

Texas Department of State Health Services

Center for Health Statistics Texas Health Care Information Collection

TEXAS OUTPATIENT PUBLIC USE DATA FILE (PUDF)

USER MANUAL

2022

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BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC). THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004, and the DSHS Center for Health Statistics is now responsible for the implementation of THSC Chapter 108. Outpatient data collection began with services from hospitals and ambulatory surgery centers (ASC) on October 1, 2009, under 25 Texas Administrative Code (TAC), Sections 421.61 – 421.69. The outpatient data collection was limited to patients that received one or more invasive/incisive surgical or one or more radiological/imaging procedures.

Collection of hospital-based emergency department data began with services starting January 1, 2015, under 25 TAC, Sections 421.71 – 421.79.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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

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

PUBLIC USE DATA FILE (PUDF)

Sections 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for Texas outpatient data. These data are extracted from DSHS's outpatient services database. The providers/submitters have, by rule, until the next quarter (following the discharge) to submit their data. This means that the PUDF data is a snapshot in time and each quarter may contain some discharges dated in the previous quarter (i.e., for calendar year, data be sure to check the first quarter of the following year also).

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Texas Outpatient (Hospitals, Ambulatory Surgery Centers (ASC), and Freestanding Emergency Medical Care Facilities) Services Data database (TOSD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (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 Section 108.013 and may incur penalties as stated in Sections 108.014 and 108.0141. In addition, under Section 108.013(e) and (f), patient and/or physician information in the TOSD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, service dates) that might lead to the identification of a specific patient from the PUDF.

To protect patient identities, DSHS has suppressed these data elements in this release of the PUDF:

- 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.
- The entire ZIP code and gender code are suppressed if the ICD-10-CM or ICD-10-PCS codes indicates alcohol or drug use or an HIV diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital, an ASC or an FEMCF has fewer than five discharges of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital, an ASC, or an FEMCF has fewer than fifty discharges in a quarter and 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 the HIV and alcohol and drug use patient populations.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital, an ASC, or an FEMCF has fewer than ten discharges of a race.

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.

It may be possible in rare instances, 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 Outpatient Discharge Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients.

RESTRICTIONS ON DATA USE

Section 108.010(c) of the THSC prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the PUDF are cautioned about using less than a year of data to make any healthcare facility quality assumptions.

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the 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 person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC 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 ambulatory surgery center, or freestanding emergency medical care facility for the purpose of verifying information supplied in the DSHS Outpatient Services Public Use Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

In the 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 Outpatient Public Use Data sets:

- 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 outpatient records of patients in this data set with personally identifiable records from any other source, including any THCIC research data file (effective Aug 1, 2012);
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the 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 Outpatient Services Public Use Data File, [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 Sections 108.014 and 108.0141 of the Texas Health and Safety Code 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 PUDF user has been informed that the potential for both civil and criminal penalties exists.

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

OUTPATIENT FACILITY COMMENTS

(Users are advised to consider Hospitals/Ambulatory Surgery Centers (ASCs)/Freestanding Emergency Medical Care Facilities (FEMCFs) comments in any analysis of the data.)

Included with the PUDF is a separate file containing the unedited comments submitted by hospitals or ambulatory surgery centers or 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, ASCs, FEMCFs and are not necessarily the views of the DSHS. Hospitals or ambulatory surgery centers and freestanding emergency medical care facilities that submitted comments are identified in 'Reporting Status of Texas Outpatient Facilities'.

A Facility Type file has 31 variables, including the THCIC_ID and facility name. Variables clarifying the type of provider (Pediatric, Teaching Facility, Long Term Care, etc.) are included also. This is useful for data users focusing on a certain type of facility. Additionally, POA provider indicator and certification status are included.

DATA FILES

The 2022 PUDF is available in four files, the Base Data, Classification data, Charges and Facility Type Data files. The files are also available in fixed length and tab-delimited formats. The size of the files are as follows:

First quarter, 1393* hospitals:

Classification Data	4,999,588 records	51 variables	Fixed field format	491 MB	Tab-delimited	492 MB
Charges Data	35,815,420 records	13 variables	Fixed field format	2,799 MB	Tab-delimited	1,831 MB
Facility Type Data	1,393 records	34 variables	Fixed field format	129 MB	Tab-delimited	110 KB
Base Data	4,999,588 records	129 variables	Fixed field format	4,217 KB	Tab-delimited	1,931 MB
Grouper Data	35,815,420 records	18 variables	Fixed field format	3,926 MB	Tab-delimited	3,795 MB

Second quarter, 1385* facilities:

Classification Data	5,215,940 records	51 variables	Fixed field format	1,184 MB	Tab-delimited	510 MB
Charges Data	37,919,421 records	13 variables	Fixed field format	2,929 MB	Tab-delimited	1,901 MB
Base Data	5,215,940 records	129 variables	Fixed field format	4,402 MB	Tab-delimited	2,021 MB
Grouper Data	37,919,421 records	18 variables	Fixed field format	4,402 MB	Tab-delimited	2,021 MB
Facility Type Data	1,385 records	32 variables	Fixed field format	129 KB	Tab-delimited	109 KB

Third quarter, 1392* facilities:

-							
_	Classification Data	5,399,886 records	51 variables	Fixed field format	1,226 MB	Tab-delimited	527 MB
	Charges Data	39,078,155 records	13 variables	Fixed field format	3,019 MB	Tab-delimited	1,961 MB
	Grouper Data	39,078,155 records	18 variables	Fixed field format	4,249 MB	Tab-delimited	4,075 MB
	Facility Type Data	1,392 records	32 variables	Fixed field format	129 KB	Tab-delimited	110 KB
_	Base Data	5,399,886 records	129 variables	Fixed field format	4,558 MB	Tab-delimited	2,091 MB

^{*} Final number of reporting hospitals, calculated as the result of the original number of reporting hospitals minus the number of hospital(s) with ALL claims submitted wrong due to wrong type of bill.

The data is provided in fixed length and tab-delimited text formats and is best view when imported into a software application. No software is included with the PUDF. The data file has been tested with several software applications, including Microsoft Access (some files may not fit due to record limitations in the application), Statistical Analysis Software (SAS), and Statistical Package for the Social Sciences (SPSS).

Updates to any PUDF data are available through the THCIC website, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update are posted on it.

DATA DICTIONARY

This document provides the user with the necessary information to use and understand the data in the Public Use Data File. The following information is provided:

Field	Unique, abbreviated name of the data element and brief explanation of the data element.
D-4- C	Descriptions of data elements are taken from specifications manuals.
Data Source	Provided by the health care facility on the claim form (Claim)
	Assigned by DSHS (Assigned)
	Provided to THCIC by the healthcare facility (Provider)
	Calculated by DSHS (Calculated)
Type	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

Any data provided by a facility that has been determined to be invalid has been assigned the value ` (Back quote mark).

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

CITATION

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

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

REVISION

Field 1: Service_Quarter: Additional information regarding the breakdown of months into quarters added

Field 30: As of January 1, 2022, THCIC is no longer collecting PAT_REASON_FOR_VISIT in Outpatient Professional claims.

DATA DICTIONARY

DSHS/THCIC

www.dshs.texas.gov/THCIC

BASE DATA FILE

Field 1:	SERVICE_QUARTER						
Description:		ice occurred Vear	and quarter of service. yyy	νOn			
Description.							
	1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year 2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year						
	3rd Quarter (YYYYQ3): 1st April – 30th June of that corresponding year						
		• •	December of that correspond	0 •			
Beginning Position:	1	Data Source:	Assigned	onding year			
Length:	6	Type:	Alphanumeric				
Field 2:	RECORD_ID	Type.	Aiphanumene				
Description:		nber Unique numbe	er assigned to identify the i	record First available			
Description.			ORD ID in THCIC Research				
Beginning Position:	7	Data Source:	Assigned	cii Data Files (KDF 8).			
	12		Alphanumeric				
Length: Field 3:	THCIC_ID	Type:	Aiphanumeric				
		ifian assismed to the	marridan by DCIIC				
Description:	Provider ID. Unique ident		been aggregated into the l	Duovidan ID '000000' If			
Suppression:							
	ID is '999998'.	nan 3 events for a pa	articular gender, including	unknown , Provider			
Beginning Position:	10 is 999990.	Data Source:	Assigned				
Length:	6	Type:	Alphanumeric				
Field 4:	SPEC_UNIT_1	Type:	Aiphanumenc				
Description:		nost dous during sta	y occurred based on numb	or of dove by Type of			
Description:			y occurred based on numb	er of days by Type of			
Cadina Sahamas	Bill or Revenue Code. In C	Coronary Care Unit	P the unit.	Pediatric Unit			
Coding Scheme:	D	Detoxification Unit	Y	Psychiatric Unit			
	I	Intensive Care Unit	R	Rehabilitation Unit			
	Н	Hospice Unit	U	Sub-acute Care Unit			
	N	Nursery	S	Skilled Nursing Unit			
	B O	Obstetric Unit Oncology Unit	Blank	Acute Care			
Beginning Position:	25	Data Source:	Calculated				
Length:	1	Type:	Alphanumeric				
Field 5:	SPEC_UNIT_2	-Jp-0					
Description:		nd most days during	stay occurred based on nur	mber of days by Type			
2 to trip 110111	of Bill or Revenue Code.	most days daring	suly securiou suscu sir nui	meer or days of Type			
Coding Scheme:	Same as SPEC_UNIT_1.						
Beginning Position:	26	Data Source:	Calculated				
Length:	1	Type:	Alphanumeric				
Field 6:	SPEC_UNIT_3	-J P = 1					
Description:		rd most days during	stay occurred based on nur	nber of days by Type of			
F	Bill or Revenue Code.		,				
Coding Scheme:	Same as SPEC_UNIT_1.						
Beginning Position:	27	Data Source:	Calculated				
Length:	1	Type:	Alphanumeric				
Field 7:	SPEC_UNIT_4	J.F.	j				
Description:		th most days during	stay occurred based on nur	nber of days by Type of			
= 2001-P-2011	Bill or Revenue Code.		, occurred outled on har	or days of 1,pc or			
Coding Scheme:	Same as SPEC_UNIT_1.						
Beginning Position:	28	Data Source:	Calculated				
Length:	1	Type:	Alphanumeric				
Field 8:	SPEC_UNIT_5	V 1					
*=*** * *	·· — · _ · · · · · · · · · · · · · · · ·						

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Specialty Unit in which 5th most days during stay occurred based on number of days by Type of **Description:** Bill or Revenue Code. **Coding Scheme:** Same as SPEC UNIT 1. **Beginning Position:** 29 **Data Source:** Calculated Length: Alphanumeric Type: SEX CODE Field 9: **Description:** Gender of the patient as recorded at date of start of care. Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If **Suppression:** 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 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. Male M **Coding Scheme:** F Female U Unknown Invalid **Beginning Position:** 30 **Data Source:** Claim Length: Type: Alphanumeric Field 10: PAT_COUNTY **Description:** FIPS code of patient's county. 001 Donley 257 Kaufman 385 Anderson 129 Real **Coding scheme:** 003 Andrews 131 Duval 259 Kendall 387 Red River Eastland 261 005 Angelina 133 Kenedy 389 Reeves 007 135 Ector 263 391 Refugio Aransas Kent 009 Edwards 393 Archer 137 265 Kerr Roberts 011 139 Ellis 267 Kimble 395 Robertson Armstrong 013 Atascosa 141 El Paso 269 King Rockwall 271 399 015 Austin 143 Erath Kinney Runnels 273 401 017 Bailey 145 Falls Kleberg Rusk 019 Bandera 147 Fannin 275 Knox 403 Sabine 021 149 Fayette 283 La Salle 405 San Augustine Bastrop 023 277 407 San Jacinto Baylor 151 Fisher Lamar 025 Bee 153 Floyd 279 Lamb 409 San Patricio 027 Bell 155 Foard 281 Lampasas 411 San Saba 029 157 Fort Bend 285 413 Schleicher Bexar Lavaca 031 287 Blanco 159 Franklin Lee 415 Scurry 033 Borden 161 Freestone 2.89 Leon 417 Shackelford 035 Bosque 163 Frio 291 Liberty 419 Shelby 037 165 Gaines 293 Limestone 421 **Bowie** Sherman 039 Brazoria 167 Galveston 295 Lipscomb 423 Smith 041 169 297 Live Oak 425 Somervell Brazos Garza 043 Brewster 171 Gillespie 299 Llano 427 Starr 045 301 Stephens Briscoe 173 Glasscock Loving 429 047 **Brooks** 175 Goliad 303 Lubbock 431 Sterling 049 177 305 Lynn 433 Stonewall Brown Gonzales 051 Burleson 179 Grav 307 McCulloch 435 Sutton 053 181 Grayson 309 McLennan 437 Swisher Burnet 055 Caldwell 183 Gregg 311 McMullen 439 Tarrant 057 185 Calhoun Grimes 313 Madison 441 Taylor 059 Callahan 187 Guadalupe 315 Marion 443 Terrell 061 Cameron 189 Hale 317 Martin 445 Terry 063 191 Hall 319 Mason 447 Throckmorton Camp 065 Carson 193 Hamilton 321 Matagorda 449 Titus Tom Green 067 195 Hansford 323 Mayerick 451 Cass 325 069 Castro 197 Hardeman Medina 453 Travis 071 Chambers 199 327 Menard 455 Hardin Trinity 073 Cherokee 201 Harris 329 Midland 457 Tyler Upshur 075 Childress 203 Harrison 331 Milam 459 077 Clay 205 Hartley 333 Mills 461 Upton Haskell 079 Cochran 207 335 Mitchell 463 Uvalde 081 Coke 209 337 Montague 465 Val Verde Havs Hemphill Van Zandt 083 Coleman 211 339 Montgomery 467 085 Collin 213 Henderson 341 Moore 469 Victoria 087 Collingsworth 215 Hidalgo 343 Morris 471 Walker 089 Waller Colorado 345 Motley 473 217 Hill 091 Comal 219 Hockley 347 Nacogdoches 475 Ward 093 Comanche 221 Hood 349 Navarro 477 Washington 095 Concho 223 Hopkins 351 Newton 479 Webb 353 Nolan 481 Wharton Cooke Houston DSHS/THCIC **DSHS Document** # E25-14164 Page 10

