEN_APR_GRP_EF		1 in principality
Description:			h APR DRG code assignment
-	00 No errors. DRG successfull		Gestational age/birth weight conflict (APR only)
Coding Scheme:	01 Diagnosis code cannot be u	, ,	DisableHac = 0 and at least one HAC POA is invalid or
	principal diagnosis		exempt
	02 Record does not meet criter	ria for any 20	DisableHac is invalid and at least one HAC POA is N or U
	DRG 03 Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid
	04 Invalid Sex	22	or exempt DisableHac = 0 and at least one HAC POA is exempt
	05 Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
	06 Invalid birthweight (AP &	APR only) 24	DisableHac = 0 and there are multiple HACs that have
	00 Investid discharge age in der	via (AD % 25	different HAC POA values that are not Y, W, N, U
	<ul> <li>O9 Invalid discharge age in day</li> <li>APR only)</li> <li>11 Invalid Principal Diagnosis</li> </ul>		DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
<b>Beginning Position:</b>	37	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 12:	MS_DRG		
<b>Description:</b>			(CMS) Diagnosis Related Group (DRG), as
	assigned for hospital payme	ent for Medicare	beneficiaries.
<b>Beginning Position:</b>	39	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 13:	MS_MDC		
<b>Description:</b>			ned by Centers for Medicare and Medicaid Services
			ministration (HCFA)) for hospital payment for
n n	Medicare beneficiaries. First		
<b>Beginning Position:</b>	42	Data Source:	Assigned
Length:	MC CDD VED	Type:	Alphanumeric
Field 14:	MS_GRP_VER	D . l . t . d (	Carrier (formerly CMC DDC Carrier and
<b>Description:</b>	•	•	Grouper (formerly CMS DRG Grouper and
	- in evidually redouted as HUF	A UNUUPER '	VERSION_NBR) version used to assign MS DRG
Reginning Position	and, MS MDC codes		Assigned
Beginning Position:	and, MS MDC codes 44	Data Source:	Assigned
Length:	and, MS MDC codes 44 5	Data Source: Type:	Assigned Alphanumeric
Length: Field 15:	and, MS MDC codes 44 5 MS _GRP_ERROR_COD	Data Source: Type: DE	Alphanumeric
Length:	and, MS MDC codes 44 5 MS _GRP_ERROR_COD	Data Source: Type: DE tal variations with	Alphanumeric  MS DRG code assignment  DisableHac = 0 and at least one HAC POA is invalid or
Length: Field 15: Description:	and, MS MDC codes 44 5 MS _GRP_ERROR_COD Error codes identify potenti	Data Source: Type: DE tal variations with	Alphanumeric  MS DRG code assignment
Length: Field 15: Description: Coding Scheme:	and, MS MDC codes 44 5 MS _GRP_ERROR_COD Error codes identify potenti	Data Source: Type: DE tal variations with ty assigned.	Alphanumeric  MS DRG code assignment  DisableHac = 0 and at least one HAC POA is invalid or exempt
Length: Field 15: Description:	and, MS MDC codes 44 5  MS _GRP_ERROR_COD Error codes identify potenti 00 No errors. DRG successfull	Data Source: Type: DE tal variations with	Alphanumeric  MS DRG code assignment  DisableHac = 0 and at least one HAC POA is invalid or

	_	cannot be used as principal	20 DisableHac is invalid and at least one HAC POA is N or
	diagnosis		U 21 DisableHac is invalid and at least one HAC POA is
	Record does no	t meet criteria for any DRG	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 Dischar	ge Status	24 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
	10		25 DisableHac is invalid and there are multiple HACs that
	Illogical Princip	oal Diagnosis (CMS only)	have different HAC POA values that are not Y or W
	11 Invalid Principa		
<b>Beginning Position:</b>	49	Data Source	C
Length:	2	Type:	Alphanumeric
Field 16:	APR_DRG		
<b>Description:</b>		d (APR) Diagnosis Rela	ted Group (DRG) as assigned by 3M APR-DRG
	Grouper		
<b>Beginning Position:</b>	51	Data Source	: Assigned
Length:	3	Type:	Alphanumeric
Field 17:	RISK_MORTAL	LITY	
Description:			m the All Patient Refined (APR) Diagnosis Related
	Group (DRG) from	n the 3M™ APR-DRG (	Grouper. Indicates the likelihood of dying.
Coding Scheme:	1 Minor		
	2 Moderate		
	<ul><li>3 Major</li><li>4 Extreme</li></ul>		
<b>Beginning Position:</b>	54 Extreme	Data Source	: Assigned
Length:	1	Type:	Alphanumeric
Field 18:	ILLNESS_SEVE		Alphanumenc
Description:			com the All Patient Refined (APR) Diagnosis Related
Description.			Grouper. Indicates the extent of physiologic
	decompensation.	ii iile Jivi Ar K-DKO (	brouper. Indicates the extent of physiologic
Coding Schomer	1 Minor		
Coding Scheme:	2 Moderate		
	3 Major		
	4 5		
	4 Extreme		
	0 No class sp		
<b>Beginning Position:</b>	0 No class sp 55	Data Source	C
Length:	0 No class sp 55 1		: Assigned Alphanumeric
Length: Field 19:	0 No class sp 55 1 <b>APR_MDC</b>	Data Source Type:	Alphanumeric
Length: Field 19: Description:	0 No class sp 55 1  APR_MDC  Major Diagnostic	Data Source Type: Category (MDC) as assi	Alphanumeric  gned by 3M™ APR-DRG Grouper.
Length: Field 19: Description: Beginning Position:	0 No class sp 55 1 APR_MDC Major Diagnostic 56	Data Source Type: Category (MDC) as assi Data Source	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned
Length: Field 19: Description: Beginning Position: Length:	0 No class sp 55 1 APR_MDC Major Diagnostic 56 2	Data Source Type:  Category (MDC) as assi Data Source Type:	Alphanumeric  gned by 3M™ APR-DRG Grouper.
Length: Field 19: Description: Beginning Position: Length: Field 20:	0 No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER	Data Source Type:  Category (MDC) as assi Data Source Type:	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric
Length: Field 19: Description: Beginning Position: Length:	0 No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes,
Length: Field 19: Description: Beginning Position: Length: Field 20: Description:	0 No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3MTM All Patient APR MDC codes,	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankii	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted 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:	0 No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankii Data Source	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ags, and Severity of Illness rankings : Assigned
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length:	0 No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58 5	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankii Data Source Type:	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted 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:	0 No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankii Data Source Type:	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ags, and Severity of Illness rankings : Assigned
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length:	O No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58 5  APR_GRP_ERR	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ags, and Severity of Illness rankings : Assigned
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	O No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58 5  APR_GRP_ERR Error codes ident	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankii Data Source Type:  OR_CODE ify potential variations w	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  : Assigned     Alphanumeric
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21:	0 No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58 5  APR_GRP_ERR Error codes ident 00 No errors. DRG 01 Diagnosis code	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE ify potential variations we successfully assigned. 1 cannot be used as 1	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  : Assigned     Alphanumeric  vith APR DRG code assignment  2 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:	0 No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M™ All Patient APR MDC codes, 58 5  APR_GRP_ERR Error codes ident 00 No errors. DRG 01 Diagnosis code principal diagno	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE ify potential variations we successfully assigned. I cannot be used as 1 posis	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  : Assigned     Alphanumeric  with APR DRG code assignment  2 Gestational age/birth weight conflict (APR only)     DisableHac = 0 and at least one HAC POA is invalid or     exempt
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	0 No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M™ All Patient APR MDC codes, 58 5  APR_GRP_ERR Error codes ident 00 No errors. DRG 01 Diagnosis code principal diagno 02 Record does no	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankir Data Source Type:  OR_CODE ify potential variations we successfully assigned. cannot be used as 1	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  : Assigned     Alphanumeric  vith APR DRG code assignment  2 Gestational age/birth weight conflict (APR only)     DisableHac = 0 and at least one HAC POA is invalid or
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Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	O No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58 5  APR_GRP_ERR Error codes ident 00 No errors. DRG 01 Diagnosis code principal diagno 02 Record does no DRG 03 Invalid Age	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE ify potential variations we successfully assigned. 1 cannot be used as 1 sisis t meet criteria for any 2	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  : Assigned     Alphanumeric  with APR DRG code assignment  2 Gestational age/birth weight conflict (APR only)  9 DisableHac = 0 and at least one HAC POA is invalid or exempt  0 DisableHac is invalid and at least one HAC POA is invalid or exempt
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	0 No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58 5  APR_GRP_ERR Error codes ident 00 No errors. DRG 01 Diagnosis code principal diagno 02 Record does no DRG 03 Invalid Age 04 Invalid Sex	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE ify potential variations we a successfully assigned. 1 cannot be used as 1 sosis t meet criteria for any 2	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ags, and Severity of Illness rankings  : Assigned     Alphanumeric  with APR DRG code assignment  2 Gestational age/birth weight conflict (APR only)  9 DisableHac = 0 and at least one HAC POA is invalid or exempt  0 DisableHac is invalid and at least one HAC POA is invalid or exempt  1 DisableHac is invalid and at least one HAC POA is invalid or exempt  2 DisableHac = 0 and at least one HAC POA is exempt
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description:	O No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58 5  APR_GRP_ERR  Error codes ident 00 No errors. DRG 01 Diagnosis code principal diagno 02 Record does no DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Dischar	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE ify potential variations we successfully assigned. 1 cannot be used as 1 ssis t meet criteria for any 2  ge Status 2	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ags, and Severity of Illness rankings  : Assigned     Alphanumeric  with APR DRG code assignment  2 Gestational age/birth weight conflict (APR only)  9 DisableHac = 0 and at least one HAC POA is invalid or exempt  10 DisableHac is invalid and at least one HAC POA is invalid or exempt  2 DisableHac = 0 and at least one HAC POA is invalid or exempt  2 DisableHac = 0 and at least one HAC POA is exempt  3 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:	O No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58 5  APR_GRP_ERR  Error codes ident 00 No errors. DRG 01 Diagnosis code principal diagno 02 Record does no DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Dischar	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE ify potential variations we successfully assigned. 1 cannot be used as 1 sisis t meet criteria for any 2  ge Status 2	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ags, and Severity of Illness rankings : Assigned     Alphanumeric  with APR DRG code assignment  2 Gestational age/birth weight conflict (APR only) 9 DisableHac = 0 and at least one HAC POA is invalid or exempt 0 DisableHac is invalid and at least one HAC POA is invalid or exempt 1 DisableHac is invalid and at least one HAC POA is invalid or exempt 2 DisableHac = 0 and at least one HAC POA is exempt 3 DisableHac is invalid and at least one HAC POA is exempt 4 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:	O No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3M <sup>TM</sup> All Patient APR MDC codes, 58 5  APR_GRP_ERR  Error codes ident 00 No errors. DRG 01 Diagnosis code principal diagno 02 Record does no DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Dischar	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE ify potential variations we successfully assigned. cannot be used as in the meet criteria for any  2 ge Status ght (AP & APR only)  2	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  : Assigned     Alphanumeric  vith APR DRG code assignment  2 Gestational age/birth weight conflict (APR only)  9 DisableHac = 0 and at least one HAC POA is invalid or exempt  10 DisableHac is invalid and at least one HAC POA is N or U  11 DisableHac is invalid and at least one HAC POA is invalid or exempt  2 DisableHac = 0 and at least one HAC POA is exempt  3 DisableHac is invalid and at least one HAC POA is exempt  4 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: Coding Scheme:	O No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3MTM All Patient APR MDC codes, 58 5  APR_GRP_ERR Error codes ident 00 No errors. DRC 01 Diagnosis code principal diagno 02 Record does no DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Dischar 06 Invalid birthwei	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE ify potential variations we successfully assigned. 1 cannot be used as 1 sosis t meet criteria for any 2  ge Status 2 get Status 2  Page	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned Alphanumeric  ted Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  : Assigned Alphanumeric  vith APR DRG code assignment  2 Gestational age/birth weight conflict (APR only)  9 DisableHac = 0 and at least one HAC POA is invalid or exempt  0 DisableHac is invalid and at least one HAC POA is N or U  1 DisableHac is invalid and at least one HAC POA is invalid or exempt  2 DisableHac = 0 and at least one HAC POA is exempt  3 DisableHac is invalid and at least one HAC POA is exempt  4 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U  DSHS Document #25-15013
Length: Field 19: Description: Beginning Position: Length: Field 20: Description: Beginning Position: Length: Field 21: Description: Coding Scheme:	O No class sp 55 1  APR_MDC  Major Diagnostic 56 2  APR_GRP_VER 3MTM All Patient APR MDC codes, 58 5  APR_GRP_ERR Error codes ident 00 No errors. DRC 01 Diagnosis code principal diagno 02 Record does no DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Dischar 06 Invalid birthwei	Data Source Type:  Category (MDC) as assi Data Source Type:  Refined Diagnosis Rela Risk of Mortality rankin Data Source Type:  OR_CODE ify potential variations we successfully assigned. cannot be used as in the meet criteria for any  2 ge Status ght (AP & APR only)  2	Alphanumeric  gned by 3M™ APR-DRG Grouper.  : Assigned     Alphanumeric  ted Grouper version used to assign APR DRG codes, ngs, and Severity of Illness rankings  : Assigned     Alphanumeric  vith APR DRG code assignment  2 Gestational age/birth weight conflict (APR only)  9 DisableHac = 0 and at least one HAC POA is invalid or exempt  10 DisableHac is invalid and at least one HAC POA is N or U  11 DisableHac is invalid and at least one HAC POA is invalid or exempt  2 DisableHac = 0 and at least one HAC POA is exempt  3 DisableHac is invalid and at least one HAC POA is exempt  4 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 & APR only) Invalid Principal Diagnosis	25	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 Sour	rce:	Assigned
Length:	2	Type:		Alphanumeric