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	099 Cory		Howard	355	Nueces	483	Wheeler
	101 Cottle		Hudspeth	357	Ochiltree	485	Wichita
	103 Crane 105 Crock		Hunt Hutchinson	359 361	Oldham	487 489	Willagy
	105 Crock 107 Crosk		Irion	361 363	Orange Palo Pinto	491	Willacy Williamson
	109 Culbe	•	Jack	365	Panola	493	Wilson
	111 Dalla		Jackson	367	Parker	495	Winkler
	113 Dalla		Jasper	369	Parmer	497	Wise
	115 Daws	son 243	Jeff Davis	371	Pecos	499	Wood
		Smith 245	Jefferson	373	Polk	501	Yoakum
	119 Delta		Jim Hogg	375	Potter	503	Young
	121 Dente		Jim Wells	377	Presidio	505	Zapata
	123 Dewi 125 Dicke		Johnson Jones	379 381	Rains Randall	507	Zavala
	123 Dicke		Karnes	383	Reagan		Invalid
Beginning Position:	31	int 233	Data Source:		ed; based on pa	tient 7IP	
						ment Zn	code
Length:	3		Type:	Alphai	numeric		
Field 11:	PAT_STAT						
Description:	State of the	patient's mailing a	address in Texas	and con	tiguous states. S	Standard	2-character
	Postal Servi	ce abbreviation.					
Coding Scheme:		ansas					
couning generate.	LA Lou	isiana					
	NM Nev	v Mexico					
	OK Okl	ahoma					
	TX Tex						
		other states and Ameri	ican Territories				
		eign country					
		eign country					
Beginning Position:	34]	Data Source:	Claim			
Length:	2	, , , , , , , , , , , , , , , , , , ,	Type:	Alphai	numeric		
Field 12:	PAT_ZIP						
Description:		e-digit ZIP code.					
Suppression:		gits are blank if a Z	7ID code has fou	or than	20 notionts If st	tota agual	ls '77' 7ID goda
Suppression:							
	equale 'XXXX	VV' It state equals					
			s 'FC' (foreign c				
	indicates alc	cohol or drug use o	or an HIV diagno	osis the 2	ZIP code is blan	k. If ICD	D-10-CM
	indicates alc	cohol or drug use o	or an HIV diagno	osis the 2	ZIP code is blan	k. If ICD	D-10-CM
	indicates alc indicates alc	cohol or drug use o	or an HIV diagno or an HIV diagno	osis the Z osis (pati	ZIP code is blan ents covered by	k. If ICD v 42 USC	D-10-CM C §290dd-2 and
	indicates alc indicates alc 42 CFR Part	cohol or drug use of cohol or drug use of t 2 rules) the ZIP of	or an HIV diagnor or an HIV diagno code is reported	osis the zosis (pati as "`" (b	ZIP code is blan ents covered by ack quote). If a	k. If ICD y 42 USC facility h	0-10-CM C §290dd-2 and has fewer than
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DSHS Document # E25-14164

Last Updated: June, 2023

DSHS/THCIC

Beginning Position:	5 6 7 8 9 10 11	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, 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, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties Invalid Data Source: Assigned						
Length:	2	CONTRACT OF CERTIFICE	Type:		Alphanu	ımeric		
Field 15:		GTH_OF_SERVICE			ъ.	.1 1 0		
Description:		th of service in days eq					ateme	ent Thru Date. The
		mum length of service				-		
Beginning Position:	45		Data So	urce:	Calculat			
Length:	2		Type:		Alphanu	ımeric		
Field 16:	PAT	_AGE						
Description:	Code	e indicating age of patie	ent in days	or year	s on date	of service.		
Coding Scheme:	00	1-28 days	10	35-39			20	85-89
O	01	29-365 days	11	40-44			21	90+
	02	1-4 years	12	45-49				and drug/alcohol use patients:
	03	5-9	13	50-54			22	0-17
	04 05	10-14 15-17	14 15	55-59 60-64			23 24	18-44 45-64
	06	18-19	16	65-69			25	65-74
	07	20-24	17	70-74			26	75+
	08	25-29	18	75-79				Invalid
	09	30-34	19	80-84				
Beginning Position:	47		Data So	urce:	Assigne	d		
Length:	2		Type:		Alphanu			
Field 17:	RAC	E						
Description:		indicating the patient'	s race					
Suppression:				of one	race that	race is char	nged:	to 'Other' (code equals 5).
Coding Scheme:	1	American Indian/Eskimo/		or one	race mat	race is chai	ngcu	to Other (code equals 3).
Couning Scheme.	2	Asian or Pacific Islander	Hout					
	3	Black						
	4	White						
	5	Other						
Doginaina Dogitions	49	Invalid	Data So	****	Claim			
Beginning Position:	49			urce.				
Length:	1	INICITY	Type:		Alphanu	illeric		
Field 18:			,	1	.• .			
Description:		indicating the Hispani				4		
Suppression:		acility has fewer than to	en patients	of one	race the	ethnicity of	patie	ents of that race is
		ressed (code is blank).						
Coding Scheme:	1	Hispanic Origin						
	2	Not of Hispanic Origin Invalid						
Beginning Position:	50	mvanu	Data So	urce	Claim			
	30 1			ui ce.	Alphanu	ımaric		
Length:		OT DAVIMENTE ODG	Type:		Aiphailt	IIIICIIC		
Field 19:		ST_PAYMENT_SRC			c			
Description:		e indicating the expecte						
Coding Scheme:	09	Self Pay (Removed from 5 beginning 2Q2012 data)	outu tormat,	use "ZZ"	' HM	Health Mair	itenanc	ce Organization
	10	Central Certification			LI	Liability		
DCHC/THCIC						•	IC D	000mont # E25 14164
DSHS/THCIC	TILOT	C	- Page 1	2 —		DSF		ocument # E25-14164
www.dshs.texas.gov/	1 HCI	L	Ü				Las	t Updated: June, 2023

	11 Other Non-federal Progra		LM Liabili	ty Medical
	12 Preferred Provider Organ	ization (PPO)		are Part A
	Point of Service (POS)			are Part B
	14 Exclusive Provider Organ15 Indemnity Insurance	nization (EPO)	MC Medic TV Title V	
	 15 Indemnity Insurance 16 Health Maintenance Orga Medicare Risk 	anization (HMO)		Federal Program
	AM Automobile Medical		VA Vetera	n Administration Plan
	BL Blue Cross/Blue Shield			ers Compensation Health Claim
	CH CHAMPUS			y, Indigent or Unknown
	CI Commercial Insurance		` Invalid	1
	DS Disability Insurance			
Beginning Position:	51	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 20:	SECONDARY_PAYMEN		- Inplication -	
Description:	Code indicating the expecte		ce of navment	
Coding Scheme:	Same as field FIRST_PAY		ce of payment.	
			C1.:	
Beginning Position:	53	Data Source:	Claim	
Length:	<u>2</u>	Type:	Alphanumeric	
Field 21:	TYPE_OF_BILL			77
Description:				First digit = type of facility.
	Second digit = type of care			
Coding Scheme:	1st digit–Type of Facility	2 nd digit–Type		3 rd digit–Sequence of claim
	1 Hospital	1 Inpatient Part A	, including Medicare	0 Non-payment/Zero claim
	2 Skilled nursing		, Medicare Part B on	ly 1 Admit through discharge claim
	3 Home health	3 Outpatie		2 Interim—first claim
	4 Religious non-medical heal		nt Other, Medicare	3 Interim–continuing claim
	care-Hospital	Part B or		
	5 Religious non-medical heal	th 5 Intermed	liate Care–Level I	4 Interim–last claim
	care–Extended care 6 Intermediate care	6 Intermed	liate Care–Level II	5 Late charge(s) only claim
	7 Clinic		te inpatient – Level II	
	, cinic	, sub ucu	e inpatient Level ii	used by Medicare)
	8 Special facility	8 Swing be	ed	7 Replacement of prior claim
				8 Void/cancel of prior claim
Beginning Position:	55	Data Source:	Claim	
Length:	3	Type:	Alphanumeric	
Field 22:	CONDITION_CODE_1			
	Code describing a condition	n relating to the cl		
Coding Scheme:	01 Military service related			ion/Inductions 39 weeks or greater
	O2 Condition is employment		D-1	is for Acute Kidney Injury (AKI) ed Recertification of Hospice Terminal
	O3 Patient covered by insura	nce not reflected here	85 Illness	1
	04 Information only bill.		86 Additi	onal Hemodialysis Treatment with al Justification
	05 Lien has been filed			ARE external partnership program
	06 ESRD patient in first 18 i	months of entitlement		Г/СНАР
	covered by EGHP	1 11.1 6 1		I/CII/II
	07 Treatment of non-termina patient	al condition for hospic	e A2 Physic	ally handicapped children's program
	Reneficiary would not pre	ovide information	A 2 G	1 Endows I From Alice
	concerning other insurance	-	•	ll Federal Funding
	09 Neither patient or spouse			y planning
	Patient and/or spouse is e exists	imployed but no EGHI	A5 Disabi	lity
	Disabled beneficiary but	no LGHP coverage	A6 Vaccir	nes/Medicare 100% payment
	exists Patient is homeless			d opinion surgery
	18 Maiden name retained			on performed due to rape
	19 Child retains mother's na	me		on performed due to incest
			Aborti	on performed due to serious fatal genetic
	20 Beneficiary requested bill	ling	AC About	T
	20 Beneficiary requested on	iiiig	defect,	, deformity, or abnormality

DSHS/THCIC

21	Billing for denial notice	AD	Abortion performed due to life endangering
22	Patient on multiple drug regimen	AE	physical condition Abortion performed due to physical health of
			mother that is not life endangering Abortion performed due to
23	Home care giver available	AF	emotional/psychological health of mother Abortion performed due to social or economic
24	Home IV patient also receiving HHA services	AG	reasons
25	Patient is non-US resident	AH	Elective abortion
26	VA eligible patient chooses to receive services in a Medicare certified facility	AI	Sterilization
27	Patient referred to a sole community hospital for a diagnostic laboratory test	AJ	Payer responsible for co-payment
28	Patient and/or spouse's EGHP is secondary to Medicare	AK	Air ambulance required
29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	AL	Specialized treatment/bed unavailable
30	Non-research services provided to patients enrolled in a qualified clinical trial	AM	Non-emergency medically necessary stretcher transport required
31	Patient is student (full time - day)	AN	Pre-admission screening not required
32	Patient is student (cooperative/work study program)	В0	Medicare coordinated care demonstration claim
33	Patient is student (full time - night)	B1	Beneficiary is ineligible for demonstration
34	Patient is student (part-time)	B4	program Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
	Continuing care not related to inpatient		Admission Preauthorization
42 43	admission Continuing care not provided within prescribed	C6 C7	Extended Authorization
	postdischarge window		
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46 47	Non-availability statement on file Transfer from another Home Health Agency	D3 D4	Second or Subsequent Interim PPS Bill Change in clinical codes (ICD) for diagnosis and/or procedure codes.
40	Psychiatric residential treatment centers for	D.F	•
48	children and adolescents (RTCs)	D5	Cancel to correct Insured's ID or Provider ID
49	Product replacement within product lifecycle	D6	Cancel Only to Repay a Duplicate or OIG Overpayment
50	Product Replacement for Known Recall of a Product	D7	Change to Make Medicare the Secondary Payer
51	Attestation of Unrelated Outpatient Nondiagnostic Services	D8	Change to Make Medicare the Primary Payer
52	Out of Hospice Service Area	D9	Any Other Change
53	Initial placement of a medical device provided as part of a clinical trial or a free sample	DR	Disaster related
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency	E0	Changes in Patient Status
55	SNF bed not available	G0	Distinct Medical Visit
56	Medical appropriateness	H0	Delayed Filing, Statement of Intent Submitted
57	SNF readmission	H2	Discharge by a Hospice Provider for Cause
58	Terminated Medicare+Choice organization enrollee	Н3	Reoccurrence of GI Bleed Comorbid Category
59	Non-primary ESRD facility	H4	Reoccurrence of Pneumonia Comorbid Category
60	Day outlier	H5	Reoccurrence of Pericarditis Comorbid Category
61	Cost outlier	P1	Do not Resuscitate Order (DNR)
66	Provider does not wish cost outlier payment	P7	Direct Inpatient Admission from Emergency Room
			- a

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	67	Beneficiary elects not to use life time	e reserve	R1	Request for reopening Reason Code -
	CO	(LTR) days Beneficiary elects to use life time res	serve (LTR)	D2	Mathematical or Computational Mistake Request for reopening Reason Code -Inaccurate
	68	days	, ,	R2	Data Entry
	69	IME/DGME/N&AH Payment Only		R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
	70	Self-administered anemia manageme	ent drug	R4	Request for reopening Reason Code - Computer Errors
	71	Full care in unit		R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
	72	Self care in unit		R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
	73	Self care training		R7	Request for reopening Reason Code - Corrections other than clerical errors
	74	Home		R8	Request for reopening Reason Code - New and Material Evidence
	75	Home - 100% reimbursement		R9	Request for reopening Reason Code - Faulty Evidence
	76	Back-up in facility dialysis		WO	United Mine Workers of America (UMWA) Demonstration Indicator
	77	Provider accepts or is obligated/requ contractual arrangement or law to ac payment by a primary payer as paym	cept	W2	Duplicate of Original Bill
	78	New coverage not implemented by I		W3	Level I Appeal
	79	CORF services provided offsite		W4	Level II Appeal
	80	Home dialysis - nursing facility		W5	Level III Appeal
	81	C-section/Inductions <39 Weeks-Me Necessity	edical		
	82	C-section/Inductions <39 Weeks-Ele	ective		
Beginning Position:	58	Data S	Source:	Claim	
Length:	2	Type:		Alphanu	meric
Field 23:	CON	DITION_CODE_2			
	Code	describing a condition relating	to the cla	im.	
Coding Scheme:	Same	as Field CONDITION_CODE	E_1.		
Beginning Position:	60	Data S	Source:	Claim	
Length:	2	Type:		Alphanu	meric
Field 24:	CON	IDITION_CODE_3			
		describing a condition relating		im.	
Coding Scheme:		e as Field CONDITION_CODE	_		
Beginning Position:	62	Data S	Source:	Claim	
Length:	2	Type:		Alphanu	meric
Field 25:		IDITION_CODE_4			
		describing a condition relating		im.	
Coding Scheme:		e as Field CONDITION_CODE			
Beginning Position:	64			Claim	
Length:	2	Type:		Alphanu	meric
Field 26:		DITION_CODE_5		_	
		describing a condition relating		ım.	
Coding Scheme:		e as Field CONDITION_CODE	_	CI.	
Beginning Position:	66			Claim	
Length:	2	Type:		Alphanu	meric
Field 27:		DITION_CODE_6	1 1		
Cadina Cahama		describing a condition relating		ım.	
Coding Scheme:		e as Field CONDITION_CODE		Claim	
Beginning Position:	68 2				m ani a
Length:		Type:		Alphanu	ineric
Field 28:		IDITION_CODE_7	to the ele	im	
Coding Schomer		describing a condition relating		1111.	
Coding Scheme:	70	e as Field CONDITION_CODE		Claim	
Beginning Position:	70	Data S	ource:	Ciailli	DOMO D. A WESS 14161
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Length:	2	Type:	Alphanumeric
Field 29:	CONDITION_CODE_8	-J F **	p
	Code describing a condition	relating to the c	laim.
Coding Scheme:	Same as Field CONDITION		
Beginning Position:	72	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 30:	PAT_REASON_FOR_VIS		1 in primition in the state of
Ticlu 50.			th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		in, our and the digits if approache. Beennar is
			longer collecting PAT_REASON_FOR_VISIT in
	Outpatient Professional clai		ionger concerning 1711_1021 is of v_1 of v_1 str in
Beginning Position:	74	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 31:	PRINC_DIAG_CODE		
		for the principal	diagnosis, including the 4th, 5th, 6th and 7th digits
	if applicable. Decimal is im		
Beginning Position:	81	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 32:	OTH DIAG CODE 1	JF	F
111111111111111111111111111111111111111		including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		an, can, can and the digital in approved 2 community
Beginning Position:	88	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 33:	OTH_DIAG_CODE_2		1 1101111111111111111111111111111111111
Ticia 55.		including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		in, our and the digits if approache. Beennar is
Beginning Position:	95	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 34:	OTH_DIAG_CODE_3		1 in primition in the state of
11000011		including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		an, can, can and the digital in approved 2 community
Beginning Position:	102	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 35:	OTH_DIAG_CODE_4	J L	F
		including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	109	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 36:	OTH_DIAG_CODE_5	· ·	*
		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	116	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 37:	OTH_DIAG_CODE_6		•
		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	123	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 38:	OTH_DIAG_CODE_7	· ·	*
		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	-	
Beginning Position:	130	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 39:	OTH_DIAG_CODE_8	~ ~	

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			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	137	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 40:	OTH_DIAG_CODE_9		
			h, 5th, 6th and 7th digits if applicable. Decimal is
D ' ' D '	implied following the third		
Beginning Position:	144	Data Source:	Claim
Length: Field 41:	7 OTH_DIAG_CODE_10	Type:	Alphanumeric
riciu 41:		including the At	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		in, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	151	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 42:	OTH_DIAG_CODE_11	J P	r
		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	158	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 43:	OTH_DIAG_CODE_12		
	ICD-10-CM diagnosis code	, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	165	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 44:	OTH_DIAG_CODE_13		
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	172	Data Source:	Claim
Length:	7 OTH DIAG CODE 14	Type:	Alphanumeric
Field 45:	OTH_DIAG_CODE_14	1 . 1	1. 5d. 7d
			h, 5th, 6th and 7th digits if applicable. Decimal is
Beginning Position:	implied following the third 179	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 46:	OTH_DIAG_CODE_15	турс.	Aiphanameric
ricia 40.		including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		in, our and the digits if application becomes is
Beginning Position:	186	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 47:	OTH_DIAG_CODE_16	V 1	
	ICD-10-CM diagnosis code	, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	
Beginning Position:	193	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 48:	OTH_DIAG_CODE_17		
	- C		h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	200	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 49:	OTH_DIAG_CODE_18		1 54 74 174 17.76 17 11 13 15 17
			h, 5th, 6th and 7th digits if applicable. Decimal is
Doginning Dogition	implied following the third		Claim
Beginning Position: Length:	207 7	Data Source:	Claim Alphanumeric
Field 50:	OTH_DIAG_CODE_19	Type:	Атрианишенс
riciu 50.	OTH DIAG CODE 19		
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ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 214 **Data Source:** Claim Length: Type: Alphanumeric 7 Field 51: OTH DIAG CODE 20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Claim Length: Type: Alphanumeric Field 52: OTH DIAG CODE 21 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 228 Data Source: Claim Length: Type: Alphanumeric 7 Field 53: OTH DIAG CODE 22 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** 235 Claim Length: Type: Alphanumeric OTH_DIAG_CODE 23 Field 54: ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position:** 242 **Data Source:** Claim Length: 7 Type: Alphanumeric Field 55: OTH DIAG CODE 24 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. **Beginning Position: Data Source:** Claim Length: 7 Type: Alphanumeric Field 56: RELATED CAUSE CODE 1 Code identifying an accompanying cause of an illness, injury or an accident. Auto accident **Coding Scheme:** AA Abuse AB Another party responsible AP Employment FMOA Other accident **Beginning Position:** 256 **Data Source:** Claim Length: Type: Alphanumeric RELATED CAUSE CODE 2 **Field 57:** Code identifying an accompanying cause of an illness, injury or an accident. **Coding Scheme:** Same as Field RELATED CAUSE CODE 1. **Beginning Position:** 258 Data Source: Claim Length: Alphanumeric Type: Field 58: RELATED CAUSE CODE 3 Code identifying an accompanying cause of an illness, injury or an accident. **Coding Scheme:** Same as Field RELATED CAUSE CODE 1. **Beginning Position:** 260 Data Source: Claim Length: Type: Alphanumeric Field 59: E CODE 1 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of morbidity. A decimal is implied following the third character. **Beginning Position: Data Source:** 262 Claim Length: Type: Alphanumeric E CODE 2 Field 60:

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			h, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	269	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 61:	E_CODE_3		
			th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	276	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 62:	E_CODE_4	. 1 11 4.	1 54 54 154 11 12 16 11 11 6
			th, 5th, 6th and 7th digits if applicable, of an
D ' ' D '			mal is implied following the third character.
Beginning Position:	283	Data Source:	Claim
Length:	7 E CODE 7	Type:	Alphanumeric
Field 63:	E_CODE_5	. 1 11 4.	1 54 64 154 11 11 16
			th, 5th, 6th and 7th digits if applicable, of an
D 1 1 D 14			mal is implied following the third character.
Beginning Position:	290	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 64:	E_CODE_6		
			th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	297	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 65:	E_CODE_7		
			th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	304	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 66:	E_CODE_8		
			th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	311	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 67:	E_CODE_9		
			th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	318	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 68:	E_CODE_10		
	ICD-10-CM diagnosis cod	e including the 41	
			th, 5th, 6th and 7th digits if applicable, of an
		f morbidity. Deci	mal is implied following the third character.
Beginning Position:	325	f morbidity. Decir Data Source:	mal is implied following the third character. Claim
Length:	325 7	f morbidity. Deci	mal is implied following the third character.
	325 7 PROC_CODE_1	f morbidity. Decin Data Source: Type:	mal is implied following the third character. Claim Alphanumeric
Length:	325 7 PROC_CODE_1 Code for the surgical or oth	f morbidity. Decir Data Source: Type: her procedure with	mal is implied following the third character. Claim
Length: Field 69:	325 7 PROC_CODE_1 Code for the surgical or oth covered by the bill. HCPC	f morbidity. Decir Data Source: Type: her procedure with S or CPT code.	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period
Length: Field 69: Beginning Position:	PROC_CODE_1 Code for the surgical or oth covered by the bill. HCPCs	f morbidity. Decin Data Source: Type: her procedure with S or CPT code. Data Source:	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period Claim
Length: Field 69: Beginning Position: Length:	325 7 PROC_CODE_1 Code for the surgical or oth covered by the bill. HCPCs 332 5	f morbidity. Decir Data Source: Type: her procedure with S or CPT code.	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period
Length: Field 69: Beginning Position:	325 7 PROC_CODE_1 Code for the surgical or oth covered by the bill. HCPC: 332 5 PROC_CODE_2	f morbidity. Decin Data Source: Type: her procedure with S or CPT code. Data Source: Type:	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period Claim Alphanumeric
Length: Field 69: Beginning Position: Length:	PROC_CODE_1 Code for the surgical or off covered by the bill. HCPC: 332 PROC_CODE_2 Code for surgical or other processing to the surgical	f morbidity. Decir Data Source: Type: her procedure with S or CPT code. Data Source: Type:	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period Claim
Length: Field 69: Beginning Position: Length: Field 70:	PROC_CODE_1 Code for the surgical or oth covered by the bill. HCPCs 332 FROC_CODE_2 Code for surgical or other provered by the bill. HCPCs	f morbidity. Decir Data Source: Type: her procedure with S or CPT code. Data Source: Type: procedure with the S or CPT code.	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period Claim Alphanumeric e next highest charge performed during the period
Length: Field 69: Beginning Position: Length: Field 70: Beginning Position:	PROC_CODE_1 Code for the surgical or oth covered by the bill. HCPCs 332 FROC_CODE_2 Code for surgical or other covered by the bill. HCPCs 337	f morbidity. Decir Data Source: Type: her procedure with S or CPT code. Data Source: Type: procedure with the S or CPT code. Data Source: Data Source:	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period Claim Alphanumeric e next highest charge performed during the period Claim
Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length:	PROC_CODE_1 Code for the surgical or oth covered by the bill. HCPCs 332 5 PROC_CODE_2 Code for surgical or other secovered by the bill. HCPCs 337 5	f morbidity. Decir Data Source: Type: her procedure with S or CPT code. Data Source: Type: procedure with the S or CPT code.	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period Claim Alphanumeric e next highest charge performed during the period
Length: Field 69: Beginning Position: Length: Field 70: Beginning Position:	PROC_CODE_1 Code for the surgical or oth covered by the bill. HCPCs 332 FROC_CODE_2 Code for surgical or other covered by the bill. HCPCs 337	f morbidity. Decir Data Source: Type: her procedure with S or CPT code. Data Source: Type: procedure with the S or CPT code. Data Source: Data Source:	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period Claim Alphanumeric e next highest charge performed during the period Claim
Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length: Field 71:	PROC_CODE_1 Code for the surgical or oth covered by the bill. HCPCs 332 5 PROC_CODE_2 Code for surgical or other secovered by the bill. HCPCs 337 5	f morbidity. Decir Data Source: Type: her procedure with S or CPT code. Data Source: Type: procedure with the S or CPT code. Data Source: Data Source:	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period Claim Alphanumeric e next highest charge performed during the period Claim Alphanumeric
Length: Field 69: Beginning Position: Length: Field 70: Beginning Position: Length:	PROC_CODE_1 Code for the surgical or oth covered by the bill. HCPCs 332 5 PROC_CODE_2 Code for surgical or other provered by the bill. HCPCs 337 5 PROC_CODE_3	f morbidity. Decir Data Source: Type: her procedure with S or CPT code. Data Source: Type: procedure with the S or CPT code. Data Source: Data Source:	mal is implied following the third character. Claim Alphanumeric the highest charge performed during the period Claim Alphanumeric e next highest charge performed during the period Claim