## **OUTPATIENT BASE DATA FILE**

Field 1:	SERVICE_QUARTER			
Description:	Quarter during which se	rvice occurred.	Year and quarter of ser	vice. <i>yyyy</i> Qn.
<b>Beginning Position:</b>	1	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 2:	RECORD_ID			
Description:	Record Identification Nu			
	Record_ID in the ED Out			ord_ID in the ED
	Inpatient PUDF or ED Re			
Beginning Position: Length:	7 12	Data Source: Type:	Assigned Alphanumeric	
Field 3:	THCIC ID	турс.	Alphanamene	
Description:	Provider ID. Unique ider	ntifier assigned to	o the provider by DSHS	1.
Suppression:	Facilities reporting fewer			
••	'999999'. If a facility rep			
	'unknown', Provider ID i		•	<i>3</i> ,
<b>Beginning Position:</b>	19	Data Source:	Assigned	
Length:	6	Туре:	Alphanumeric	
Field 4:	SPEC_UNIT_1			
Description:	Specialty Units in which			
Coding Scheme:	Type of Bill or Revenue	Code. In order b Coronary Care Unit	y number of days in the	e unit. Pediatric Unit
Coding Scheme:		Detoxification Unit	Y	Psychiatric Unit
	I I	ntensive Care Unit	R	Rehabilitation Unit
		lospice Unit	U S	Sub-acute Care Unit
		lursery Obstetric Unit	S Blank	Skilled Nursing Unit Acute Care
		Incology Unit	2.6	7.154.65 54.75
Beginning Position:	25	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 5: Description:	SPEC_UNIT_2	and most days du	wing atom againmed book	ad an number of days
Description:	Specialty Unit in which 2 by Type of Bill or Reven		ring stay occurred base	ed on number of days
Coding Scheme:	Same as SPEC_UNIT_1	ue Coue.		
Beginning Position:	26	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 6:	SPEC_UNIT_3			
Description:	Specialty Unit in which 3		ring stay occurred base	d on number of days
	by Type of Bill or Reven	ue Code.		
Coding Scheme:	Same as SPEC_UNIT_1. 27	Data Source:	Calculated	
Beginning Position: Length:	1	Type:	Alphanumeric	
Field 7:	SPEC_UNIT_4	. , , , ,	7.1.p.1.d.1.1.0.1.0	
Description:	Specialty Unit in which 4	I <sup>th</sup> most days du	ring stay occurred base	d on number of days
	by Type of Bill or Reven	ue Code.	- ,	•
Coding Scheme:	Same as SPEC_UNIT_1.			
Beginning Position:	28	Data Source:	Calculated	
Length: Field 8:	SPEC_UNIT_5	Туре:	Alphanumeric	
Description:	Specialty Unit in which 5	5th most days du	ring stay occurred base	d on number of days
Description.	by Type of Bill or Reven		illig stay occurred base	d on number of days
Coding Scheme:	Same as SPEC_UNIT_1.	ac coac.		
Beginning Position:	29	Data Source:	Calculated	
Length:	1	Туре:	Alphanumeric	
Field 9:	SEX_CODE			
Description:	Gender of the patient as			
Suppression:	Code is suppressed if an IC			
Delle/Tucic	ICD-10-CM indicates alcoho		- "	•
DSHS/THCIC	/THOIC	Page		S Document #25-15013
www.dshs.texas.gov	INCIC	58	L	ast Updated: July, 2025

§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:** 

Μ Male 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 015 111 Dallam 207 Haskell 303 Lubbock Austin 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 255 063 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 085 Collin 181 Grayson 283 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 095 383 Concho 191 Hall 287 Lee Reagan

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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	San Jacinto		439	Taylor	475	Ward	307	Zavala	
				•		Washington		Invalid	
409	San Patrici	U	443	Terrell	477	3		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 P	osition:	31		Data	Source:	Assigned; based o	n patient Z	IP code	
Length:		3		Туре:	!	Alphanumeric			
Field 11:		PAT_S	TATE						
Description:	:	State of	f the pat	ient's mailing add	lress in Te	exas and contiguo	us states	. Standard 2-	
		charact	er Postal	Service abbrevia	ition.				
Coding Sche	eme:		kansas						
			uisiana						
			w Mexico						
		OK Ok	lahoma						
				es and American Te	arritorias				
			reign coun		ciritorics				
				ILI V					
			reign coun						
Beginning P	osition:	XX For 34			ource:	Claim			
Length:	osition:	XX For 34 2	reign coun	itry	ource:	Claim Alphanumeric			
Length: Field 12:		XX For 34 2 PAT_Z	reign coun	try Data So Type:	ource:				
Length: Field 12: Description:	:	XX For 34 2 PAT_Z Patient'	reign coun  IP 's five-dig	Data So Type: git ZIP code.		Alphanumeric			
Length: Field 12:	:	XX For 34 2 PAT_Z: Patient' Last two	reign coun  IP 's five-digo digits are	Data So Type: git ZIP code. e blank if a ZIP code	e has fewe	Alphanumeric r than 30 patients. 1			
Length: Field 12: Description:	:	XX For 34 2 PAT_Z Patient' Last two equals '8	reign coun  IP 's five-digo digits are 38888'. If	Data So Type: git ZIP code. e blank if a ZIP code state equals `FC' (fo	e has fewe	Alphanumeric r than 30 patients. I	nk. If ICD	-10-CM indicates	
Length: Field 12: Description:	:	XX For 34 2 PAT_Z: Patient' Last two equals '8 alcohol co	IP 's five-digo digits are 38888'. If or drug us	Data So Type: git ZIP code. e blank if a ZIP code state equals 'FC' (for e or an HIV diagnos	e has fewer oreign cour sis the ZIP	r than 30 patients. Intry) ZIP code is blank. If a f	nk. If ICD acility has	-10-CM indicates fewer than fifty	
Length: Field 12: Description:	:	XX For 34 2 PAT_Z: Patient' Last two equals '8 alcohol coutpatie	IP  's five-digo digits are 38888'. If or drug us nt service	Data 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	e has fewe oreign cou sis the ZIP quarter the	r than 30 patients. Intry) ZIP code is blank. If a f	ank. If ICD acility has If a facility	-10-CM indicates fewer than fifty has fewer than 5	
Length: Field 12: Description: Suppression	:	XX For 34 2 PAT_Z. Patient' Last two equals '8 alcohol coutpatie patients	IP  's five-digo digits are 38888'. If or drug us nt 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 cour sis the ZIP quarter the ler, includi	r than 30 patients. Intry) ZIP code is blank. If a f ZIP code is blank. If a f y unknown', the Z	ank. If ICD acility has If a facility	-10-CM indicates fewer than fifty has fewer than 5	
Length: Field 12: Description: Suppression Beginning P	:	XX For 34 2 PAT_Z: Patient' Last two equals '8 alcohol coutpatie	IP  's five-digo digits are 38888'. If or drug us nt service	Data 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	e has fewe oreign cour sis the ZIP quarter the ler, includi	r than 30 patients. Intry) ZIP code is blank. If a f	ank. If ICD acility has If a facility	-10-CM indicates fewer than fifty has fewer than 5	
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5

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

` Invalid

Beginning Position:43Data Source:AssignedLength:2Type:Alphanumeric

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:** 1 American Indian/Eskimo/Aleut

2 Asian or Pacific Islander

3 Black4 White5 Other

` Invalid

Beginning Position:49Data Source:ClaimLength:1Type:Alphanumeric

Field 18: ETHNICITY

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

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

suppressed (code is blank).

**Coding Scheme:** 1 Hispanic Origin

Not of Hispanic Origin

Invalid

Beginning Position:50Data Source:ClaimLength:1Type:Alphanumeric

Field 19: FIRST PAYMENT SRC

**Description:** Code indicating the expected primary source of payment.

**Coding Scheme:** 09 Self Pay (Removed from 5010 format, beginning 2Q2012 data) HM Health Maintenance Organization

10 Central Certification LI Liability Liability Medical 11 Other Non-federal Programs LM Preferred Provider Organization (PPO) MΑ 12 Medicare Part A Point of Service (POS) MB Medicare Part B 13 14 Exclusive Provider Organization (EPO) MC Medicaid

14 Exclusive Provider Organization (EPO) MC Medicaid
15 Indemnity Insurance TV Title V

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		16			ganization (HM	O) OF	Other Fe	deral Program
		AM BL	Medicare Risk Automobile M Blue Cross/Bl	edical		VA WC		Administration Plan Compensation Health Claim
		CH	CHAMPUS			ZZ	Charity,	Indigent or Unknown
		CI DS	Commercial Insurance Disability Insu			`	Invalid	
Beginning	Position:	51	Disability Trist	irance	Data Sour	ce: Claim		
Length:		2			Type:	Alphanur	meric	
Field 20: Description	<b></b> .		ONDARY_P			dam, aanmaa af		<b>.</b>
Coding So		Sam	e as field 16, f	ille exp FIRST P	AYMENT SRC	dary source of	paymer	it.
Beginning	g Position:	53	,	_	Data Sour	ce: Claim		
Length: Field 21:		2 TVD	E_OF_BILL		Туре:	Alphanur	neric	
Description	on:			inform	ation about	the claim data	submit	ted. First digit = type of
•					type of care.	Third digit = :		e of the claim.
Coding So	cheme:		igit-Type of Fa	cility		t-Type of Care		3 <sup>rd</sup> digit–Sequence of claim
			Hospital		Par	• • •		0 Non-payment/Zero claim
		2	Skilled nursing		2 Inp onl	atient, Medicare P	art B	Admit through discharge claim
			Home health		3 Ou	tpatient		2 Interim-first claim
			Religious non-m health care-Hos			tpatient Other, Med t B only	dicare	3 Interim-continuing claim
		5	Religious non-m health care-Ext	iedical ended ca	5 Int re	ermediate Care-Le		4 Interim-last claim
			Intermediate ca Clinic	re	7 Sul	ermediate Care-Le o-acute inpatient -		<ul><li>5 Late charge(s) only claim</li><li>6 Adjustment of prior claim</li></ul>
		8	Special facility		III 8 Sw	ing bed		(Not used by Medicare) Replacement of prior claim Void/cancel of prior claim
	g Position:	55			Data Sour			
Length: Field 22:		3	IDITION_C	ODE 1	Туре:	Alphanur	neric	
rieiu 22.						to the claim.		
Coding So	cheme:							
01	Military servi			22	Patient on mul regimen	tiple drug	36	General care patient in a special unit
02	Condition is related			23	Home care giv		37	Ward accommodation at patient request
03	Patient cover	here		24	HHA services	nt also receiving	38	Semi-private room not available
04	Information	-	II.	25	Patient is non-		39	Private room medically
05	Lien has bee			26		ient chooses to es in a Medicare	40	necessary
06	ESRD patien of entitlement				certified facilit	У	40	Same day transfer
07	Treatment of		•	27	Patient referre		41	Partial hospitalization
	condition for		•		diagnostic labo		42	Continuing care not related to inpatient admission
08	Beneficiary v information of insurance co	concerr	ning other	28	secondary to N		43	Continuing care not provided within prescribed postdischarge
09	Neither patie employed	_		29	Disabled benefamily membersecondary to N	r's LGHP is	44	window Inpatient admission changed to
10	Patient and/eemployed bu			30	•	services provided	45	outpatient Ambiguous Gender Category
11	Disabled ber LGHP covera			31	qualified clinic		46	Non-availability statement on file
17	Patient is ho	meless			day)		47	Transfer from another Home
18	Maiden name	e retair	ned	32	Patient is stud		48	• <i>,</i>
19	Child retains	mothe	r's name		program)	TOTA Study	-10	treatment centers for children
20	Beneficiary r	equest	ed billing	33		ent (full time -	40	
21	Billing for de	nial no	tice	34	- ,	ent (part-time)	49	product replacement within product lifecycle
19 20	Child retains Beneficiary r	mothe equest	r's name ed billing	33	(cooperative/v program) Patient is stud night)	vork study ent (full time -	48 49	and adolescents (RTCs) Product replacement within

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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
	clinical trial or a free sample	Α5	Disability	D8	Secondary Payer Change to Make Medicare the
54	No Skilled Home Health Visits in Billing Period. Policy Exception	A6	Vaccines/Medicare 100% payment		Primary Payer
	Documented at the Home Health Agency	Α9	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	AD	incest	G0	Distinct Medical Visit
58	Terminated Medicare+Choice	AC	Abortion performed due to serious fatal genetic defect,	Н0	Delayed Filing, Statement of Intent Submitted
	organization enrollee		deformity, or abnormality	H2	Discharge by a Hospice
59	Non-primary ESRD facility	AD	Abortion performed due to life		Provider for Cause
60	Day outlier	AE	endangering physical condition  Abortion performed due to	Н3	Reoccurrence of GI Bleed Comorbid Category
61	Cost outlier	,,,_	physical health of mother that	H4	Reoccurrence of Pneumonia
66	Provider does not wish cost outlier payment	AF	is not life endangering  Abortion performed due to		Comorbid Category
67	Beneficiary elects not to use life time reserve (LTR) days	7.11	emotional/psychological health of mother	H5	Reoccurrence of Pericarditis Comorbid Category
68	Beneficiary elects to use life	AG	Abortion performed due to	P1	Do not Resuscitate Order (DNR)
	time reserve (LTR) days		social or economic reasons	P7	Direct Inpatient Admission from Emergency Room
69	IME/DGME/N&AH Payment Only	AH	Elective abortion	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		Code -Inaccurate Data Entry
73	Self-care training	AL	Specialized treatment/bed unavailable	R3	Request for reopening Reason Code - Misapplication of a Fee
74	Home	AM	Non-emergency medically	D.4	Schedule
75	Home - 100% reimbursement		necessary stretcher transport required	R4	Request for reopening Reason Code - Computer Errors
76	Back-up in facility dialysis	AN	Pre-admission screening not	R5	Request for reopening Reason
77	Provider accepts or is obligated/required due to a	В0	required  Medicare coordinated care		Code - Incorrectly Identified Duplicate Claim
	contractual arrangement or law	ь	demonstration claim	R6	Request for reopening Reason
	to accept payment by a primary payer as payment	B1	Beneficiary is ineligible for		Code - Other Clerical Errors or Minor Errors and Omissions not
78	New coverage not implemented	В4	demonstration program  Admission unrelated to		Specified in R1-R5 above
70	by HMO	D4	discharge on same day	R7	Request for reopening Reason Code - Corrections other than
79	CORF services provided offsite	BP	Gulf Oil Spill of 2010		clerical errors
80	Home dialysis - nursing facility	C1	Approved as billed	R8	Request for reopening Reason Code - New and Material
81	C-section/Inductions <39 weeks-Medical Necessity	C2	Automatic approval as billed based on focused review	<b>D</b> 0	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 or greater	C4	Admission/services denied	WO	United Mine Workers of America (UMWA) Demonstration
84	Dialysis for Acute Kidney Injury	C5	Post-payment review applicable		Indicator
6-	(AKÍ)	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 Justification	D1	Changes to Charges	W5	Level III Appeal
	Justification	D3	Second or Subsequent Interim PPS Bill		

Beginning Position:	58 2	Data Source:	Claim
Length: Field 23:	CONDITION_CODE	Type:	Alphanumeric
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Coding Scheme: Beginning Position:	60	Data Source:	Claim
Length:	2	_ : : : : : : : : : : : : : : : : : : :	Alphanumeric
Field 24:		Type:	Alphanumenc
rielu 24:	CONDITION_CODE		h
	Code describing a cor	idition relating to ti	ne ciaim.
Coding Scheme:	Same as Field CONDITION		Claire
Beginning Position:	62	Data Source:	Claim
Length: Field 25:	2	Type:	Alphanumeric
-ieia 25:	CONDITION_CODE		
0 - 4! C -	Code describing a condit	ion relating to the cla	aim.
Coding Scheme:	Same as Field 22.	D-4- C	Claire
Beginning Position:	64	Data Source:	Claim
.ength: ield 26:	CONDITION CODE	Type:	Alphanumeric
-ieia 26:	CONDITION_CODE		
	Code describing a cor		ne ciaim.
Coding Scheme:	Same as Field CONDITIO		CI :
Beginning Position:	66	Data Source:	Claim
ength:	2	Туре:	Alphanumeric
Field 27:	CONDITION_CODE		
	Code describing a cor		ne claim.
Coding Scheme:	Same as Field CONDITION		
Beginning Position:	68	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 28:	CONDITION_CODE		
	Code describing a cor	idition relating to the	he claim.
Coding Scheme:	Same as Field CONDITION	ON_CODE_1.	
Beginning Position:	70	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 29:	CONDITION_CODE		
	Code describing a cor	idition relating to the	he claim.
Coding Scheme:	Same as Field CONDITION		
Beginning Position:	72	Data Source:	Claim
Length:	2	Туре:	Alphanumeric
Field 30:	PAT_REASON_FOR_	_VISIT	
	ICD-10-CM diagnosis	code, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied fol		
Beginning Position:	74	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 31:	PRINC_DIAG_CODE		
			pal diagnosis, including the 4th, 5th, 6th and
			ed following the third character.
Beginning Position:	81	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 32:	OTH_DIAG_CODE_:		
·			e 4th, 5th, 6th and 7th digits if applicable.
Daalaalaa Daalala	Decimal is implied fol		
Beginning Position:	88	Data Source:	Claim
Length: Field 33:	7 OTH_DIAG_CODE_2	Type:	Alphanumeric
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Field 35:	OTH_DIAG_CODE_4			
	ICD-10-CM diagnosis code,	, including the	4th, 5th, 6th and	7th digits if applicable.
	Decimal is implied following			
Beginning Position:		Data Source:	Claim	
Length:		Гуре:	Alphanumeric	
Field 36:	OTH_DIAG_CODE_5	to all alternations	All Ell Cil	1.766 distra 16 and 15 and 1
	ICD-10-CM diagnosis code			1 /th digits if applicable.
Designing Desitions	Decimal is implied following	g the third cha Data Source:	racter. Claim	
Beginning Position: Length:		ype:	Alphanumeric	
Field 37:	OTH_DIAG_CODE_6	,,,,,	7 iipriariarii eric	
	ICD-10-CM diagnosis code	, including the	4th, 5th, 6th and	7th digits if applicable.
	Decimal is implied following	g the third cha	racter.	3 11
<b>Beginning Position:</b>	123	Data Source:	Claim	
Length:		Гуре:	Alphanumeric	
Field 38:	OTH_DIAG_CODE_7			
	ICD-10-CM diagnosis code,			l 7th digits if applicable.
D!! D!4!	Decimal is implied following			
Beginning Position: Length:		Data Source: Type:	Claim Alphanumeric	
Field 39:	OTH_DIAG_CODE_8	урсі	Alphanamene	
	ICD-10-CM diagnosis code,	. including the	4th, 5th, 6th and	7th digits if applicable.
	Decimal is implied following			. / a.g appeas.e.
Beginning Position:		Data Source:	Claim	
Length:		Гуре:	Alphanumeric	
Field 40:	OTH_DIAG_CODE_9			
	ICD-10-CM diagnosis code	, including the	4th, 5th, 6th and	l 7th digits if applicable.
	Decimal is implied following			
Beginning Position:	_	Data Source:	Claim	
Length: Field 41:	OTH_DIAG_CODE_10	Гуре:	Alphanumeric	
11010 411	ICD-10-CM diagnosis code,	including the	4th 5th 6th and	7th digits if applicable
	Decimal is implied following			i / iii digits ii applicable.
Beginning Position:	·	Data Source:	Claim	
Length:		Гуре:	Alphanumeric	
Field 42:	OTH_DIAG_CODE_11			
	ICD-10-CM diagnosis code	, including the	4th, 5th, 6th and	l 7th digits if applicable.
Designing Desitions	Decimal is implied following			
Beginning Position: Length:		Data Source: Type:	Claim Alphanumeric	
Field 43:	OTH_DIAG_CODE_12	урс.	Alphanumenc	
	ICD-10-CM diagnosis code	. including the	4th, 5th, 6th and	7th digits if applicable.
	Decimal is implied following			. / a.g appeas.e.
Beginning Position:		Data Source:	Claim	
Length:		Гуре:	Alphanumeric	
Field 44:	OTH_DIAG_CODE_13			
	ICD-10-CM diagnosis code,			17th digits if applicable.
Danimulus Danitians	Decimal is implied following			
Beginning Position: Length:		Data Source: Type:	Claim Alphanumeric	
Field 45:	OTH_DIAG_CODE_14	урсі	Alphanameric	
	ICD-10-CM diagnosis code	. including the	4th, 5th, 6th and	7th digits if applicable.
	Decimal is implied following			. / a.g appeas.e.
Beginning Position:		Data Source:	Claim	
Length:		Гуре:	Alphanumeric	
Field 46:	OTH_DIAG_CODE_15			
	ICD-10-CM diagnosis code,			I 7th digits if applicable.
	Decimal is implied following			
Beginning Position:	186	Data Source:	Claim	
Length:	186 <b>C</b> 7	Data Source: Type:	Alphanumeric	
Beginning Position: Length: Field 47: DSHS/THCIC	186			DSHS Document #25-15013