			e next highest charge performed during the period
D 1 1 D 11	covered by the bill. HCPC		
Beginning Position:	342	Data Source:	Claim
Length:	DDOG CODE 4	Type:	Alphanumeric
Field 72:	PROC_CODE_4		
	covered by the bill. HCPC	procedure with the	e next highest charge performed during the period
Paginning Pagitians	347	Data Source:	Claim
Beginning Position: Length:	5	Type:	Alphanumeric
Field 73:	PROC CODE 5	туре.	Aipilanumenc
riciu 75.		nrocedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		e next ingliest charge performed during the period
Beginning Position:	352	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 74:	PROC_CODE_6	J P	£
		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	357	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 75:	PROC_CODE_7		
	Code for surgical or other	procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC	S or CPT code.	
Beginning Position:	362	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 76:	PROC_CODE_8		
			e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	367	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 77:	PROC_CODE_9		
			e next highest charge performed during the period
Doginaina Dogitions	covered by the bill. HCPC 372	Data Source:	Claim
Beginning Position:	5		Alphanumeric
Length: Field 78:	PROC_CODE_10	Type:	Aipilanumenc
riciu 70.		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		e next nighest charge performed during the period
Beginning Position:	377	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 79:	PROC_CODE_11		
		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	382	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 80:	PROC_CODE_12		
	Code for surgical or other p	procedure with the	e next highest charge performed during the period
	covered by the bill. HCPC		
Beginning Position:	387	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 81:	PROC_CODE_13	_	
			e next highest charge performed during the period
n	covered by the bill. HCPC		
Beginning Position:	392	Data Source:	Claim
Length:	5 PROG. CODE 14	Type:	Alphanumeric
Field 82:	PROC_CODE_14		
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			e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	397	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 83:	PROC_CODE_15		
	Code for surgical or other p	procedure with the	e next highest charge performed during the period
Doniumiu a Donisia.	covered by the bill. HCPCS		Claim
Beginning Position:	402 5	Data Source:	Claim
Length: Field 84:	PROC_CODE_16	Type:	Alphanumeric
riciu 04.		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPCS		s next ingliest charge performed during the period
Beginning Position:	407	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 85:	PROC_CODE_17	• •	•
	Code for surgical or other p	procedure with the	e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	412	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 86:	PROC_CODE_18		
			e next highest charge performed during the period
D D	covered by the bill. HCPCS		
Beginning Position:	417	Data Source:	Claim
Length: Field 87:	DDOC CODE 10	Type:	Alphanumeric
rieid 8/:	PROC_CODE_19	rocodure with the	e next highest charge performed during the period
	covered by the bill. HCPCS		e next nighest charge performed during the period
Beginning Position:	422	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 88:	PROC_CODE_20	- J Pet	
		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPCS		
Beginning Position:	427	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 89:	PROC_CODE_21		
			e next highest charge performed during the period
n · · n · ·	covered by the bill. HCPCS		
Beginning Position:	432	Data Source:	Claim
Length: Field 90:	5 PROC CODE 22	Type:	Alphanumeric
rieiu 90:		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPCS		t next ingliest charge performed during the period
Beginning Position:	437	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 91:	PROC_CODE_23	· ·	•
		procedure with the	e next highest charge performed during the period
	covered by the bill. HCPCS	or CPT code.	
Beginning Position:	442	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 92:	PROC_CODE_24		
			e next highest charge performed during the period
Doginalna Daniel	covered by the bill. HCPCS		Claim
Beginning Position:	447	Data Source:	Claim
Length: Field 93:	5 PROC_CODE_25	Type:	Alphanumeric
Ficiu 93.	1 NOC_CODE_23		
Datta (Bit at a			
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Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 452 **Data Source:** Claim Length: Alphanumeric 5 Type: Field 94: OTHER AMOUNT 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:** 457 **Data Source:** Calculated Length: 12 Type: Numeric Field 95: PHARM AMOUNT Ancillary Service Charge, Pharmacy Charge Amount, Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 026X, 063X. 469 **Beginning Position: Data Source:** Calculated Length: 12 Type: Numeric Field 96: MEDSURG AMOUNT 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:** 481 Calculated **Data Source:** Length: 12 Type: Numeric DME AMOUNT Field 97: 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:** 493 **Data Source:** Calculated Length: 12 Type: Numeric Field 98: USED DME AMOUNT 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:** 505 **Data Source:** Calculated Length: 12 Type: Numeric Field 99: PT AMOUNT 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: Data Source:** Calculated 517 Length: Numeric Type: 12 **Field 100:** OT AMOUNT 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:** 529 **Data Source:** Calculated Length: 12 Type: Numeric Field 101: SPEECH AMOUNT 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:** 541 **Data Source:** Calculated Length: 12 Numeric Type: **Field 102:** IT AMOUNT

	Ancillary Service Charge, In	nhalation Therap	y Charge Amount. Calculated using MEDPAR
	algorithm. Sum of charges a 041X, 046X.	associated with re	evenue codes other than 0100-0219, revenue center
Beginning Position:	553	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 103:	BLOOD_AMOUNT		
			during the patient's stay. Calculated using
	_	of charges associa	ated with revenue codes other than 0100-0219,
Danimuima Danisiam.	revenue center 038X.	Data Carres	Calandatad
Beginning Position: Length:	565 12	Data Source: Type:	Calculated Numeric
Field 104:	BLOOD_ADMIN_AMOU		Numeric
riciu 104.			nd processing related to the patient's stay.
			of charges associated with revenue codes other
	than 0100-0219, revenue ce		
Beginning Position:	577	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 105:	OR_AMOUNT		
			Charge amount. Calculated using MEDPAR
		associated with re	evenue codes other than 0100-0219, revenue center
D 1 1 D 14	036X, 071X-072X.	5	
Beginning Position:	589	Data Source:	Calculated
Length: Field 106:	12	Type:	Numeric
rieia 100:	LITH_AMOUNT	ithotrings Chara	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 079X.
Beginning Position:	601	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 107:	CARD AMOUNT	-3 P**	
	_	Cardiology Charg	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 048X,
	073X.		
Beginning Position:	613	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 108:	ANES_AMOUNT	1	
			e Amount. Calculated using MEDPAR algorithm.
Doginning Dogitions	_		es other than 0100-0219, revenue center 037X.
Beginning Position: Length:	625 12	Data Source: Type:	Calculated Numeric
Field 109:	LAB_AMOUNT	турс.	Numeric
Ticia 107.		aboratory Charge	e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 030X-
	031X, 074X-075X.		,
Beginning Position:	637	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 110:	RAD_AMOUNT		
			Amount. Calculated using MEDPAR algorithm.
	_	with revenue code	es other than 0100-0219, revenue center 028X,
D 1 1 D 14	032X-035X, 040X.	5	
Beginning Position:	649	Data Source:	Calculated
Length:	MDI AMOUNT	Type:	Numeric
Field 111:	MRI_AMOUNT	ADI Charga Ama	unt. Calculated using MEDPAR algorithm. Sum of
			than 0100-0219, revenue center 061X.
Beginning Position:	661	Data Source:	Calculated
~-9	JU1	zam source.	
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Length:	12	Type:	Numeric
Field 112:	OP_AMOUNT		
			es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Beginning Position:	673	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 113:	ER_AMOUNT		
			Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Beginning Position:	685	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 114:	AMBULANCE_AMOU		
	Ancillary Service Charge	e, Ambulance Charg	ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 054X.
Beginning Position:	697	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 115:	PRO_FEE_AMOUNT		
			Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Beginning Position:	709	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 116:	ORGAN_AMOUNT		
	algorithm. Sum of charge 081X, 089X.	es associated with re	n Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
Beginning Position:	721	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 117: Beginning Position:		m of charges associa	Dialysis Charge Amount. Calculated using ated with revenue codes other than 0100-0219,
Length:	12	Type:	Numeric
Field 118:	CLINIC_AMOUNT	турс.	rumene
	Ancillary Service Charge	_	ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X. Calculated
Beginning Position:			
Length: Field 119:	12 TOTAL_CHARGES	Type:	Numeric
Field 119:			d accommodation charges, ancillary charges, non- _CHARGES_23.
Beginning Position:	757	Data Source:	Claim
Length:	12	Type:	Numeric
Field 120:	TOTAL_NON_COV_O		
			s, non-covered ancillary charges.
Beginning Position:	769	Data Source:	Claim
Length:	12	Type:	Numeric
Field 121:	TOTAL_CHARGES_A		
- 	Sum of covered and non-		harges.
Beginning Position:	781	Data Source:	Claim
Length:	12	Type:	Numeric
Field 122:	TOTAL_NON_COV_0		
	_ := :_= :		
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Sum of non-covered ancillary charges. **Beginning Position:** 793 **Data Source:** Claim Length: 12 Numeric Type: **Field 123:** PHYSICIAN1 INDEX NUMBER Unique identifier assigned to the licensed physician reported as the Operating Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients. Suppressed when the number of physicians reported for a facility or the number of physicians **Suppression:** reported for CCS PROC_CODE_1 for the facility is less than five. 999999998 Cell size less than 5 **Coding Scheme:** 999999999 Temporary license or license number could not be matched **Beginning Position:** 805 Data Source: Assigned Length: 10 Alphanumeric Type: **Field 124:** PHYSICIAN2 INDEX NUMBER 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 midwives 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: 10 Type: Alphanumeric INPUT_FORMAT **Field 125:** Format in which the outpatient data file was submitted by the facility 837 Professional 0 **Coding Scheme:** 1 837 Institutional **Beginning Position:** 825 **Data Source:** Assigned Length: Alphanumeric Type: **Field 126:** 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 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 5 6 Transfer from another health care facility 8 Court/Law Enforcement Information not available Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a D Separate Claim to the Payer Е Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital **Beginning Position:** 826 **Data Source:** Claim Length: Type: Alphanumeric **Field 127:** PAT STATUS **Description:** Code indicating patient status as of the ending date of service for the period of care reported Discharged to home or self-care (routine discharge) DSHS/THCIC **DSHS Document** # E25-14164