			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	_	
Beginning Position: Length:	193 7	Data Source: Type:	Claim Alphanumeric
Field 48:	OTH_DIAG_CODE_17	туре.	Alphanument
		de, includina the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow	ing the third ch	aracter.
<b>Beginning Position:</b>	200	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 49:	OTH_DIAG_CODE_18		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	207	Data Source:	Claim
Length: Field 50:	7 OTH_DIAG_CODE_19	Туре:	Alphanumeric
riela 30.		de including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	214	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 51:	OTH_DIAG_CODE_20		•
		de, including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
<b>Beginning Position:</b>	221	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 52:	OTH_DIAG_CODE_21		
			e 4th, 5th, 6th and 7th digits if applicable.
Danimaia a Danihia a	Decimal is implied follow		
Beginning Position: Length:	228 7	Data Source:	Claim Alphanumeric
Field 53:	OTH_DIAG_CODE_22	Туре:	Alphanumenc
Ticia 551		de including the	e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
<b>Beginning Position:</b>	235	Data Source:	Claim
Length:	7	Туре:	Alphanumeric
Field 54:	OTH_DIAG_CODE_23		
			e 4th, 5th, 6th and 7th digits if applicable.
	Decimal is implied follow		
Beginning Position:	242	Data Source:	Claim
Length:	7 OTH DIAC CODE 24	Туре:	Alphanumeric
Field 55:	OTH_DIAG_CODE_24	مام نصمان مانصم الم	Ath Eth Cth and 7th digits if annicable
	Decimal is implied follow	ue, including the	e 4th, 5th, 6th and 7th digits if applicable.
Beginning Position:	249	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 56:	RELATED CAUSE_COD		-
		_	e of an illness, injury or an accident.
Coding Scheme:	AA Auto accident		
	AB Abuse		
	AP Another party responsible	9	
	EM Employment OA Other accident		
Beginning Position:	256	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 57:	RELATED_CAUSE_COL	DE _2	
	Code identifying an acco	mpanying cause	e of an illness, injury or an accident.
Coding Scheme:	Same as Field RELATED_CA	USE_CODE_1.	
Beginning Position:	258	Data Source:	Claim
Length: Field 58:	DELATED CAUSE COR	Type:	Alphanumeric
rielu 50:	RELATED_CAUSE_COD		of an illnoon injuny or an assident
Coding Schame	Same as Field RELATED CA		e of an illness, injury or an accident.
Coding Scheme:	Jame as Field RELATED_CA	IOSE_CODE_1.	
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Beginning Position: Length:	260 2	Data Source: Type:	Claim Alphanumeric
Field 59:	E_CODE_1	71	je i i i i i i
			e, including the 4th, 5th, 6th and 7th digits if the of injury. A decimal is implied following the
Beginning Position: Length:	262 7	Data Source: Type:	Claim Alphanumeric
Field 60:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	269 7	Data Source: Type:	Claim Alphanumeric
Field 61:			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	276 7	Data Source: Type:	Claim Alphanumeric
Field 62:	E_CODE_4	.,,,,,	7.10.10.10
			e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	283 7	Data Source: Type:	Claim Alphanumeric
Field 63:	<b>E_CODE_5</b> ICD-10-CM external caus	se of injury code	e, including the 4th, 5th, 6th and 7th digits if se of injury. Decimal is implied following the
Beginning Position: Length:	290 7	Data Source: Type:	Claim Alphanumeric
Field 64:	E_CODE_6 ICD-10-CM external caus	se of injury code	, including the 4th, 5th, 6th and 7th digits if
			se of injury. Decimal is implied following the
Beginning Position: Length:	applicable, of an addition	Data Source:	se of injury. Decimal is implied following the  Claim
Beginning Position: Length: Field 65:	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	se of injury. Decimal is implied following the
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	Claim Alphanumeric  , including the 4th, 5th, 6th and 7th digits if
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Beginning Position: Length:	325 7	Data Source: Type:	Claim Alphanumeric
Field 69:	PROC_CODE_1	турс.	Aphanamene
ricia osi		ther procedure v	with the highest charge performed during
	the period covered by the		
Beginning Position:	332	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 70:	PROC_CODE_2	Турсі	Alphanamene
11010 701		procedure with	the next highest charge performed during
	the period covered by the		
Pasinning Position:	337	Data Source:	Claim
Beginning Position: Length:	5	Type:	Alphanumeric
Field 71:	PROC_CODE_3	туре.	Alphanameric
riciu / I.		nrocoduro with	the next highest charge performed during
Pasinning Position:	the period covered by the		
Beginning Position: Length:	342 5	Data Source: Type:	Claim Alphanumeric
Field 72:	PROC_CODE_4	туре.	Alphanameric
Field 72.		مادانين مسيما ممسم	the next bigbook about a newformed division
			the next highest charge performed during
Danisania - Danisia -	the period covered by the		
Beginning Position:	347 5	Data Source: Type:	Claim Alphanumeric
Length: Field 73:	PROC CODE 5	туре:	Alphanumenc
ı ıcıu /J.	<b>—</b>	nrocoduro with	the next highest charge performed decrine
			the next highest charge performed during
Barriaga Barriaga	the period covered by the		
Beginning Position:	352	Data Source:	Claim
Length: Field 74:	5	Туре:	Alphanumeric
rieid 74:	PROC_CODE_6		Alexander de la Carlo de Carlo
			the next highest charge performed during
	the period covered by the		
Beginning Position:	357	Data Source:	Claim
Length:	5	Туре:	Alphanumeric
Field 75:	PROC_CODE_7		
			the next highest charge performed during
	the period covered by the		
Beginning Position:	362	Data Source:	Claim
Length: Field 76:	PROC_CODE_8	Туре:	Alphanumeric
rieid 76:			Alexander de la Carlo de Carlo
			the next highest charge performed during
	the period covered by the		
Beginning Position:	367	Data Source:	Claim
Length: Field 77:	5	Туре:	Alphanumeric
rieid //:	PROC_CODE_9		Alexander de la Carlo de La Ca
			the next highest charge performed during
Designation De 111	the period covered by the		
Beginning Position:	372	Data Source:	Claim
Length: Field 78:	PROC_CODE_10	Туре:	Alphanumeric
i ielu 70.		nrocodino mille	the post bighost shares newfarmed desire
			the next highest charge performed during
Posinnina Daaltias	the period covered by the 377	Data Source:	CPT code. Claim
Beginning Position: Length:	5	Type:	Alphanumeric
Field 79:	PROC_CODE_11	ı ype.	Alphanament
u / J.		nrocodure with	the next highest charge performed during
			the next highest charge performed during
Reginning Desition:	the period covered by the 382		
Beginning Position:		Data Source: Type:	Claim Alphanumeric
Length:	5		Alphanument
Length:	DDOC CODE 12	турс.	·
Length: Field 80:	PROC_CODE_12		
	PROC_CODE_12 Code for surgical or other	procedure with	the next highest charge performed during
Field 80:	PROC_CODE_12 Code for surgical or other the period covered by the	procedure with	the next highest charge performed during CPT code.
Field 80:  Beginning Position:	PROC_CODE_12 Code for surgical or other	procedure with bill. HCPCS or (	the next highest charge performed during CPT code. Claim
Field 80:	PROC_CODE_12 Code for surgical or other the period covered by the 387	procedure with	the next highest charge performed during CPT code.

Length:	5	Type:	Alphanumeric	
Field 81:	PROC_CODE_13			
	Code for surgical or other	· procedure with	the next highest	charge performed during
	the period covered by the			<del>-</del> ·
Beginning Position:	392	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 82:	PROC_CODE_14			
	Code for surgical or other	· procedure with	n the next highest	charge performed during
	the period covered by the			<b>5</b> .
Beginning Position:	397	Data Source:	Claim	
Length:	5	Type:	Alphanumeric	
Field 83:	PROC_CODE_15			
	Code for surgical or other	nrocedure with	the next highest	charge performed during
	the period covered by the			charge performed daming
Beginning Position:	402	Data Source:	Claim	
Length:		Type:	Alphanumeric	
Field 84:	PROC_CODE_16	.,,,,	7 apriariament	
	Code for surgical or other	nroceduro with	the nevt highest	charge performed during
				charge performed during
Posinning Position:	the period covered by the	Data Source:		
Beginning Position:	407 5		Claim Alphanumeric	
Length: Field 85:	PROC CODE 17	Туре:	Aiphanumenc	
riela 65:			. He a second let also at	ala a una constanta de desta
	Code for surgical or other			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			charge performed during
	the period covered by the	bill. HCPCS or	CPT code.	
Beginning Position:	417	Data Source:	Claim	
Length:	5	Туре:	Alphanumeric	
Field 87:	PROC_CODE_19			
	Code for surgical or other	procedure with	the next highest	charge performed during
	the period covered by the			
Beginning Position:	422	Data Source:	Claim	
Length:	5	Туре:	Alphanumeric	
Field 88:	PROC_CODE_20	<u> </u>		
	Code for surgical or other	procedure with	the next highest	charge performed during
				g - p
	The belief covered by the	, 5,,,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Reginning Position	the period covered by the	Data Source	Claim	
Beginning Position: Lenath:	427	Data Source: Type:	Claim Alphanumeric	
Length:	427 5	Data Source: Type:	Alphanumeric	
Beginning Position: Length: Field 89:	427 5 PROC_CODE_21	Туре:	Alphanumeric	charge performed durin
Length:	427 5 PROC_CODE_21 Code for surgical or other	Type: procedure with	Alphanumeric  the next highest	charge performed during
Length: Field 89:	PROC_CODE_21 Code for surgical or other the period covered by the	Type: procedure with bill. HCPCS or	Alphanumeric  the next highest CPT code.	charge performed during
Length: Field 89: Beginning Position:	PROC_CODE_21 Code for surgical or other the period covered by the 432	rype:  procedure with bill. HCPCS or Data Source:	Alphanumeric  the next highest CPT code. Claim	charge performed during
Length: Field 89: Beginning Position: Length:	PROC_CODE_21 Code for surgical or other the period covered by the 432 5	Type: procedure with bill. HCPCS or	Alphanumeric  the next highest CPT code.	charge performed during
Length: Field 89: Beginning Position:	PROC_CODE_21 Code for surgical or other the period covered by the 432 FROC_CODE_22	rype:  procedure with bill. HCPCS or Data Source: Type:	Alphanumeric  the next highest CPT code. Claim Alphanumeric	
Length: Field 89: Beginning Position: Length:	PROC_CODE_21 Code for surgical or other the period covered by the 432 PROC_CODE_22 Code for surgical or other	rype:  procedure with bill. HCPCS or Data Source: Type:	Alphanumeric  the next highest CPT code. Claim Alphanumeric  the next highest	
Length: Field 89: Beginning Position: Length: Field 90:	PROC_CODE_21 Code for surgical or other the period covered by the 432 PROC_CODE_22 Code for surgical or other the period covered by the	rype:  procedure with bill. HCPCS or Data Source: Type:  procedure with bill. HCPCS or	Alphanumeric  the next highest CPT code. Claim Alphanumeric  the next highest CPT code.	
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Field 93:	PROC_CODE_25		-	
11010 331	Code for surgical or other procedure with the next highest charge performed during			
	the period covered by th			
<b>Beginning Position:</b>	452 ,	Data Source:	Claim	
Length:	5	Туре:	Alphanumeric	
Field 94:	OTHER_AMOUNT	Other Charge	Amount Calculated using MEDDAD algorithm	
			Amount. Calculated using MEDPAR algorithm. codes other than 0100-0219, revenue	
			3X, 055X-060X, 064X-070X, 076X-078X,	
	090X-095X, 099X.	02 17, 0327 03	sk, ossk odek, od ik orok, orok orok,	
<b>Beginning Position:</b>	457	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 95:	PHARM_AMOUNT	Dharmasy Cha	rgo Amount Calculated using MEDDAD	
	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		threvenue codes other than 0100 0215,	
<b>Beginning Position:</b>	469	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 96:	MEDSURG_AMOUNT	M !: 1/0 :		
			al Supply Charge Amount. Calculated using ociated with revenue codes other than 0100-	
	0219, revenue center 02		ociated with revenue codes other than 0100-	
Beginning Position:	481	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 97:	DME_AMOUNT			
			al Equipment Charge Amount. Calculated	
	using MEDPAR algorithm 0100-0219, revenue cen		s associated with revenue codes other than	
Beginning Position:	493	Data Source:	, 0294-0299. Calculated	
Length:	12	Type:	Numeric	
Field 98:	USED_DME_AMOUNT			
			Medical Equipment Charge Amount.	
			n of charges associated with revenue codes	
Beginning Position:	other than 0100-0219, r 505	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 99:	PT_AMOUNT			
			by Charge Amount. Calculated using MEDPAR	
	-	es associated wi	th revenue codes other than 0100-0219,	
Beginning Position:	revenue center 042X. 517	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 100:	OT_AMOUNT			
			herapy Charge Amount. Calculated using	
			ociated with revenue codes other than 0100-	
Beginning Position:	0219, revenue center 04 529	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 101:	SPEECH_AMOUNT			
			ogy Charge Amount. Calculated using	
			ociated with revenue codes other than 0100-	
Beginning Position:	0219, revenue center 04 541	AX, U4/X. Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 102:	IT_AMOUNT			
			rapy Charge Amount. Calculated using	
			ociated with revenue codes other than 0100-	
Poginning Positions	0219, revenue center 04		Calculated	
Beginning Position: Length:	553 12	Data Source: Type:	Calculated Numeric	
	<del>-</del>			
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Field 103:	BLOOD_AMOUNT			
	<u>—</u>	ge for blood provid	ded during the patient's stay. Calculated	
			es associated with revenue codes other than	
	0100-0219, revenue c	enter 038X.		
Beginning Position:	565	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 104:	BLOOD_ADMIN_AMO			
			ge and processing related to the patient's	
			n. Sum of charges associated with revenue	
	codes other than 0100			
Beginning Position: Length:	577 12	Data Source: Type:	Calculated Numeric	
Field 105:	OR AMOUNT	туре.	Numeric	
		ne. Operating Roo	m Charge Amount. Calculated using MEDPAR	
			ith revenue codes other than 0100-0219,	
	revenue center 036X,		ich revenue codes other than 0100 0215,	
Beginning Position:	589	Data Source:	Calculated	
Length:	12	Type:	Numeric	
Field 106:	LITH_AMOUNT			
	Ancillary Service Charg	ge, Lithotripsy Cha	arge Amount. Calculated using MEDPAR	
			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,			
	revenue center 048X,			
Beginning Position:	613	Data Source:	Calculated	
Length:	12	Туре:	Numeric	
Field 108:	ANES_AMOUNT			
	Amaillam, Camilaa Cham		and American Calculated water MEDDAD	
			arge Amount. Calculated using MEDPAR	
	algorithm. Sum of cha		arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,	
Reginning Position	algorithm. Sum of cha revenue 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	
	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 winder of the contract of the	ith revenue codes other than 0100-0219,  Calculated  Numeric	
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Length:	algorithm. Sum of cha revenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Chargalgorithm. 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 cha revenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Charg	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: Length:	algorithm. Sum of cha revenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Chargalgorithm. Sum of cha revenue center 030X-0	Data Source: Type:  ge, Laboratory Charges associated wides as well as wides as well as wel	Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,	
Length: Field 109:  Beginning Position: Length:	algorithm. Sum of cha revenue center 037X. 625 12 LAB_AMOUNT Ancillary Service Chargalgorithm. Sum of cha revenue center 030X-0	Data Source: Type:  ge, Laboratory Charges associated wide wide with the course 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 Chargalgorithm. Sum of charevenue center 030X-0637 12  RAD_AMOUNT	Data Source: Type:  ge, Laboratory Charges associated wide wide with the control of the control	Calculated Numeric  Arge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated  Calculated	
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Length: Field 109:  Beginning Position: Length: Field 110:  Beginning Position:	algorithm. Sum of charevenue center 037X. 625 12  LAB_AMOUNT Ancillary Service Chargalgorithm. Sum of charevenue center 030X-0637 12  RAD_AMOUNT Ancillary Service Chargalgorithm. Sum of charevenue center 028X, 649	Data 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 Numeric  rge Amount. Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated Calculated using MEDPAR ith revenue codes other than 0100-0219,  Calculated	
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Field 113:	ER_AMOUNT	_	
	Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than		
	0219, revenue center 04		
Beginning Position:	685	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 114:	AMBULANCE_AMOUNT		
			arge Amount. Calculated using MEDPAR
	algorithm. Sum of charges associated with revenue codes other than 0100-02		
	revenue center 054X.		
Beginning Position:	697	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 115:	PRO_FEE_AMOUNT	5 6	
			ee Charge Amount. Calculated using MEDPAR
			ith revenue codes other than 0100-0219,
	revenue center 096X-09		
Beginning Position:	709	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 116:	ORGAN_AMOUNT		
			ion Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 08	•	
Beginning Position:	721	Data Source:	Calculated
Length:	12	Туре:	Numeric
Field 117:	ESRD_AMOUNT	E 101 B	
			al Dialysis Charge Amount. Calculated using
			ociated with revenue codes other than 0100-
	0219, revenue center 08		
Beginning Position:	733	Data Source:	Calculated
Length: Field 118:	CLINIC AMOUNT	Туре:	Numeric
rieiu 110:	CLINIC_AMOUNT	Clinia Viait Cha	was Amount Coloulated using MEDDAD
			rge Amount. Calculated using MEDPAR
		es associated w	ith revenue codes other than 0100-0219,
Doninging Donition	revenue center 051X. 745	Data Carres	Coloulated
Beginning Position: Length:	745 12	Data Source: Type:	Calculated Numeric
Field 119:	TOTAL_CHARGES	туре.	Numeric
11010 1131	Sum of accommodation charges, non-covered accommodation charges, ancillary		
	charges, non-covered ar		vered accommodation charges, anchary
Beginning Position:	757	Data Source:	Claim
Length:	12	Type:	Numeric
Field 120:	TOTAL_NON_COV_CH		
			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		ry charges.
Beginning Position:	781	Data Source:	Claim
Length:	12	Type:	Numeric
Field 122:	TOTAL_NON_COV_CH	ARGES_ANCIL	
	Sum of non-covered and		
<b>Beginning Position:</b>	793	Data Source:	Claim
Length:	12	Туре:	Numeric
Field 123:	PHYSICIAN1_INDEX_	NUMBER	
		_	

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

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

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

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

authorized by the facility to treat patients.

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

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

**Coding Scheme:** 999999998 Cell size less than 5

999999999 Temporary license or license number could not be matched

**Data Source: Beginning Position:** 805 **Assigned** Length: Type: Alphanumeric

Field 124: PHYSICIAN2\_INDEX\_NUMBER

**Description:** Unique identifier assigned to the licensed physician reported as the other provider, if

> reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to

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

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

authorized by the facility to treat patients.

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

represented for CCS PROC CODE 1 for a facility is less than five.

**Coding Scheme:** 999999998 Cell size less than 5

> 999999999 Temporary license or license number could not be matched

**Beginning Position:** 815 **Data Source: Assigned** Length: Type: Alphanumeric 10

Field 125: INPUT\_FORMAT

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

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

**Beginning Position:** 825 **Data Source: Assigned** Length: Type: Alphanumeric

Field 126: SOURCE\_OF\_ADMISSION

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

**Coding Scheme:** Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)

Clinic or Physician's Office

Transfer from a hospital 4

Transfer from a skilled nursing facility, intermediate care facility or assisted living facility

Transfer from another health care facility 6

8 Court/Law Enforcement

Information not available

Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital D

Alphanumeric

Resulting in a Separate Claim to the Payer

Transfer from Ambulatory Surgery Center

Transfer from a Hospice Facility

Invalid

If Type of Admission=4 (Newborn)

Born inside this hospital

6 Born outside this hospital

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

Length: 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:** 

Discharged to home or self-care (routine 01

discharge)

02 Discharged/transferred to a short term general

hospital for inpatient care

Discharged/transferred to skilled nursing facility 03 (SNF) with Medicare certification in anticipation of skilled care

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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	67	Facility with a Planned Acute Care Hospital			
41	Expired, place unknown	20	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)	92	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		2013)			
	Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)	95	Discharged to home or self-care (routine discharge)			
82	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a	`	Invalid			

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:**

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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 - pediatric	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	0100	nursing home (for hospitalization)
0125	Room charges for semi-private rooms - hospice	0148	Room charges for private (deluxe) rooms - rehabilitation	0183 0185	Room charges for LOA - therapeutic leave Room charges for LOA -
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	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 (deluxe) rooms - pediatric	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	0136	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	- 3/4 beds - rooms - oncology	0164	Room charges for other rooms  – Sterile Environment
0113	Room charges for private rooms - pediatric	0137	<ul> <li>3/4 beds - rooms - detoxification</li> <li>Room charges for semi-private</li> </ul>	0160	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 - other
0111	Room charges for private rooms - medical/surgical/GYN	0135	Room charges for semi-private	0158	Room charges for ward rooms -
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
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 -	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

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			hourly charge	0521	Freestanding Clinic - Clinic Vis by Member to RHC/FQHC
0387	Blood - other derivatives (cryoprecipitate) Blood - other	0442	visit charge Speech-language pathology -	0520	Freestanding Clinic - general
0386	Blood - other components	0440	Speech-language pathology - general Speech-language pathology -	0517 0519	Clinic - family practice  Clinic - other
0385	Blood - leukocytes	0439	Occupational therapy - other	0516	Clinic - urgent care
0384	Blood - platelets	0434	Occupational therapy - evaluation or reevaluation	0515	Clinic - pediatric
0383	Blood - plasma	0433	Occupational therapy - group rate	0514	Clinic - OB/GYN
0382	Blood - whole blood	0432	Occupational therapy - hourly charge	0513	Clinic - psychiatric
0381	Blood - packed red cells	0431	Occupational therapy - visit charge	0512	Clinic - dental
0379	Blood - general	0430	Occupational therapy - general	0511	Clinic - chronic pain
0379	Anesthesia - other	0429	Physical therapy - other	0510	Clinic - general
0372	diagnostic services Anesthesia - acupuncture	0424	Physical therapy - evaluation or reevaluation	0500 0509	Outpatient services - general  Outpatient services - other
0371	radiology  Anesthesia - incident to other	0423	Physical therapy - group rate	0499	Ambulatory surgical care - other
0370	Anesthesia - general  Anesthesia - incident to	0422	Physical therapy - hourly charge	0490	Ambulatory surgical care - general
0369	Operating room services - other	0421	Physical therapy - visit charge	0489	Cardiology - other
	kidney transplant	0420	Physical therapy - general	0483	Cardiology - echocardiology
0367	kidney  Operating room services -	0419	Respiratory services - other	0482	Cardiology - stress test
0362	Operating room services - organ transplant other than	0413	Respiratory services - hyperbaric oxygen therapy	0481	Cardiology - cardiac cath lab
0361	Operating room services - minor surgery	0412	Respiratory services - inhalation	0480	Cardiology - general
0360	Operating room services - general	0410	Respiratory services - general	0479	Audiology - other
0359	CT scan - other	0409	Other imaging services - other	0472	Audiology - treatment
0352	CT scan - body	0404	Other imaging services - PET	0471	Audiology - diagnostic
0351	CT scan - head	0403	Other imaging services - screening mammography	0470	Audiology - general
0350	CT scan - general	0402	Other imaging services - ultrasound	0469	Pulmonary function - general  Pulmonary function - other
0349	radiopharmaceuticals Nuclear medicine - other	0401	Other imaging services - diagnostic mammography	0459 0460	Emergency room - other
0344	radiopharmaceuticals  Nuclear medicine - therapeutic		general	0456	Emergency room - urgent ca
0343	Nuclear medicine - diagnostic	0400	processing - other Other imaging services -		EMTALA screening
0342	procedures  Nuclear medicine - therapeutic procedures	0399	Blood and blood component administration, storage and	0452	emergency medical screening services Emergency room - beyond
0341	Nuclear medicine - diagnostic		processing – processing and storage	0451	Emergency room - EMTALA
0340	Nuclear medicine - general	0392	Blood and blood component administration, storage and	0450	other Emergency room - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0391	Blood and blood component administration, storage and processing - administration	0449	evaluation or reevaluation  Speech-language pathology
	chemotherapy administration - chemotherapy - IV		administration, storage and processing - general	0444	group rate Speech-language pathology -
0335	Radiology - therapeutic and/or	0390	Blood and blood component	0443	Speech-language pathology -

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 Stay at SNF	0571	Home health aide - visit charge	0624	Medical/surgical supplies - FDA 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 Freestanding Clinic - urgent	0580	Other visits (home health) - general	0633	Drugs requiring specific identification - restrictive
0020	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
0520	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 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 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	0645	Home IV therapy services - training patient/caregiver,
0543	Ambulance service - heart mobile		Technology (MRT) - MRI - general	0646	central line Home IV therapy services -
0544	Ambulance service - oxygen	0611	Magnetic Resonance Technology (MRT) - MRI - brain		training, disabled patient, central line
0545	Ambulance service - air ambulance	0612	(including brain stem)  Magnetic Resonance	0647	Home IV therapy services - training, patient/caregiver,
0546	Ambulance service - neonatal		Technology (MRT) - MRI - 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
0560	Medical social services - general	0621	Medical/surgical supplies - incident to radiology	0657	inpatient care (non-respite) Hospice services - physician
0561	Medical social services - visit charge		medent to radiology		services

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

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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
	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 - drug rehabilitation	0987	Professional fees - hospital visit
	treatments/services - activity therapy	0945	Other therapeutic services -	0988	Professional fees - consultation
0905	Behavior health treatments/services - intensive	0946	alcohol rehabilitation Other therapeutic services -	0989	Professional fees - private duty nurse
0906	outpatient services - psychiatric Behavior health		complex medical equipment - routine	0990	Patient convenience items - general
	treatments/services - intensive outpatient services - chemical dependency	0947	Other therapeutic services - complex medical equipment -	0991	Patient convenience items - cafeteria/guest tray
0907	Behavior health treatments/services -	0948	ancillary Other therapeutic services –	0992	Patient convenience items - private linen service
	community behavioral health program	0949	pulmonary rehabilitation Other therapeutic services -	0993	Patient convenience items - telephone/telegraph
0911	Behavior health		other	0994	Patient convenience items -
	treatment/services - rehabilitation	0951	Other therapeutic services – athletic training	0995	TV/radio  Patient convenience items -
0912	Behavior health	0952	Other therapeutic services -	0330	nonpatient room rentals
	treatment/services - partial hospitalization - less intensive	0953	kinesiotherapy Other therapeutic services –	0996	Patient convenience items - late discharge charge
0913	Behavior health treatment/services - partial		chemical dependency (drug and alcohol)	0997	Patient convenience items - admission kits
0914	hospitalization - intensive Behavior health	0960	Professional fees - general	0998	Patient convenience items - beauty shop/barber
	treatment/services - individual therapy	0961	Professional fees - psychiatric	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 - biofeedback	0969	Professional fees - other	1002	Behavior health accommodations - residential treatment - chemical
0918	Behavior health treatment/services - testing	0971	Professional fees - laboratory	1002	dependency
0919	Behavior health treatment/services - other	0972	Professional fees - radiology - diagnostic	1003	Behavior health accommodations - supervised living
0920	Other diagnostic services - general	0973	Professional fees - radiology - therapeutic	1004	Behavior health accommodations - halfway
0921	Other diagnostic services - peripheral vascular lab	0974	Professional fees - radiology - nuclear medicine	1005	house Behavior health
0922	Other diagnostic services - electromyogram	0975	Professional fees - operating room		accommodations - group home