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Coding Scheme:	02 03	Discharged/transferred to a short-term general hospital for in Discharged/transferred to skilled nursing facility (SNF) with		
	0.0	care	manuspulson of samed	
	04	Discharged/transferred to a facility that provides custodial or	supportive care	
	05	Discharged/transferred to a Designated Cancer Center or Chi		
	06	Discharged/transferred to home under care of an organized h covered skilled care	ome health service organization in anticipation of	
	07	Left against medical advice		
	09	Admitted as inpatient to this hospital		
	20	Expired		
	21	Discharged/transferred to Court/Law Enforcement		
	30	Still patient		
	40	Expired at home		
	41	Expired in a medical facility		
	42 43	Expired, place unknown Discharged/transferred to federal government operated health	h facility	
	50	Hospice-home	Tracinty	
	51	Hospice–medical facility (Certified) providing hospice level	of care	
	61	Discharged/transferred within this institution to Medicare-ap		
	62	Discharged/transferred to inpatient rehabilitation facility	r · · · · · · · · · · · · · · · · · · ·	
	63	Discharged/transferred to Medicare-certified long term care l	hospital	
	64	Discharged/transferred to Medicaid-certified nursing facility	under Medicaid but not certified under Medicare	
	65	Discharged/transferred to psychiatric hospital or psychiatric	distinct part of a hospital	
	66	Discharged/transferred to Critical Access Hospital (CAH)		
	69	Discharged/Transferred to a designated disaster alternate care		
	70	Discharge/transfer to another type of health care institution n		
	81	Discharged to Home or Self Care with a Planned Acute. Care 2013)	e Hospital Inpatient Readmission (effective 10-1-	
	82	Discharged/Transferred to a Short-Term General Hospital fo	r Innatient Care with a Planned Acute Care	
	02	Hospital Inpatient Readmission (effective 10-1-2013)	i inpatient care with a Flanned Acute Care	
	83	Discharged/Transferred to a Skilled Nursing Facility (SNF)	with Medicare Certification with a Planned Acute	
	84	Care Hospital Inpatient Readmission (effective 10-1-2013) Discharged/Transferred to a Facility that Provides Custodial	or Supportive Care with a Planned Acute Care	
	04	Hospital Inpatient Readmission (effective 10-1-2013)	or Supportive Care with a Flatified Acute Care	
	85	Discharged/transferred to a Designated Cancer Center or Chi	ildren's Hospital with a Planned Acute Care	
	0.0	Hospital Inpatient Readmission (effective 10-1-2013)	Adrens Hospital Will a Hamiled Heate Care	
	86	Discharged/Transferred to Home under Care of Organized H		
	07	Acute Care Hospital Inpatient Readmission (effective 10-1-2013)		
	87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)		
	88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient		
		Readmission (effective 10-1-2013)		
	89	Discharged/Transferred to a Hospital-based Medicare Appro Hospital Inpatient Readmission (effective 10-1-2013)	ved Swing Bed with a Planned Acute Care	
	90	Discharged/Transferred to an Inpatient Rehabilitation Facilit Units of a Hospital with a Planned Acute Care Hospital Inpa	• • •	
	91	Discharged/Transferred to a Medicare Certified Long Term (Hospital Inpatient Readmission (effective 10-1-2013)		
	92	Discharged/Transferred to a Nursing Facility Certified Under a Planned Acute Care Hospital Inpatient Readmission (effect		
	93	Discharged/Transferred to a Psychiatric Hospital or Psychiat Acute Care Hospital Inpatient Readmission (effective 10-1-2	ric Distinct Part Unit of a Hospital with a Planned	
	94	Discharged/Transferred to a Critical Access Hospital (CAH)		
	95	Readmission (effective 10-1-2013) Discharged/Transferred to Another Type of Health Care Inst	itution not Defined Elsewhere in this Code List	
		with a Planned Acute Care Hospital Inpatient Readmission (a Invalid	effective 10-1-2013)	
Beginning Position:	827	Data Source: Claim		
Length:	2	Type: Alphani	umeric	
Field 128:		VIDER_NAME	aniene	
Description:		e provided by the facility.	1 (0000001)	
Suppression:		ities reporting fewer than 50 events (Provider ID e		
		Volume Facility'. If a facility reported fewer that	n 5 events for a particular gender,	
	inclu	ding 'unknown', Provider Name is blank.		
Beginning Position:	829	Data Source: Provide	r	
Length:	55	Type: Alphani	umeric	
Field 129:		ERGENCY_DEPT_FLAG		
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Description:

Indicator of emergency department visit. Y visit was emergency related Y N **Coding Scheme:** Visit was not emergency related

Beginning Position: 884 Assigned Alphanumeric **Data Source:** Length: Type:

CLASSIFICATION DATA FILE

		ICATION L	AIAIIEE
Field 1:	RECORD_ID		
Description:			per assigned to identify the record. First available 1st
	quarter 2002. Does NOT m		D_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 2:	CCSR_PRIN_DIAG_COL		
			CS) classification of PRIN_DIAG_CODE into
	clinically meaningful diagno		
Beginning Position:	13	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 3:	CCSR_OTH_DIAG_COD		OCD 1
		`	CSR) classification of OTH_DIAG_CODE_1 into
Doginaina Dogitions	clinically meaningful diagno	Data Source:	Assigned
Beginning Position: Length:	4	Type:	Assigned Alphanumeric
Field 4:	CCSR_OTH_DIAG_COD		Aiphanumenc
rieiu 4:			CSR) classification of OTH_DIAG_CODE_2 into
	clinically meaningful diagno		CSK) classification of OTH_DIAG_CODE_2 into
Beginning Position:	21	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 5:	CCSR OTH DIAG COD		Alphanumeric
riciu 3.			CSR) classification of OTH_DIAG_CODE_3 into
	clinically meaningful diagno		est, classification of offi_birto_cobb_3 into
Beginning Position:	25	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 6:	CCSR_OTH_DIAG_COD		
			CSR) classification of OTH_DIAG_CODE_4 into
	clinically meaningful diagno		, – – –
Beginning Position:	29	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 7:	CCSR_OTH_DIAG_COD		-
	Clinical Classifications Soft	ware Refined (Co	CSR) classification of OTH_DIAG_CODE_5 into
	clinically meaningful diagno		
Beginning Position:	33	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 8:	CCSR_OTH_DIAG_COD		
			CSR) classification of OTH_DIAG_CODE_6 into
	clinically meaningful diagno		
Beginning Position:	37	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 9:	CCSR_OTH_DIAG_COD		OGD) 1'("'
			CSR) classification of OTH_DIAG_CODE_7 into
Danimuter - D. 10	clinically meaningful diagno	0.	Assistant
Beginning Position:	41	Data Source:	Assigned
Length: Field 10:	CCSD OTH DIAC COD	Type:	Alphanumeric
riela 10:	CCSR_OTH_DIAG_COD		CSR) classification of OTH_DIAG_CODE_8 into
	clinically meaningful diagno		CSK) Classification of OTH_DIAG_CODE_8 INTO
Beginning Position:	45	Data Source:	Assigned
Length:	43	Type:	Assigned Alphanumeric
Field 11:	CCSR_OTH_DIAG_COD		1 inpriminent
I ICIU II.			CSR) classification of OTH_DIAG_CODE_9 into
	clinically meaningful diagno		osse, companion of offi_phio_coph_) into
	unij memingini diugile		
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Beginning Position:	49	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 12:	CCSR_OTH_DIAG_COL		
			CSR) classification of OTH_DIAG_CODE_10 into
	clinically meaningful diagn	· .	
Beginning Position:	53	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 13:	CCSR_OTH_DIAG_COD		
			CSR) classification of OTH_DIAG_CODE_11 into
	clinically meaningful diagn	osis category.	
Beginning Position:	57	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 14:	CCSR_OTH_DIAG_COD	DE_12	
	Clinical Classifications Sof	tware Refined (C	CSR) classification of OTH_DIAG_CODE_12 into
	clinically meaningful diagn		, – – –
Beginning Position:	61	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 15:	CCSR_OTH_DIAG_COD		
11010 101			CSR) classification of OTH_DIAG_CODE_13 into
	clinically meaningful diagn		
Beginning Position:	65	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 16:	CCSR_OTH_DIAG_COD		ruphanamene
riciu 10.			CSR) classification of OTH_DIAG_CODE_14 into
	clinically meaningful diagn		CSK) classification of OTTI_DIAG_CODE_14 into
Beginning Position:	69	Data Source:	Assigned
Length:	4		Alphanumeric
Field 17:	CCSR_OTH_DIAG_COD	Type:	Aipilanumenc
rieiu 17:			CSR) classification of OTH_DIAG_CODE_15 into
			CSK) classification of OTH_DIAG_CODE_13 into
Danimuina Danisiana	clinically meaningful diagn		A animum A
Beginning Position:	73	Data Source:	Assigned
Length: Field 18:	4 CCSR_OTH_DIAG_COD	Type:	Alphanumeric
rieiu 18:			CSR) classification of OTH_DIAG_CODE_16 into
	clinically meaningful diagn		CSK) classification of OTH_DIAG_CODE_10 into
Danimuina Danisiana		· .	A:
Beginning Position:	77	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 19:	CCSR_OTH_DIAG_COL		CCD) desification of OTH DIAC CODE 17 inter-
			CSR) classification of OTH_DIAG_CODE_17 into
D 1 1 D 11	clinically meaningful diagn	.	
Beginning Position:	81	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 20:	CCSR_OTH_DIAG_COL		GGD) 1 15 1 COTTY DVIG GODE 401
		,	CSR) classification of OTH_DIAG_CODE_18 into
	clinically meaningful diagn		
Beginning Position:	85	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 21:	CCSR_OTH_DIAG_COL		
		,	CSR) classification of OTH_DIAG_CODE_19 into
	clinically meaningful diagn		
Beginning Position:	89	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 22:	CCSR_OTH_DIAG_COL		
			CSR) classification of OTH_DIAG_CODE_20 into
	clinically meaningful diagn	osis category.	
			DOILG D # F05 14164
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Beginning Position:	93	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 23:	CCSR_OTH_DIAG_CO	DE_21	
			CSR) classification of OTH_DIAG_CODE_21 into
	clinically meaningful diag		
Beginning Position:	97	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 24:	CCSR_OTH_DIAG_CO		
	Clinical Classifications So	oftware Refined (C	CSR) classification of OTH_DIAG_CODE_22 into
	clinically meaningful diag		
Beginning Position:	101	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 25:	CCSR_OTH_DIAG_CO		r · · · · · · ·
11010 201			CSR) classification of OTH_DIAG_CODE_23 into
	clinically meaningful diag		est, emission of offi_birto_cobe_23 into
Beginning Position:	105	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 26:	CCSR_OTH_DIAG_CO		Aiphanumene
rieiu 20:			CSR) classification of OTH_DIAG_CODE_24 into
			CSR) classification of OTH_DIAG_CODE_24 into
D ' ' D ''	clinically meaningful diag		A
Beginning Position:	109	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 27:	CCS_PROC_CODE_1		
			Services and Procedures classification of
	PROC_CODE_1 into clin	ically meaningful p	procedure category.
Beginning Position:	113	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 28:	CCS_PROC_CODE_2	**	•
		oftware (CCS) for S	Services and Procedures classification of
	PROC_CODE_2 into clin		
Beginning Position:	116	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 29:	CCS_PROC_CODE_3	Type.	Alphanumene
riciu 29.		ftwere (CCS) for S	Services and Procedures classification of
D	PROC_CODE_3 into clin		
Beginning Position:	119	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 30:	CCS_PROC_CODE_4		
			Services and Procedures classification of
	PROC_CODE_4 into clin		
Beginning Position:	122	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 31:	CCS_PROC_CODE_5		
	Clinical Classifications So	oftware (CCS) for S	Services and Procedures classification of
	PROC_CODE_5 into clin	ically meaningful p	procedure category.
Beginning Position:	125	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 32:	CCS_PROC_CODE_6	турс.	ripitanumene
riciu 54.		oftware (CCS) for S	Services and Procedures classification of
Roginning Desitions	PROC_CODE_6 into clini 128	Data Source:	
Beginning Position:			Assigned
	3	Type:	Alphanumeric
Length:			
Length: Field 33:	CCS_PROC_CODE_7		
	Clinical Classifications So		Services and Procedures classification of
	Clinical Classifications So		

Beginning Position: Length:	131 3	Data Source: Type:	Assigned Alphanumeric
Field 34:	CCS_PROC_CODE_8	1 урс.	1 Infrimitationic
riciu 54.		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_8 into clinic		
Beginning Position:	134	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 35:	CCS_PROC_CODE_9	- JP	
		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_9 into clinic		
Beginning Position:	137	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 36:	CCS_PROC_CODE_10	J.F.	F 10 10 10 10 10 10 10 10 10 10 10 10 10
		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_10 into clin		
Beginning Position:	140	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 37:	CCS PROC CODE 11	J.F.	F 10 10 10 10 10 10 10 10 10 10 10 10 10
		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_11 into clin	, ,	
Beginning Position:	143	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 38:	CCS_PROC_CODE_12	- JP	
1114 001		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_12 into clin		
Beginning Position:	146	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 39:	CCS_PROC_CODE_13	2) per	
11014 0>1		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_13 into clin		
Beginning Position:	149	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 40:	CCS_PROC_CODE_14		
1010 101		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_14 into clin		
Beginning Position:	152	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 41:	CCS PROC CODE 15	- JP	
- 1414 114		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_15 into clin	, ,	
Beginning Position:	155	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 42:	CCS PROC CODE 16	2) per	
		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_16 into clin		
Beginning Position:	158	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 43:	CCS_PROC_CODE_17	-1 ho.	
LIVIU TU		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_17 into clin		
Beginning Position:	161	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 44:	CCS_PROC_CODE_18	rype.	Aiphailailicite
r iciu 77.		tware (CCS) for S	Services and Procedures classification of
	PROC_CODE_18 into clin		
	1 MOC_CODE_18 IIIIO CIIII	icany meaningiul	procedure category.
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Beginning Position:	164	Data Source:	Assigned		
Length:	3	Type:	Alphanumeric		
Field 45:	CCS_PROC_CODE_19				
	Clinical Classifications Software (CCS) for Services and Procedures classification of				
	PROC_CODE_19 into clini				
Beginning Position:	167	Data Source:	Assigned		
Length:	3	Type:	Alphanumeric		
Field 46:	CCS_PROC_CODE_20				
			Services and Procedures classification of		
	PROC_CODE_20 into clini				
Beginning Position:	170	Data Source:	Assigned		
Length:	3	Type:	Alphanumeric		
Field 47:	CCS_PROC_CODE_21				
			Services and Procedures classification of		
	PROC_CODE_21 into clini				
Beginning Position:	173	Data Source:	Assigned		
Length:	3	Type:	Alphanumeric		
Field 48:	CCS_PROC_CODE_22				
		Clinical Classifications Software (CCS) for Services and Procedures classification of			
	PROC_CODE_22 into clini				
Beginning Position:	176	Data Source:	Assigned		
Length:	3	Type:	Alphanumeric		
Field 49:	CCS_PROC_CODE_23				
			Services and Procedures classification of		
	PROC_CODE_23 into clini				
Beginning Position:	179	Data Source:	Assigned		
Length:	3	Type:	Alphanumeric		
Field 50:	CCS_PROC_CODE_24				
			Services and Procedures classification of		
	PROC_CODE_24 into clini				
Beginning Position:	182	Data Source:	Assigned		
Length:	3	Type:	Alphanumeric		
Field 51:	CCS_PROC_CODE_25				
			Services and Procedures classification of		
	PROC_CODE_25 into clini				
Beginning Position:	185	Data Source:	Assigned		
Length:	3	Type:	Alphanumeric		

CHARGES DATA FILE

Field 1:	RECORD_ID			
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1 st quarter 2002. Does NOT match the RECORD ID in THCIC Research Data Files (RDF's).			
Beginning Position:	1	Data Source:	Assigne	
	12		Alphan	
Length:		Type:	Aipiiaii	umenc
Field 2:		ENUE_CODE		
Description:		corresponding to each specific accommod to the services being billed.	dation, a	ncillary service or billing calculation
		Č	0527	Francisco di la Clinia Vinitia Norma Comina (-)
Coding Scheme:	0100	All-inclusive room charges plus ancillary	0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
	0101	All-inclusive room charges	0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
	0110	Room charges for private rooms - general	0529	Freestanding Clinic - other
	0111	Room charges for private rooms - medical/surgical/GYN	0530	Osteopathic service - general
	0112	Room charges for private rooms - obstetrics	0531	Osteopathic service - therapy
	0113	Room charges for private rooms - pediatric	0539	Osteopathic service - other
	0114	Room charges for private rooms - psychiatric	0540	Ambulance service - general
	0115	Room charges for private rooms - hospice	0541	Ambulance service - supplies
	0116	Room charges for private rooms - detoxification	0542	Ambulance service - medical transport
	0117	Room charges for private rooms - oncology	0543	Ambulance service - heart mobile
	0118	Room charges for private rooms - rehabilitation	0544	Ambulance service - oxygen
	0119	Room charges for private rooms - other	0545	Ambulance service - air ambulance
	0120	Room charges for semi-private rooms - general	0546	Ambulance service - neonatal
	0121	Room charges for semi-private rooms - medical/surgical/GYN	0547	Ambulance service - pharmacy
	0122	Room charges for semi-private rooms - obstetrics	0548	Ambulance service - telephone transmission EKG
	0123	Room charges for semi-private rooms - pediatric	0549	Ambulance service - other
	0124	Room charges for semi-private rooms - psychiatric	0550	Skilled nursing - general
	0125	Room charges for semi-private rooms - hospice	0551	Skilled nursing - visit charge
	0126	Room charges for semi-private rooms - detoxification	0552	Skilled nursing - hourly charge
	0127	Room charges for semi-private rooms - oncology	0559	Skilled nursing - other
	0128	Room charges for semi-private rooms - rehabilitation	0560	Medical social services - general
	0129	Room charges for semi-private rooms - other	0561	Medical social services - visit charge
	0130	Room charges for semi-private - 3/4 beds - rooms - general	0562	Medical social services - hourly charge
	0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN	0569	Medical social services - other
	0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics	0570	Home health aide - general
	0133	Room charges for semi-private - 3/4 beds - rooms - pediatric	0571	Home health aide - visit charge
	0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric	0572	Home health aide - hourly charge
	0135	Room charges for semi-private - 3/4 beds - rooms - hospice	0579	Home health aide - other
	0136	Room charges for semi-private - 3/4 beds - rooms - detoxification	0580	Other visits (home health) - general
	0137 0138	Room charges for semi-private - 3/4 beds - rooms - oncology	0581	Other visits (home health) - visit charge
	0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation Room charges for semi-private - 3/4 beds -	0582 0583	Other visits (home health) - hourly charge Other visits (home health) - assessment
	0139	rooms - other Room charges for private (deluxe) rooms -	0589	Other visits (nome health) - assessment Other visits (home health) - other
	0170	general	0507	DOLLG D 4 FOS 14164

0141	Room charges for private (deluxe) rooms -	0590	Units of service (home health) - general
0142	medical/surgical/GYN Room charges for private (deluxe) rooms -	0600	Oxygen (home health) - general
0143	obstetrics Room charges for private (deluxe) rooms - pediatric	0601	Oxygen (home health) - stat/equip/supply or contents
0144	Room charges for private (deluxe) rooms - psychiatric	0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0145	Room charges for private (deluxe) rooms - hospice	0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0146	Room charges for private (deluxe) rooms - detoxification	0604	Oxygen (home health) - portable add-in
0147	Room charges for private (deluxe) rooms - oncology	0609	Oxygen (home health) - other
0148	Room charges for private (deluxe) rooms - rehabilitation	0610	Magnetic Resonance Technology (MRT) - MRI - general
0149	Room charges for private (deluxe) rooms - other	0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0150	Room charges for ward rooms - general	0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0151	Room charges for ward rooms -	0614	Magnetic Resonance Technology (MRT) - MRI
0152	medical/surgical/GYN Room charges for ward rooms - obstetrics	0615	- other Magnetic Resonance Technology (MRT) -
0153	Room charges for ward rooms - pediatric	0616	MRA – head and neck Magnetic Resonance Technology (MRT) - MRA – lower extremities
0154	Room charges for ward rooms - psychiatric	0618	Magnetic Resonance Technology (MRT) - MRA – other
0155	Room charges for ward rooms - hospice	0619	Magnetic Resonance Technology (MRT) - Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other
		0623	diagnostic services Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile	0633	Drugs requiring specific identification -
0167	Environment Room charges for other rooms – self care	0634	restrictive prescription Drugs requiring specific identification - EPO,
0169	Room charges for other rooms - other	0635	less than 10,000 units Drugs requiring specific identification - EPO,
0170	D	0626	10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self- administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change, peripheral line
0180	Room charges for LOA - general	0644	Home IV therapy services – non-routine nursing, peripheral line
		0 - 4 -	Home IV therapy services - training
0182	Room charges for LOA - patient convenience- charges billable	0645	patient/caregiver, central line
0182 0183		0645 0646	patient/caregiver, central line Home IV therapy services - training, disabled
	charges billable Room charges for LOA - therapeutic leave Room charges for LOA – nursing home (for		patient/caregiver, central line Home IV therapy services - training, disabled patient, central line Home IV therapy services - training,
0183	charges billable Room charges for LOA - therapeutic leave	0646	patient/caregiver, central line Home IV therapy services - training, disabled patient, central line