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2100	Alternative thera general	py services -	2105	Alternative therapy servi biofeedback	ces -	3103	Adult day care, medical and social - daily
2101	Alternative thera acupuncture	py services -	2106	Alternative therapy servi hypnosis	ces -	3104	Adult day care, social - daily
2102	Alternative thera acupressure	py services -	2109	Alternative therapy servi other	ces -	3105	Adult foster care - daily
2103	Alternative thera massage	py services -	3101	Adult day care, medical a social - hourly	and	3109	Adult foster care - other
2104	Alternative thera reflexology	py services -	3102	Adult day care, social - h	ourly		
Reginn	ing Position:	13		Data Source:	Claim		
Length		4		Type:	Alphani	umeric	
Field 3		HCPCS_QUA	LIFIE				
Descrip	otion:	Code identifyi HCPCS_PROC		type/source of the d _CODE.	lescriptiv	e numl	per used in
Beginn	ing Position:	17		Data Source:	Claim		
Length	:	2		Туре:	Alphanı	ımeric	
Field 4		HCPCS_PRO					
Descrip	otion:				າ (HCPCS	) code	applicable to ancillary
Cad:	Schomer	services or ac			CodoCata!!	MUCDO	Clist asp for somplete list of
Coaing	Scheme:	Level II HCPCS		ns.gov/HCPCSReieaseC	.oaeSets/ <i>F</i>	MHCPC	S/list.asp for complete list of
Beainn	ing Position:	19	coues.	Data Source:	Claim		
Length	-	5		Type:	Alphanı	umeric	
Field 5	1	MODIFIER_1	L				
Descrip		Identifies spec	cial circ	cumstances related t	o the per	formai	nce of the service
Coding	Scheme:						
22	Increased proced		58	Staged or Related Proced Service by the Same Phy			Professional During the Postoperative Period
23	Unusual Anesthe			or Other Qualified Health	Care	80	Assistant Surgeon
24	Unrelated Evalua Management Ser			Professional During the Postoperative Period		81	Minimum Assistant Surgeon
	Same Physician o	or Other	59	Distinct Procedural Servi	ce	82	Repeat procedure by same
	Qualified Health ( Professional duri		62	Two Surgeons			physician
	Postoperative Pe		63	Procedure Performed on	Infants	90	Reference (Outside) Laboratory
25	Significant, Sepa			less than 4kg	2	91	Repeat Clinical Diagnostic
	Identifiable Evalu Management Ser		66	Surgical Team		0.0	Laboratory Test
	Same Physician ( Qualified Health)	or Other	73	Discontinued Outpatient Hospital/Ambulatory Sur		92	Alternative Laboratory Platform Testing
	Professional on the			Center (ASC) Procedure		95	Synchronous Telemedicine
	of the Procedure	or Other		the Administration of			Service Rendered Via a Real- Time Interactive Audio and
26	Service		74	Anesthesia			Video Telecommunications
26	Professional Com	•	74	Discontinued Outpatient Hospital/Ambulatory Sur			System
27	Multiple Outpatie E/M Encounters of			Center (ASC) Procedure	after	99	Multiple Modifiers
	Date		76	Administration of Anesth Repeat Procedure by Sar		1P	Performance Measure Exclusion Modifier due to Medical Reasons
32	Mandated Service		70	Physician or Other Qualif Health Care Professional	fied	2P	Performance Measure Exclusion
33	Preventive Service		77	Repeat Procedure by And		3P	Modifier due to Patient Reasons Performance Measure Exclusion
47 50	Anesthesia by Su Bilateral Procedu			Physician or Other Qualif Health Care Professional	fied		Modifier due to System Reasons
51	Multiple Procedu		78	Unplanned Return to the Operating/Procedure Roo		8P	Performance Measure Reporting Modifier- Action not performed,
52	Reduced Services	5		the Same Physician or O		P1	reason not otherwise specified  A normal healthy patient
53	Discontinued Pro	cedure		Qualified Health Care Professional Following In	itial		, ,
54	Surgical Care On	ly		Procedure for a Related Procedure During the		P2	A patient with mild systemic disease
55	Postoperative Ma Only	nagement		Postoperative Period		Р3	A patient with severe systemic disease
56	Preoperative Mar	nagement Only	79	Unrelated Procedure or S by the Same Physician o		P4	A patient with severe systemic
57	Decision for Surg	ery		Qualified Health Care			disease that is a constant threat to life

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P5 A moribund patient who is			FA	Left hand, thumb		RT	Right side of the body
	expected to survoperation	rive without the	GG	Performance and payr		T-1	procedure
P6	A declared brain	-dead natient		screening mammogra	,	T1	Left foot, second digit
	whose organs are being			diagnostic mammogra same patient, same da		T2	Left foot, third digit
	removed for donor purposes		GH	, , ,		Т3	Left foot, fourth digit
E1	Upper left eyelid			converted from screen		T4	Left foot, fifth digit
E2	Lower left eyelid		LC	mammogram on same Left circumflex corona		T5	Right foot, great toe
E3	Upper right eyel	d	LD	Left anterior descending		Т6	Right foot, second digit
E4	Lower right eyel	id	LD	coronary artery	19	T7	Right foot, third digit
F1	Left hand, secon	d digit	LM	Left main coronary art	ery	Т8	Right foot, fourth digit
F2	Left hand, third	digit	LT	Left side of the body p	rocedure	Т9	Right foot, fifth digit
F3	Left hand, fourth	n digit	Q	Ambulance service pro		TA	Left foot, great toe
F4	Left hand, fifth o	ligit	М	under arrangement by provider of services	a	XE	Separate Encounter
F5	Right hand, thur	nb	QN	Ambulance service fur	nished	XS	Separate Structure
F6	Right hand, seco	nd digit		directly by a provider services		XP	Separate Practitioner
F7	Right hand, third	l digit	RC	Right coronary artery		XU	Unusual Non-Overlapping
F8	Right hand, four	th digit	RI	Ramus intermedius co	ronary	λυ	Service
F9	Right hand, fifth	digit	141	artery	ronar y		
Danima		_		Data Carrea	Claim		
Length	ning Position: n:	24 2		Data Source: Type:	Claim Alphan	umeric	
Field 6		MODIFIER 2		- 77			
Descri	ption:	_	al circ	cumstances related	I to the per	rforma	nce of the service.
Coding	Scheme:	Same as Field MO			•		
_	ing Position:	26		Data Source:	Claim		
Length		2		Туре:	Alphan	umeric	
Field 7		MODIFIER_3	-1 -2			. c	and a Calle and a second and
Descri	ption:	Identifies speci	ai circ	cumstances related	i to the bei		nco of the service
Coding	Schomo				с	TOTTIA	rice of the service.
-	Scheme:	Same as Field MO		ER_1	-	TOTTIA	nee of the service.
-	ing Position:				Claim Alphan		nee of the service.
Beginn	ning Position: n:	Same as Field MO 28		ER_1  Data Source:	Claim		nee of the service.
Beginn Length Field 8 Descrip	ning Position: 1: 1: ption:	Same as Field MC 28 2 MODIFIER_4 Identifies speci	al circ	ER_1 Data Source: Type: cumstances related	Claim Alphan	<u>umeric</u>	
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Beginn Length Field 8 Descrip Coding	ning Position: 1: 2: 3: 4: 5: 6: 7: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8:	Same as Field MC 28 2 MODIFIER_4 Identifies speci	al circ	ER_1 Data Source: Type: cumstances related	Claim Alphan I to the per	<u>umeric</u> rforma	
Beginn Length Field 8 Descrip Coding Beginn	ning Position:  i:  ption: Scheme: ning Position:	Same as Field MC 28 2 MODIFIER_4 Identifies speci Same as Field MC 30	al circ	Data Source: Type:  cumstances related ER_1 Data Source: Type:	Claim Alphan	<u>umeric</u> rforma	
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Beginn Length Field 8 Descrip Coding Beginn Length Field 9 Descrip	ning Position:  i:  ption: Scheme: ning Position: i:	Same as Field MG 28 2  MODIFIER_4 Identifies speci Same as Field MG 30 2  UNIT_MEASU Code specifying DA Days	al circodifie	Data Source: Type:  cumstances related ER_1     Data Source:     Type:  ENT_CODE  units in which a va	Claim Alphan I to the per Claim Alphan	umeric rforma umeric	nce of the service.
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Beginn Length Field 8 Descrip Coding Beginn Length Field 9 Descrip Coding Beginn Length Field 1 Descrip Beginn	ning Position:  ption: Scheme: ing Position: Scheme: Scheme: Oscheme: Oscheme: Oscheme:	MODIFIER_4 Identifies speci Same as Field MO 30 2  UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2  UNITS_OF_SE Numeric value 34	al circodified	Data Source: Type:  cumstances related ER_1	Claim Alphan  I to the per Claim Alphan  Iue is beine Claim Alphan  Claim	umeric rforma umeric g expr umeric	nce of the service.
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Beginn Length Field 8 Descrip Coding Beginn Length Field 9 Descrip Coding Beginn Length Field 1 Descrip Beginn Length	ning Position:  ption: pscheme: ing Position: ption: pscheme:  ption: ption: ption: ing Position: it: ption: ption: ing Position: it: ing Position: it: ing Position: it: ing Position:	MODIFIER_4 Identifies speci Same as Field MO 30 2  UNIT_MEASU Code specifying DA Days F2 Internat UN Unit 32 2  UNITS_OF_SE Numeric value 34 7  UNIT_RATE Rate per unit 41 12  CHRGS_LINE Total amount of 53 14  CHRGS_NON_ Total non-cove	al circondifference of quantities of quantities of the coverage of the coverag	Data Source: Type:  cumstances related FR_1 Data Source: Type:  ENT_CODE units in which a valunit  Data Source: Type:  CE antity Data Source: Type:  Data Source: Type:  M charge Data Source: Type:  mount of the charge	Claim Alphan  I to the per Claim Alphan  Iue is beine Claim Alphan  Claim Numeri Claim Numeri Assigne Numeri	umeric umeric g expr umeric ic	nce of the service.
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Lenath:	14	Type:	Numeric	

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

Field 1:	RECORD_ID	
Description:	Record Identification Number. Unique no	umber assigned to identify the record. The
	Record_ID in the ED Outpatient PUDF is	
	Inpatient PUDF or ED Research Data File	es (RDFs).
Beginning Position:	1 Data Source:	Assigned
Length:	12 Type:	Alphanumeric
Field 2:	CCSR_PRIN_DIAG_CODE	
		lassification of PRIN_DIAG_CODE into clinically
	meaningful diagnosis category.	
Beginning Position:	Data Source:	Assigned
Length: Field 3:	4 Type:	Alphanumeric
rieiu 3.	CCSR_OTH_DIAG_CODE_1 Clinical Classifications Software (CCS) cl	lassification of OTH DIAC CODE 1 into
	clinically meaningful diagnosis category.	
Beginning Position:	17 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 4:	CCSR_OTH_DIAG_CODE_2	Aphanamene
	Clinical Classifications Software (CCS) cl	lassification of OTH_DIAG_CODE_2 into
	clinically meaningful diagnosis category.	
Beginning Position:	21 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 5:	CCSR_OTH_DIAG_CODE_3	
	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODE 3 into
	clinically meaningful diagnosis category.	
Beginning Position:	Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 6:	CCSR_OTH_DIAG_CODE_4	
	Clinical Classifications Software (CCS) c	lassification of OTH_DIAG_CODE_4 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	29 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 7:	CCSR_OTH_DIAG_CODE_5	
	Clinical Classifications Software (CCS) cl	
	clinically meaningful diagnosis category.	
Beginning Position:	33 Data Source:	Assigned
Length: Field 8:	4 Type:	Alphanumeric
rieia 8:	CCSR_OTH_DIAG_CODE_6	leasification of OTH DIAC CODE Citate
	Clinical Classifications Software (CCS) cl	
Danimala a Danihiaa	clinically meaningful diagnosis category.	
Beginning Position: Length:	37 Data Source: Type:	Assigned Alphanumeric
Field 9:	CCSR_OTH_DIAG_CODE_7	Alphanumenc
i ieiu 3.	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODE 7 into
	clinically meaningful diagnosis category.	
Beginning Position:	41 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 10:	CCSR_OTH_DIAG_CODE_8	Alphanameric
	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODE 8 into
	clinically meaningful diagnosis category.	
Beginning Position:	45 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 11:	CCSR_OTH_DIAG_CODE_9	1 2 2 2
	Clinical Classifications Software (CCS) cl	lassification of OTH DIAG CODF 9 into
	clinically meaningful diagnosis category.	
Beginning Position:	49 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
<del>-</del>	1.5	
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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 OTTI_DIAG_CODE_10 INto
Beginning Position:	53 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 13:	CCSR_OTH_DIAG_CODE_11	r
	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	:: .:
	Clinical Classifications Software (CCS) classifications	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 of the state of th
	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	assification of OTH DIAC CODE 14 into
	Clinical Classifications Software (CCS) classification (CCS) classification (CCS) classification (CCS) classification (CCS)	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	F
	Clinical Classifications Software (CCS) classifications	assification of OTH_DIAG_CODE_15 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	73 <b>Data Source:</b>	Assigned
Length: Field 18:	4 Type:	Alphanumeric
rieia 18:	CCSR_OTH_DIAG_CODE_16 Clinical Classifications Software (CCS) cla	assification of OTH DIAC CODE 16 into
	clinical classifications software (CCS) clinically meaningful diagnosis category.	assincation of OTT_DIAG_CODE_10 into
Beginning Position:	77 <b>Data Source:</b>	Assigned
Length:	4 <b>Type</b> :	Alphanumeric
Field 19:	CCSR_OTH_DIAG_CODE_17	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_17 into
	clinically meaningful diagnosis category.	
Beginning Position:	81 Data Source: 4 Type:	Assigned
Length: Field 20:	CCSR_OTH_DIAG_CODE_18	Alphanumeric
11014 201	Clinical Classifications Software (CCS) cla	assification of OTH DIAG CODE 18 into
	clinically meaningful diagnosis category.	abbinedtion of offi_b1/(0_00b1_10 into
<b>Beginning Position:</b>	85 <b>Data Source:</b>	Assigned
Length:	4 Type:	Alphanumeric
Field 21:	CCSR_OTH_DIAG_CODE_19	
	Clinical Classifications Software (CCS) cl	assification of OTH_DIAG_CODE_19 into
Paginning Dagitians	clinically meaningful diagnosis category.  89 Data Source:	Assigned
Beginning Position: Length:	89 Data Source: 4 Type:	Assigned Alphanumeric
Field 22:	CCSR_OTH_DIAG_CODE_20	Aphanamene
	Clinical Classifications Software (CCS) cla	assification of OTH DIAG CODE 20 into
	clinically meaningful diagnosis category.	
<b>Beginning Position:</b>	93 Data Source:	Assigned
Length:	4 Type:	Alphanumeric
Field 23:	CCSR_OTH_DIAG_CODE_21	and the state of OTH DIAC CORE State
	Clinical Classifications Software (CCS) classification (CCS) classification (CCS) classification (CCS) classification (CCS)	assification of OTH_DIAG_CODE_21 into
Beginning Position:	clinically meaningful diagnosis category.  97	Assigned
Length:	4 Type:	Alphanumeric
Field 24:	CCSR_OTH_DIAG_CODE_22	p
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			assification of OTH_DIAG_CODE_22 into
Paginning Pagition	clinically meaningful diag	nosis category. <b>Data Source:</b>	
Beginning Position: Length:	4	Type:	Assigned Alphanumeric
Field 25:	CCSR_OTH_DIAG_COD		- Tapmamamoria
			assification of OTH_DIAG_CODE_23 into
	clinically meaningful diag		
<b>Beginning Position:</b>	105	Data Source:	Assigned
Length:	4	Туре:	Alphanumeric
Field 26:	CCSR_OTH_DIAG_COD		15 6
			assification of OTH_DIAG_CODE_24 into
Beginning Position:	clinically meaningful diag	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 27:	CCS_PROC_CODE_1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Tapmamamoria
		ftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_1 into clinic		
<b>Beginning Position:</b>	113	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 28:	CCS_PROC_CODE_2	(c) (c) (c)	
			r Services and Procedures classification of
Beginning Position:	PROC_CODE_2 into clinic 116	ally meaningful  Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 29:	CCS_PROC_CODE_3	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Tapmamamoria
		ftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_3 into clinic	cally meaningful	procedure category.
<b>Beginning Position:</b>	119	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 30:	CCS_PROC_CODE_4	(CCC) (-	o Comitant and Durandous along Continue of
			r Services and Procedures classification of
Beginning Position:	PROC_CODE_4 into clinic 122	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 31:	CCS_PROC_CODE_5	7.1	
			r Services and Procedures classification of
	PROC_CODE_5 into clinic		
Beginning Position:	125	Data Source:	Assigned
Length: Field 32:	CCS_PROC_CODE_6	Туре:	Alphanumeric
i iciu 32.		ftware (CCS) fo	r Services and Procedures classification of
	PROC CODE 6 into clinic		
Beginning Position:	128	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 33:	CCS_PROC_CODE_7		
			r Services and Procedures classification of
	PROC_CODE_7 into clinic		
Beginning Position: Length:	131 3	Data Source: Type:	Assigned Alphanumeric
Field 34:	CCS_PROC_CODE_8	i ype.	Alphanument
		ftware (CCS) fo	r Services and Procedures classification of
	PROC_CODE_8 into clinic		
<b>Beginning Position:</b>	134	Data Source:	Assigned
Length:	3	Туре:	Alphanumeric
Field 35:	CCS_PROC_CODE_9	(c. (c.c.) (	
			r Services and Procedures classification of
Pasinning Desitions	PROC_CODE_9 into clinic		
Beginning Position: Length:	137 3	Data Source: Type:	Assigned Alphanumeric
Field 36:	CCS_PROC_CODE_10	- 1	
	:: <u>-</u>		
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Beginning Position: 140 Data Source: Assigned Type: Alphanumeric Cospinal Procedure category. Patent St. Cospinal Procedure Cos				r Services and Procedures classification of
Length:   3   Type: Alphanumeric   Fleid 37:   CCS_PROC_CODE_11   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 into clinically meaningful procedure category.   143   Data Source: Assigned   CCS_PROC_CODE_12   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 into clinically meaningful procedure category.   Beginning Position:   160   Data Source: Assigned   Type: Alphanumeric   Type:	Paginning Pagitians			
CCS_PROC_CODE_11				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC CODE_11 into clinically meaningful procedure category.  143			Турсі	Aphanameric
PROC_CODE_11 into clinically meaningful procedure category.			ftware (CCS) for	r Services and Procedures classification of
Field 38: CCS_PROC_CODE_12				
CCS_PROC_CODE_12   Into clinically meaningful procedure category.		143	Data Source:	
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category.    Field 39:   CCS_PROC_CODE_13 into clinically meaningful procedure category.		_	Туре:	Alphanumeric
PROC_CODE_12 into clinically meaningful procedure category.  Beginning Position: Length: Field 39: CCS_PROC_CODE_3 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category.  Beginning Position: 149 Data Source: Assigned Alphanumeric  Beginning Position: CCS_PROC_CODE_14 into clinically meaningful procedure category. Beginning Position: 152 Data Source: Assigned Alphanumeric Alphanum	Field 38:			
Beginning Position: 146   Data Source: Assigned   Alphanumeric				
Field 49:   CCS_PROC_CODE_15	B B			
Field 39: CCS_PROC_CODE_13 into clinically meaningful procedure category.  Beginning Position: 149				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category.  Beginning Position: 149			туре:	Alphanumenc
PROC_CODE_13 into clinically meaningful procedure category.	ricia 55.		oftware (CCS) for	r Services and Procedures classification of
Beginning Position: 149   Data Source: Alsphanumeric				
Field 40:   CCS_PROC_CODE_14   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category.	Reginning Position			
CCS_PROC_CODE_14   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category.				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 into clinically meaningful procedure category.    Procedure			- 7 F	
PROC_CODE_14 into clinically meaningful procedure category.			ftware (CCS) for	r Services and Procedures classification of
Beginning Position   152				
CCS_PROC_CODE_15   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category.    Procedure   Proc	<b>Beginning Position:</b>			
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category.    155		_	Туре:	Alphanumeric
PROC_CODE_15 into clinically meaningful procedure category.	Field 41:			
Designing Position: Length: 3 Type: Alphanumeric   Alphanumeric				
Field 42: CCS_PROC_CODE_16   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category.  Beginning Position: Length: CCS_PROC_CODE_17   Data Source: Assigned   Alphanumeric   Alphanumeric   Alphanumeric   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category.  Beginning Position: Length: CCS_PROC_CODE_18   Alphanumeric   Alphanumeric   CCS_PROC_CODE_18   Alphanumeric   CCS_PROC_CODE_18   Alphanumeric   CCS_PROC_CODE_18   Alphanumeric   CCS_PROC_CODE_18   Alphanumeric   Alphanumeric   CCS_PROC_CODE_18   Alphanumeric   CCS_PROC_CODE_19   Alphanumeric   Alphanumeric   CCS_PROC_CODE_19   Alphanumeric   Alphanumeric   CCS_PROC_CODE_19   Alphanumeric   CCS_PROC_CODE_19   Alphanumeric   Alphanumeric   Alphanumeric   Alphanumeric   CCS_PROC_CODE_19   Alphanumeric   Alpha			, ,	
CCS   PROC_CODE_16				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category.    Page   Page   Page   Page   Page			Туре:	Alphanumeric
PROC_CODE_16 into clinically meaningful procedure category.	Field 42:		(CCC) (-	Coming of December of the Comment
Beginning Position: Length: 3				
Procedure   Seginning Position:   CCS_PROC_CODE_19	Danimala a Danihi ana			
CCS_PROC_CODE_17   Clinical Classifications Software (CCS)   Foreign   Fo				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category.  161			турс.	Aphanamene
PROC_CODE_17 into clinically meaningful procedure category.   Assigned   Alphanumeric   Assigned   Alphanumeric   Alphanumer			ftware (CCS) for	r Services and Procedures classification of
Beginning Position: Length: 3 Type: Assigned Alphanumeric   Assigned Alphanumeric				
Length: 3   Type: Alphanumeric	<b>Beginning Position:</b>			
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category.  164		3	Туре:	Alphanumeric
PROC_CODE_18 into clinically meaningful procedure category.   164   Data Source: Assigned	Field 44:			
Beginning Position: Length: 3   Type: Assigned   Alphanumeric				
Length: 3   Type: Alphanumeric		PROC_CODE_18 into clin	ically meaningfu	
CCS_PROC_CODE_19   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category.    Beginning Position: Length:   167   Data Source: Assigned Alphanumeric   Alphanumeric   CCS_PROC_CODE_20	-	164	Data Source:	
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category.  167			Туре:	Alphanumeric
PROC_CODE_19 into clinically meaningful procedure category.   167	Field 45:			
Beginning Position: Length:  Field 46:  CCS_PROC_CODE_20  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category.  Beginning Position: Length:  To Data Source: Assigned Alphanumeric  Assigned Alphanumeric  CCS_PROC_CODE_20 into clinically meaningful procedure category.  Assigned Alphanumeric  CCS_PROC_CODE_21  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category.  Beginning Position: Length:  Type: Assigned Alphanumeric  Field 48:  CCS_PROC_CODE_22  DSHS/THCIC  Page  DSHS Document #25-15013				
CCS_PROC_CODE_20   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category.    Beginning Position: Length:				
Field 46:  CCS_PROC_CODE_20  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category.  170  Data Source: Assigned Alphanumeric  Field 47:  CCS_PROC_CODE_21  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category.  Beginning Position: 173  Data Source: Assigned Alphanumeric  Field 48:  CCS_PROC_CODE_22  DSHS/THCIC  Page  DSHS Document #25-15013				<u> </u>
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category.  170			туре:	Aiphanumenc
PROC_CODE_20 into clinically meaningful procedure category.   170   Data Source: Assigned   Alphanumeric	riciu 40.		oftware (CCS) for	r Services and Procedures classification of
Beginning Position: Length:  Type: Assigned Alphanumeric  CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category.  Beginning Position: Length: Type: Assigned Alphanumeric  Assigned Alphanumeric  CCS_PROC_CODE_21 into clinically meaningful procedure category.  Type: Assigned Alphanumeric  Assigned Alphanumeric  DSHS/THCIC  Page  DSHS Document #25-15013				
CCS_PROC_CODE_21   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category.    Beginning Position: Length: 173   Data Source: Assigned   Alphanumeric	Reginning Position		, _	
Field 47: CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category.  Beginning Position: 173 Data Source: Assigned Alphanumeric  Field 48: CCS_PROC_CODE_22  DSHS/THCIC Page DSHS Document #25-15013				
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category.  173		CCS PROC CODE 21	•	
PROC_CODE_21 into clinically meaningful procedure category.    173   Data Source: Assigned			ftware (CCS) for	r Services and Procedures classification of
Beginning Position: 173 Data Source: Assigned Alphanumeric  Field 48: CCS_PROC_CODE_22  DSHS/THCIC Page DSHS Document #25-15013				
Length:         3         Type:         Alphanumeric           Field 48:         CCS_PROC_CODE_22         DSHS/THCIC         Page         DSHS Document #25-15013	<b>Beginning Position:</b>			
DSHS/THCIC Page DSHS Document #25-15013	Length:		Туре:	
	Field 48:	CCS_PROC_CODE_22		
	D 0110		_	
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	www.dshs.texas.gov	THCIC	87	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
Length: 3
Data Source: Assigned
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				
			match the RECORD_ID in THCIC Research		
	Data Files (RDF's)				
Beginning	1	Data	Assigned		
Position:		Source:			
Length:	12	Туре:	Alphanumeric		
Field 2:	REVENUE_CODE_				
	_		order of submission of the revenue codes.		
Beginning	13	Data	a Source: Assigned		
Position:		_			
Length:	3	Туре:	Alphanumeric		
Field 3:	FROZEN_EAPG_G				
		ory Patient Group V	ersion Number, as assigned by 3M EAPG		
	Grouper.				
Beginning	16	Data	Source: Assigned		
Position:		_			
Length:	12	Туре:	Alphanumeric		
Field 4:		EAPG_CAT_CODE			
			(EAPG) category code, as assigned by 3M™		
	EAPG Grouper. No	_			
Beginning	28	Data	Assigned		
Position:		Source:			
Length:	2	Type:	Alphanumeric		
Field 5:		EAPG_TYPE_COL			
			(EAPG) type code, as assigned by 3M™ EAPG		
	Grouper. Not avail	•			
Beginning	30	Data	Assigned		
Position:		Source:			
Length:	2	Туре:	Alphanumeric		
Field 6:	FROZEN_FINAL_		(5450)		
			roup (EAPG), as assigned by 3M™ EAPG		
	Grouper. Not avail	-			
Beginning	32	Data	Assigned		
Position:		Source:			
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Length:	5	Type:	Alphanumeric
Field 7:	FROZEN_APC_GRE		
			PC) Version Number as assigned by 3M APC
	Grouper. Not availab	-	
Beginning	47	Data	Assigned
Position:		Source:	
Length:	12	Туре:	Alphanumeric
Field 8:	FROZEN_APC_PR		
			APC) procedure code as assigned by 3M <sup>™</sup> APC
Danimaina	Grouper. Not availa	-	Anciesad
Beginning Position:	59	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 9:	FROZEN_APC_PX		
i icia 3i			APC) procedure status indicator as assigned by
	3M <sup>™</sup> APC Grouper.		
Beginning	64	Data	Assigned
Position:	<b>3</b> .	Source:	, toolighed
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN_APC_WI		•
			APC) weighting as assigned by 3M™ APC
	Grouper. Not availa		, , ,
Beginning	66	Data	Assigned
Position:		Source:	
Length:	9	Type:	Alphanumeric
Field 11:	EAPG_GRP_VER		
		ry Patient Group \	Version Number, as assigned by 3M EAPG
	Grouper		
Beginning	80	Data	<b>Source:</b> Assigned
Position:	10	<b>T</b>	Alabaaaaaaa
Length: Field 12:	12 FINAL_EAPG_CA	Type:	Alphanumeric
rieiu 12:			(EAPG) category code, as assigned by 3M <sup>™</sup>
	EAPG Grouper. Not		(LAPG) category code, as assigned by Sim
Beginning	92	Data	Assigned
Position:	32	Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 13:	FINAL_EAPG_TY		F
			(EAPG) type code, as assigned by 3M <sup>™</sup> EAPG
	Grouper. Not availa		
Beginning	94	Data	Assigned
Position:		Source:	
Length:	2	Type:	Alphanumeric
Field 14:	FINAL_EAPG		(5400)
			Group (EAPG), as assigned by 3M™ EAPG
Poginning	Grouper. Not availa	-	Assigned
Beginning Position:	96	Data Source:	Assigned
Length:	5	Source: Type:	Alphanumeric
Field 15:	APC_GRP_VER	Турсі	Alphanamene
riela 15.		t Classification (A	PC) Version Number as assigned by 3M APC
	Grouper. Not availab		. 5, 15.5.6 Hamber as assigned by SITALC
Beginning	111	Data	Assigned
Position:		Source:	-
Length:	12	Type:	Alphanumeric
Field 16:	APC_PROCEDURE		
			APC) procedure code as assigned by 3M™ APC
	Grouper. Not availa	able 4Q09.	
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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 ide	entifier 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 <b>Data Source:</b> Assigned						
Length:	6	Type:	Alphanumeric				
Field 2:	FACILITY_TYPE	**	•				
Description:	Types of healthcare fac	cilities.					
Beginning Position:	7	Data Source:	Provider				
Length:	4	Type:	Alphanumeric				
Field 3:	FAC_TEACHING_IND	<u> </u>	7 ii priditattiette				
Description:	Teaching Facility Indicate						
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	Type:	Alphanumeric				
Field 6:	FAC_ACUTE_CARE_I	IND					
Description:	Acute Care Facility Ind	icator.					
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)				
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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.