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	0191	Room charges for subacute care - Level I (skilled care)	0650	Hospice services - general
	0192	Room charges for subacute care - Level II (comprehensive care)	0651	Hospice services - routine home care
	0193	Room charges for subacute care - Level III	0652	Hospice services - continuous home care
	0194	(complex care) Room charges for subacute care - Level IV (intensive care)	0655	Hospice services - inpatient respite care
	0199	Room charges for subacute care - other	0656	Hospice services - general inpatient care (non-respite)
	0200	Room charges for intensive care - general	0657	Hospice services - physician services
	0201	Room charges for intensive care - surgical	0658	Hospice services - room and board - nursing facility
	0202	Room charges for intensive care - medical	0659	Hospice services - other
	0203	Room charges for intensive care - pediatric	0660	Respite care - general
	0204	Room charges for intensive care - psychiatric	0661	Respite care - hourly charge/skilled nursing
	0206	Room charges for intensive care - intermediate intensive care unit (ICU)	0662	Respite care - hourly charge/aide/homemaker/companion
	0207	Room charges for intensive care - burn care	0663	Respite care - daily charge
	0208	Room charges for intensive care - trauma	0669	Respite care - other
	0209	Room charges for intensive care - other	0670	Outpatient special residence - general
	0210	Room charges for coronary care - general	0671	Outpatient special residence - hospital based
	0211	Room charges for coronary care - myocardial infarction	0672	Outpatient special residence - contracted
	0212	Room charges for coronary care - pulmonary care	0679	Outpatient special residence - other
	0213	Room charges for coronary care - heart transplant	0681	Trauma response - level I
	0214	Room charges for coronary care - intermediate coronary care unit (CCU)	0682	Trauma response - level II
	0219	Room charges for coronary care - other	0683	Trauma response - level III
	0220	Special charges - general	0684	Trauma response - level IV
	0221	Special charges - admission charge	0689	Trauma response - other
	0222	Special charges - technical support charge	0690	Pre-hospice/Palliative Care Services - general
	0223	Special charges - UR service charge	0691	Pre-hospice/Palliative Care Services – visit charge
	0224	Special charges - late discharge, medically necessary	0692	Pre-hospice/Palliative Care Services – hourly charge
	0229	Special charges - other	0693	Pre-hospice/Palliative Care Services - evaluation
	0230	Incremental nursing care - general	0694	Pre-hospice/Palliative Care Services – consultation and education
	0231	Incremental nursing care - nursery	0695	Pre-hospice/Palliative Care Services – inpatient care
	0232	Incremental nursing care - OB	0696	Pre-hospice/Palliative Care Services – physician services
	0233	Incremental nursing care - ICU (includes transitional care)	0699	Pre-hospice/Palliative Care Services - other
	0234	Incremental nursing care - CCU (includes transitional care)	0700	Cast Room services - general
	0235	Incremental nursing care - hospice	0710	Recovery Room services - general
	0239	Incremental nursing care - other	0720	Labor/Delivery Room services - general
	0240	All-inclusive ancillary - general	0721	Labor/Delivery Room services - labor
	0241	All-inclusive ancillary - basic	0722	Labor/Delivery Room services - delivery
	0242	All-inclusive ancillary - comprehensive	0723	Labor/Delivery Room services - circumcision
	0243	All-inclusive ancillary - specialty	0724	Labor/Delivery Room services - birthing center
	0249	All-inclusive ancillary - other	0729	Labor/Delivery Room services - other
	0250	Pharmacy - general	0730	EKG/ECG services - general
	0251	Pharmacy - generic drugs	0731	EKG/ECG services - Holter monitor
	0252	Pharmacy – non-generic drugs	0732	EKG/ECG services - telemetry
	0253	Pharmacy - take-home drugs	0739	EKG/ECG services - other
	0254	Pharmacy - drugs incident to other diagnostic services	0740	EEG services - general
	0255	Pharmacy - drugs incident to radiology	0750	Gastrointestinal services - general
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0256	Pharmacy - experimental drugs	0760	Treatment or observation room services
0230	Pharmacy - experimental drugs	0700	Treatment or observation room services - general
0257	Pharmacy - nonprescription	0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0258	Pharmacy - IV solutions	0762	Specialty Room - Treatment/ Observation Room - Observation Room
0259	Pharmacy - other	0769	Treatment or observation room services - other
0260	IV Therapy - general	0770	Preventive care services - general
0261	IV Therapy - infusion pump	0771	Preventive care services - vaccine administration
0262	IV Therapy - pharmacy services	0780	Telemedicine services - general
0263	IV Therapy - drug/supply delivery	0790	Extra-corporeal shockwave therapy - general
0264	IV Therapy - supplies	0800	Inpatient renal dialysis services - general
0269	IV Therapy - other	0801	Inpatient renal dialysis services - hemodialysis
	**		
0270	Medical surgical supplies and devices - general	0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0271	Medical surgical supplies and devices - nonsterile	0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0272	Medical surgical supplies and devices - sterile	0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0273	Medical surgical supplies and devices - take- home	0809	Inpatient renal dialysis services - other
0274	Medical surgical supplies and devices - prosthetic/orthotic	0810	Acquisition of body components- general
0275	Medical surgical supplies and devices - pacemaker	0811	Acquisition of body components - living donor
0276	Medical surgical supplies and devices - intraocular lens (IOL)	0812	Acquisition of body components - cadaver donor
0277	Medical surgical supplies and devices - oxygen - take-home	0813	Acquisition of body components - unknown donor
0278	Medical surgical supplies and devices - other implants	0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0279	Medical surgical supplies and devices - other	0815	Acquisition of body components – stem cells- allogeneic
0280	Oncology - general	0819	Acquisition of body components - other donor
0289	Oncology - other	0820	Hemodialysis - outpatient or home - general
0290	DME - general	0821	Hemodialysis - outpatient or home - composite or other rate
0291	DME - rental	0822	Hemodialysis - outpatient or home – home supplies
0292	DME - purchase of new	0823	Hemodialysis - outpatient or home – home equipment
0293	DME - purchase of used	0824	Hemodialysis - outpatient or home – maintenance 100%
0294	DME - supplies/drugs for DME effectiveness	0825	Hemodialysis - outpatient or home - support services
0299	DME - other equipment	0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0300	Laboratory - general	0829	Hemodialysis - outpatient or home - other
0301	Laboratory - chemistry	0830	Peritoneal dialysis - outpatient or home - general
0302	Laboratory - immunology	0831	Peritoneal dialysis - outpatient or home - composite or other rate
0303	Laboratory - renal patient (home)	0832	Peritoneal dialysis - outpatient or home - home
0304	Laboratory – non-routine dialysis	0833	supplies Peritoneal dialysis - outpatient or home – home equipment
0305	Laboratory - hematology	0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0306	Laboratory - bacteriology and microbiology	0835	Peritoneal dialysis - outpatient or home -
0307	Laboratory - urology	0839	support services Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other rate
0311	Laboratory pathological - cytology	0842	CAPD - outpatient or home – home supplies

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	Laboratory pathological - histoloLaboratory pathological - biopsy		CAPD - outpatient or home – home equipment
03	14 Laboratory pathological - biopsy	0644	CAPD - outpatient or home – maintenance 100%
	19 Laboratory pathological - other	0845	CAPD - outpatient or home - support services
	20 Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
	21 Radiology - diagnostic - angioca		CCPD - outpatient or home - general
03	22 Radiology - diagnostic - arthrogr	aphy 0851	CCPD - outpatient or home - composite or otherate
03	23 Radiology - diagnostic - arteriog		CCPD - outpatient or home - home supplies
	24 Radiology - diagnostic - chest x-	•	CCPD - outpatient or home - home equipment
	29 Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100
	30 Radiology - therapeutic and/or cl administration - general	1.	CCPD - outpatient or home - support services
03	31 Radiology - therapeutic and/or cl administration - chemotherapy -	injected	CCPD - outpatient or home - other
03	32 Radiology - therapeutic and/or cl administration - chemotherapy -		Magnetoencephalography (MEG) - General
03	Radiology - therapeutic and/or cl administration - radiation therapy		Magnetoencephalography (MEG) - MEG
03	35 Radiology - therapeutic and/or cl administration - chemotherapy -		Miscellaneous dialysis - general
03	39 Radiology - therapeutic and/or cl administration - other		Miscellaneous dialysis - ultrafiltration
03	40 Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
03	41 Nuclear medicine - diagnostic pr	ocedures 0889	Miscellaneous dialysis - other
03	42 Nuclear medicine - therapeutic p	rocedures 0900	Behavior health treatments/services - general
03	43 Nuclear medicine - diagnostic radiopharmaceuticals	0901	Behavior health treatments/services - electroshock
03	44 Nuclear medicine - therapeutic radiopharmaceuticals	0902	Behavior health treatments/services - milieu therapy
03	49 Nuclear medicine - other	0903	Behavioral health treatments/services - play therapy
03	50 CT scan - general	0904	Behavior health treatments/services - activity therapy
03	51 CT scan - head	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
03	52 CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
03	59 CT scan - other	0907	Behavior health treatments/services - community behavioral health program
03	60 Operating room services - genera	al 0911	Behavior health treatment/services - rehabilitation
03	61 Operating room services - minor	surgery 0912	Behavior health treatment/services - partial hospitalization - less intensive
	Operating room services - organ other than kidney	•	Behavior health treatment/services - partial hospitalization - intensive
	67 Operating room services - kidney	•	Behavior health treatment/services - individua therapy
	69 Operating room services - other	0915	Behavior health treatment/services - group therapy
	70 Anesthesia - general	0916	Behavior health treatment/services - family therapy
	71 Anesthesia - incident to radiolog	•	Behavior health treatment/services - biofeedback
	72 Anesthesia - incident to other dia services		Behavior health treatment/services - testing
	74 Anesthesia - acupuncture	0919	Behavior health treatment/services - other
	79 Anesthesia - other	0920	Other diagnostic services - general
	80 Blood - general	0921	Other diagnostic services - peripheral vascular lab
	81 Blood - packed red cells	0922	Other diagnostic services - electromyogram
03	82 Blood - whole blood	0923	Other diagnostic services - pap smear
	83 Blood - plasma	0924	Other diagnostic services - allergy test
03	84 Blood - platelets	0925	Other diagnostic services - pregnancy test
03	85 Blood - leukocytes	0929	Other diagnostic services - other

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	0386	Blood - other components	0931	Medical rehabilitation day program - half day
	0387	Blood - other derivatives (cryoprecipitate)	0932	Medical rehabilitation day program - full day
	0389	Blood - other	0940	Other therapeutic services - general
•	0390	Blood and blood component administration, storage and processing - general	0941	Other therapeutic services - recreational therapy
	0391	Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
•	0392	Blood and blood component administration, storage and processing – processing and storage	0943	Other therapeutic services - cardiac rehabilitation
(0399	Blood and blood component administration, storage and processing - other	0944	Other therapeutic services - drug rehabilitation
(0400	Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
(0401	Other imaging services - diagnostic mammography	0946	Other therapeutic services - complex medical equipment - routine
	0402	Other imaging services - ultrasound	0947	Other therapeutic services - complex medical equipment - ancillary
	0403	Other imaging services - screening mammography	0948	Other therapeutic services – pulmonary rehabilitation
	0404	Other imaging services - PET	0949	Other therapeutic services - other
	0409	Other imaging services - other	0951	Other therapeutic services – athletic training
	0410	Respiratory services - general	0952	Other therapeutic services - kinesiotherapy
	0412	Respiratory services - inhalation	0953	Other therapeutic services – chemical
	0413	Respiratory services - hyperbaric oxygen	0960	dependency (drug and alcohol) Professional fees - general
	0.410	therapy	0061	D 6 1 16 11 11 11
	0419	Respiratory services - other	0961	Professional fees - psychiatric
	0420	Physical therapy - general	0962	Professional fees - ophthalmology
	0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
	0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
	0423	Physical therapy - group rate	0969	Professional fees - other
	0424	Physical therapy - evaluation or reevaluation	0971	Professional fees - laboratory
	0429	Physical therapy - other	0972	Professional fees - radiology - diagnostic
	0430	Occupational therapy - general	0973	Professional fees - radiology - therapeutic
	0431	Occupational therapy - visit charge	0974	Professional fees - radiology - nuclear medicine
	0432	Occupational therapy - hourly charge	0975	Professional fees - operating room
	0433	Occupational therapy - group rate	0976	Professional fees - respiratory therapy
	0434	Occupational therapy - evaluation or reevaluation	0977	Professional fees - physical therapy
	0439	Occupational therapy - other	0978	Professional fees - occupational therapy
	0440	Speech-language pathology - general	0979	Professional fees - speech therapy
	0441	Speech-language pathology - visit charge	0981	Professional fees - emergency room
	0442	Speech-language pathology - hourly charge	0982	Professional fees - outpatient services
	0443	Speech-language pathology - group rate	0983	Professional fees - clinic
	0444	Speech-language pathology - evaluation or reevaluation	0984	Professional fees - medical social services
	0449	Speech-language pathology - other	0985	Professional fees - EKG
	0450	Emergency room - general	0986	Professional fees - EEG
	0451	Emergency room - EMTALA emergency medical screening services	0987	Professional fees - hospital visit
	0452	Emergency room - beyond EMTALA screening	0988	Professional fees - consultation
	0456	Emergency room - urgent care	0989	Professional fees - private duty nurse
	0459	Emergency room - other	0990	Patient convenience items - general
	0460	Pulmonary function - general	0991	Patient convenience items - cafeteria/guest tray
	0469	Pulmonary function - other	0992	Patient convenience items - private linen service
	0470	Audiology - general	0993	Patient convenience items - telephone/telegraph
	0471	Audiology - diagnostic	0994	Patient convenience items - TV/radio
	0472	Audiology - treatment	0995	Patient convenience items - nonpatient room rentals
	0479	Audiology - other	0996	Patient convenience items - late discharge charge
	0480	Cardiology - general	0997	Patient convenience items - admission kits
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lescripti ce: em (HC ng/hcpc	Claim Alphan PCS) constructions Creater association Claim Alphan	ber used in umeric ode applicable to ancillary services or ecodesets for complete list of Level II
C art A C Covered ce:	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan EPCS) construction of the construction of	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other umeric ber used in umeric ode applicable to ancillary services or ecodesets for complete list of Level II umeric nce of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to survive without the operation A declared brain-dead patient whose organs are
C ant A C Covered Cove	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan PCS) conserved as a conserved as	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other umeric ber used in umeric ode applicable to ancillary services or ecodesets for complete list of Level II umeric nce of the service A patient with severe systemic disease that is a constant threat to life A moribund patient who is not expected to
C ant A C Covered Cove	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan Claim Alphan CPCS) coescelease Claim Alphan Claim Alphan Claim CPCS) coescelease	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other umeric ber used in umeric ode applicable to ancillary services or ecodesets for complete list of Level II umeric nce of the service A patient with severe systemic disease that is a
C ant A C Covered Cove	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan Claim Alphan CPCS) coescelease Claim Alphan Claim Alphan Claim CPCS) coescelease	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other umeric ber used in umeric ode applicable to ancillary services or ecodesets for complete list of Level II umeric nce of the service
C ant A C Covered Cove	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan Claim Alphan CPCS) coescelease Claim Alphan	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other umeric ber used in umeric ode applicable to ancillary services or ecodesets for complete list of Level II umeric
C C Covered Co	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan EVEN num Claim Alphan Claim Clai	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other umeric ber used in umeric ode applicable to ancillary services or ecodesets for complete list of Level II
C C Covered Co	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan EVEN num Claim Alphan Claim Clai	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other umeric ber used in umeric ode applicable to ancillary services or ecodesets for complete list of Level II
C Covered Cove	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan EPCS) construction	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other
C C Covered ce:	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other
C C Covered Covered ce:	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other
C C Covered Covered ce:	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other
C C Covered Co	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other
C C Covered Co	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other
C C Covered ce:	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other
C C Covered	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other
C C Covered	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109 Claim Alphan	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other
C C Covered	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily Adult foster care - other
C art A C Covered	2104 2105 2106 2109 3101 3102 3103 3104 3105 3109	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily
CC nrt A	2104 2105 2106 2109 3101 3102 3103 3104 3105	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily
CC nrt A	2104 2105 2106 2109 3101 3102 3103 3104 3105	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily
CC nrt A	2104 2105 2106 2109 3101 3102 3103 3104 3105	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily
C art A	2104 2105 2106 2109 3101 3102 3103 3104 3105	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily
C	2104 2105 2106 2109 3101 3102 3103 3104 3105	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily
	2104 2105 2106 2109 3101 3102 3103 3104 3105	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily Adult foster care - daily
nber to	2104 2105 2106 2109 3101 3102 3103 3104	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily Adult day care, social - daily
nber to	2104 2105 2106 2109 3101 3102 3103	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly Adult day care, medical and social - daily
nber to	2104 2105 2106 2109 3101 3102	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly Adult day care, social - hourly
	2104 2105 2106 2109 3101	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other Adult day care, medical and social - hourly
	2104 2105 2106 2109	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis Alternative therapy services - other
	2104 2105 2106	Alternative therapy services - reflexology Alternative therapy services - biofeedback Alternative therapy services - hypnosis
	2104 2105	Alternative therapy services - reflexology Alternative therapy services - biofeedback
	2104	Alternative therapy services - reflexology
		.,
	2102	Alternative therapy services - acupressure
	2101	Alternative therapy services - acupuncture
	2100	Alternative therapy services - general
	1005	house Behavior health accommodations - group hom
	1004	living Behavior health accommodations - halfway
	1003	treatment - chemical dependency Behavior health accommodations - supervised
	1002	treatment - psychiatric Behavior health accommodations - residential
	1001	Behavior health accommodations - residential
	1000	_
		Behavior health accommodations - general
		1002 1003