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Beginning Position: Length:	33 1	Data Source: Type:	Provider Alphanumeric
ield 26:	FAC_UROLOGY_		, apriumente
Description:	Urology care facil		
Beginning Position:	34	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 27:	FAC_OTHER_IN	D	
Description:	Other facility indi	cator.	
Beginning Position:	35	Data Source:	Provider
Length: Field 28:	1	Type:	Alphanumeric
Pleid 28: Description:	Facility indicator fo	<b>CY_DEPARTMENT_1</b> r Hospitals and FEMCI 2020 Facility Type Dat	Fs, including Hospital-owned FEMCFs, starting
	Note:	• • • •	
	The FEMCFs name	s are available at https:/	//dshs.texas.gov/thcic/ (downloadable Excel
	sheet named Curren	t Facility Contact), und	er "Facility Reporting Requirement". The
			el sheet are more current than the ones in the
			implementation, 4th Quarter 2020, the facility
		plete data due to implei	
		. r	C
Beginning Position:	36	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 29:	FAC_ONCOLOGY	<del>_</del>	
Description:	Oncology facility		
Beginning Position:	37	Data Source:	Provider
Length: Field 30:	DDOVIDED NA	Type:	Alphanumeric
	PROVIDER_NAM		- 1
Description:		ovided by the hospita	
Beginning Position:	38 55	Data Source:	Provider Alphanumeric
Length: Field 31:	POA_PROVIDER	Type:	Alphanumenc
Description:			
Description:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient	AC, Section 421.9(e) ide to the department: Cri	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
Description: Coding Scheme:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients)	AC, Section 421.9(e) ide to the department: Cri Psychiatric Hospitals, ( Term Care Hospitals.	entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation
	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required	AC, Section 421.9(e) ide to the department: Cri Psychiatric Hospitals, ( Term Care Hospitals.	entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric
	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt	AC, Section 421.9(e) ide to the department: Cri Psychiatric Hospitals, ( Term Care Hospitals.	entifies the following facility types as exempt tical Access Hospitals, Inpatient Rehabilitation Cancer Hospitals, Children's or Pediatric
Coding Scheme:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt ` Invalid	AC, Section 421.9(e) ide to the department: Cri Psychiatric Hospitals, ( Term Care Hospitals. has sections that would	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
Coding Scheme: Beginning Position:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt ` Invalid	AC, Section 421.9(e) ide to the department: Cri Psychiatric Hospitals, ( Term Care Hospitals. has sections that would Data Source:	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
Coding Scheme: Beginning Position: Length:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt ` Invalid 93	AC, Section 421.9(e) ide to the department: Cri Psychiatric Hospitals, ( Term Care Hospitals.  has sections that would Data Source: Type:	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
Coding Scheme:  Beginning Position: Length: Field 32:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long-  M Mixed (Facility patients) R Required X Exempt ` Invalid 93 1  CERT_STATUS_	AC, Section 421.9(e) ide to the department: Cri Psychiatric Hospitals, CTerm Care Hospitals.  The has sections that would be a section	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
Coding Scheme:  Beginning Position: Length: Field 32:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt Invalid 93 1 CERT_STATUS_ Assignment of a common content of	AC, Section 421.9(e) ide to the department: Cri Psychiatric Hospitals, of Term Care Hospitals.  has sections that woul  Data Source: Type:  IP code to indicate the of	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  ertification of data (inpatient) and
Coding Scheme:  Beginning Position: Length: Field 32: Description:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt ` Invalid 93 1 CERT_STATUS_ Assignment of a county submission of cor	Data Source: Type:  Data to indicate the comments by the hospit	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  ertification of data (inpatient) and
Coding Scheme:  Beginning Position: Length: Field 32: Description:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long-  M Mixed (Facility patients) R Required X Exempt Invalid 93 1  CERT_STATUS_ Assignment of a county submission of coru	Data Source: Type:  Type:  Data Source: Type:  Tende to indicate the comments by the hospitout comment	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  ertification of data (inpatient) and
Coding Scheme:  Beginning Position: Length: Field 32: Description:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long-  M Mixed (Facility patients) R Required X Exempt Invalid  CERT_STATUS_ Assignment of a county submission of cort Certified, with Certified, with	Data Source: Type:  Tende to indicate the comment by the hospital output to the department: Crip of the tothe department: Crip output to the department: Crip output to the department output to the	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  tertification of data (inpatient) and tal.
Coding Scheme:  Beginning Position: Length: Field 32: Description:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long-  M Mixed (Facility patients) R Required X Exempt Invalid  GERT_STATUS_Assignment of a consubmission of cordinates with a Certified, with a Certified, with	Data Source: Type:  IP Code to indicate the comments by the hospitation of the source	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  tertification of data (inpatient) and tal.
Coding Scheme:  Beginning Position: Length: Field 32: Description:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt Invalid 93 1 CERT_STATUS_ Assignment of a c submission of cor 1 Certified, with 2 Certified, with 3 Certified, with 4 Hospital elected	Data Source: Type:  IP Code to indicate the comments by the hospitout comment comment, comment need not to certify	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  tertification of data (inpatient) and tal.
Coding Scheme:  Beginning Position: Length: Field 32: Description:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt Invalid 93 1 CERT_STATUS_ Assignment of a c submission of cor 1 Certified, with 2 Certified, with 3 Certified, with 4 Hospital electe 5 Hospital closes	Data Source: Type:  IP Code to indicate the comments by the hospitout comment comment, comment need not to certified	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.  ot received by deadline
Coding Scheme:  Beginning Position: Length: Field 32: Description:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt Invalid 93 1 CERT_STATUS_ Assignment of a c submission of cor 1 Certified, with 2 Certified, with 3 Certified, with 4 Hospital electe 5 Hospital close 6 Hospital out or	Data Source: Type:  IP Code to indicate the comments by the hospitout comment comment comment, comment need not to certified f compliance, did not certified f compliance, did not certified for the department of the compliance, did not certified for the certified f	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.  ot received by deadline
Coding Scheme:  Beginning Position: Length: Field 32: Description:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt Invalid 93 1  CERT_STATUS_ Assignment of a c submission of cor 1 Certified, with 2 Certified, with 3 Certified, with 4 Hospital electe 5 Hospital close 6 Hospital out or 7 Data not certified	Data Source: Type:  IP Code to indicate the comments by the hospitout comment comment comment, comment noted not to certified f compliance, did not certified. Facility affected by	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.  ot received by deadline  ertify data Inpatient (4Q2016)
Coding Scheme:  Beginning Position: Length: Field 32: Description: Coding Scheme:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt Invalid 93 1  CERT_STATUS_ Assignment of a c submission of cor 1 Certified, with 2 Certified, with 3 Certified, with 4 Hospital electe 5 Hospital close 6 Hospital out or 7 Data not certified	Data Source: Type:  Tende to indicate the comments by the hospitout comment comment, comment not compliance, did not certified feed. Facility affected by Department data subrites in the tender to the compliance, did not certified feed. Facility affected by Department data subrites in the tender to the compliance, did not certified feed. Facility affected by Department data subrites in the tender to the te	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  Pertification of data (inpatient) and tal.  ot received by deadline  ertify data in natural or man-made disaster (4Q2016) initted
Coding Scheme:  Beginning Position: Length: Field 32: Description: Coding Scheme:	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt Invalid 93 1  CERT_STATUS_ Assignment of a c submission of cor Certified, with Certified, with Hospital electe Hospital close Hospital out or Data not certified No Emergency	Data Source: Type:  IP Code to indicate the comments by the hospitout comment comment comment, comment noted not to certified f compliance, did not certified. Facility affected by	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.  ot received by deadline  ertify data Inpatient (4Q2016)
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	(POA) codes. 25 TA from reporting POA Hospitals, Inpatient Hospitals and Long- M Mixed (Facility patients) R Required X Exempt Invalid 93 1  CERT_STATUS_ Assignment of a c submission of cor 1 Certified, with 2 Certified, with 4 Hospital electe 5 Hospital close 6 Hospital out o 7 Data not certif 8 No Emergency 94 1  CERT_STATUS_ Assignment of a c	Data Source: Type:  Temments by the hospitout comment, comment comment, comment of compliance, did not certified from planace, did not certified. Facility affected by Department data subreces Type:  OP  Code to indicate the comment of compliance, did not certified from planace, did not certified. Facility affected by Department data subreces Type:  OP  Code to indicate the code to the	Assigned Alphanumeric  ertify data a natural or man-made disaster (4Q2016) nitted Assigned Alphanumeric  ertification of data (outpatient) and

Coding Scheme:	1	Certified, without comment					
_	2	Certified, with comment					
	3	Certified, with comment, comment not received by deadline					
	4	Hospital elected not to certify					
	5	Hospital closed, data not certified					
	6	Hospital out of compliance, did not of	certify data				
	7	Data not certified. Facility affected b	y natural or man-made disaster (4Q2016)				
	8	No Emergency Department data sub	mitted				
<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

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

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

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

Number	FIELD NAME (IP Base Data #1 File)	Position	Length	Field Type
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	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

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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	