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Length:	2	Type:	Alphar	numeric
Beginning Position:	24	Data Source:	Claim	
	P3	A patient with severe systemic disease		
	P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
	P1	A normal healthy patient	XP	Separate Practitioner
		Action not performed, reason not otherwise specified		•
	3P 8P	Performance Measure Exclusion Modifier due to System Reasons Performance Measure Reporting Modifier-	XE XS	Separate Encounter Separate Structure
	2P	Performance Measure Exclusion Modifier due to Patient Reasons Performance Measure Evaluation Medifier due to	TA	Left foot, great toe
	1P	Performance Measure Exclusion Modifier due to Medical Reasons	T9	Right foot, fifth digit
	99	Multiple Modifiers	T8	Right foot, fourth digit
		a Real-Time Interactive Audio and Video Telecommunications System		
	95	Synchronous Telemedicine Service Rendered Via	T7	Right foot, second digit
	92	Alternative Laboratory Platform Testing	T6	Right foot, second digit
	91	Repeat Clinical Diagnostic Laboratory Test	T5	Right foot, great toe
	90	Reference (Outside) Laboratory	T4	Left foot, fifth digit
	82	Repeat procedure by same physician	Т3	Left foot, fourth digit
	81	Minimum Assistant Surgeon	T2	Left foot, third digit
	80	Professional During the Postoperative Period Assistant Surgeon	T1	Left foot, second digit
	79	Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care	RT	Right side of the body procedure
	78	Qualified Health Care Professional Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified	RI	Ramus intermedius coronary artery
	77	Repeat Procedure by Another Physician or Other	RC	Right coronary artery
	76	Administration of Anesthesia Repeat Procedure by Same Physician or Other Qualified Health Care Professional	QN	Ambulance service furnished directly by a provider of services
	74	Administration of Anesthesia Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after	QM	Ambulance service provided under arrangement by a provider of services
	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the	LT	Left side of the body procedure
	66	Surgical Team	LM	Left main coronary artery
	63	Procedure Performed on Infants less than 4kg	LD	Left anterior descending coronary artery
	62	Two Surgeons	LC	screening mammogram on same day Left circumflex coronary artery
	59	Same Physician or Other Qualified Health Care Professional During the Postoperative Period Distinct Procedural Service	GH	mammography and diagnostic mammography on same patient, same day. Diagnostic mammogram converted from
	58	Staged or Related Procedure or Service by the	GG	Performance and payment of a screening
	57	Decision for Surgery	FA	Left hand, thumb
	56	Preoperative Management Only	F9	Right hand, fifth digit
	55	Postoperative Management Only	F8	Right hand, fourth digit
	54	Surgical Care Only	F7	Right hand, third digit
	53	Discontinued Procedure	F6	Right hand, second digit
	52	Reduced Services	F4 F5	Right hand, thumb
	50 51	Bilateral Procedure Multiple Procedures	F3 F4	Left hand, fourth digit Left hand, fifth digit
	47	Anesthesia by Surgeon	F2	Left hand, third digit
	33	Preventive Service	F1	Left hand, second digit
	32	Mandated Services	E4	Lower right eyelid
	27	Multiple Outpatient Hospital E/M Encounters on the Same Date	E3	Upper right eyelid
	27	Multiple Outpetient Hespital E/M Encounters on	E2	Unner right avalid

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Field 6:	MODIFIER 2		
Description:	Identifies special circumstar	nces related to the	performance of the service.
Coding Scheme:	Same as Field MODIFIER		F
Beginning Position:	26	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 7:	MODIFIER_3	V 1	
Description:	Identifies special circumstar	nces related to the	performance of the service.
Coding Scheme:	Same as Field MODIFIER		
Beginning Position:	28	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 8:	MODIFIER_4	.	•
Description:	Identifies special circumstar	nces related to the	performance of the service.
Coding Scheme:	Same as Field MODIFIER_	1	
Beginning Position:	30	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 9:	UNIT_MEASUREMENT	_CODE	
Description:	Code specifying the units in	which a value is	being expressed.
Coding Scheme:	DA Days		
	F2 International unit UN Unit		
Beginning Position:	32	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 10:	UNITS_OF_SERVICE	- J p = 0	The financial control of the first control of the f
Description:	Numeric value of quantity		
Beginning Position:	34	Data Source:	Claim
Length:	7	Type:	Numeric
Field 11:	UNIT_RATE	.	
Description:	Rate per unit		
Beginning Position:	41	Data Source:	Claim
Length:	12	Type:	Numeric
Field 12:	CHRGS_LINE_ITEM		
Description:	Total amount of the charge		
Beginning Position:	53	Data Source:	Assigned
Length:	14	Type:	Numeric
Field 13:	CHRGS_NON_COV		
Description:	Total non-covered amount of		
Beginning Position:	67	Data Source:	Assigned
Length:	14	Type:	Numeric

FACILITY TYPE INDICATOR FILE

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

Etald 1.	THEIC ID		
Field 1:	THCIC_ID	"	
Description:	Provider ID. Unique identif	-	•
Beginning Position:	1	Data Source:	Assigned
Length:	6	Type:	Alphanumeric
Field 2:	FAC_TYPE		
Description:	Types of healthcare facilities		
Beginning Position:	7	Data Source:	Provider
Length:	4	Type:	Alphanumeric
Field 3:	FAC_TEACHING_IND		
Description:	Teaching facility indicator.		
Coding Scheme:	A Member, Council of Teaching F	Iospitals	
	X Other teaching facility	7 0	D
Beginning Position:	11	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 4:	FAC_PSYCH_IND		
Description:	Psychiatric facility indicato	r.	
Beginning Position:	12	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 5:	FAC_REHAB_IND		•
Description:	Rehabilitation facility indic	ator.	
Beginning Position:	13	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 6:	FAC_ACUTE_CARE_IN		7 Aprilamente
Description:	Acute care facility indicator		
Beginning Position:	14	Data Source:	Provider
Length:	1 EAC CNE IND	Type:	Alphanumeric
Field 7:	FAC_SNF_IND		
Description:	Skilled nursing facility indi		D 11
Beginning Position:	15	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 8:	FAC_LONG_TERM_AC		
Description:	Long term acute care facilit		
Beginning Position:	16	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 9:	FAC_OTHER_LTC_IND		
Description:	Other long term care facility		
Beginning Position:	17	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 10:	FAC_PEDS_IND		
Description:	Pediatric facility Indicator.		
Coding Scheme:			and Related Institutions (NACHRI)
Beginning Position:	18	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 11:	FAC_CARDIOVASCULA	~ ~	
Description:	Cardiovascular facility indi		
Beginning Position:	19	Data Source:	Provider
Length:	19	Type:	Alphanumeric
Field 12:	FAC_CHIROPRACTIC_		Aiphaliumene
	FAC_CHINOPKACTIC_	шир	
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Description:	Chiropractic care facility in	ndicator		
Beginning Position:	20	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 13:	FAC_ENDOSCOPY_INI		Aiphanumene	
Description:	Endoscopy facility indicate			
-	1.0		Danidan	
Beginning Position:	21	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 14:	FAC_FOOT_IND			
Description:	Foot care facility indicator.			
Beginning Position:	22	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 15:	FAC_GASTROENTERO			
Description:	Gastroenterology facility in			
Beginning Position:	23	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 16:	FAC_GENERAL_IND			
Description:	General care facility indica	itor.		
Beginning Position:	24	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 17:	FAC_NEUROLOGICAL			
Description:	Neurological care facility i	ndicator.		
Beginning Position:	25	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 18:	FAC_OB_GYN_IND		-	
Description:	Obstetrics and gynecology	facility indicator.		
Beginning Position:	26	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 19:	FAC_OPTHAMOLOGY			
Description:	Opthamology facility indic			
Beginning Position:	27	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 20:	FAC_ORAL_IND	J P		
Description:	Oral health care facility inc	licator.		
Beginning Position:	28	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 21:	FAC_ORTHOPEDIC_IN			
Description:	Orthopedic care facility inc			
Beginning Position:	29	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 22:	FAC_OTOLARYNGOLO			
Description:	Otolaryngology facility ind			
Beginning Position:	30	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 23:	FAC_PAIN_MNGMT_I			
Description:	Pain management facility i			
Beginning Position:	31	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 24:	FAC_PLASTIC_IND	- J p = 0	111/11111111111111111111111111111111111	
Description:	Plastic surgery facility indi	cator.		
Beginning Position:	32	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
Field 25:	FAC_THORACIC_IND	V 1	<u> </u>	
Description:	Thoracic care facility Indic	ator.		
Beginning Position:	33	Data Source:	Provider	
Length:	1	Type:	Alphanumeric	
		V II	•	
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Field 26: FAC_UROLOGY_IND Description: Urology care facility indicator. Beginning Position: 34 Data Source: Provider Length: 1 Type: Alphanumeric Field 27: FAC_OTHER_IND Description: Other facility indicator. Beginning Position: 35 Data Source: Provider Length: 1 Type: Alphanumeric
Beginning Position: Length:34Data Source: Type:Provider AlphanumericField 27:FAC_OTHER_INDDescription: Beginning Position:Other facility indicator.Data Source:Provider
Length:1Type:AlphanumericField 27:FAC_OTHER_INDDescription:Other facility indicator.Beginning Position:35Data Source:Provider
Field 27: FAC_OTHER_IND Description: Other facility indicator. Beginning Position: 35 Data Source: Provider
Description:Other facility indicator.Beginning Position:35Data Source:Provider
Beginning Position: 35 Data Source: Provider
Length: 1 Type: Alphanumeric
Field 28: FAC_EMERGENCY_DEPARTMENT_IND
Description: Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting v
the 4 th Quarter 2020 Facility Type Data File.
Note: The FEMCEs names are evallable at https://debs.toves.com/theig/(devanlesdeble Evael above
The FEMCFs names are available at https://dshs.texas.gov/thcic/ (downloadable Excel sheet named Current Facility Contact), under "Facility Reporting Requirement". The provider named Current Facility Contact), under "Facility Reporting Requirement".
and THCIC IDs in the Excel sheet are more current than the ones in the provider file dataset
For the first quarterly implementation, 4 th Quarter 2020, the facility indicator has incomplete
data due to implementation timing.
Beginning Position: 36 Data Source: Provider
Length: 1 Type: Alphanumeric
Field 29: FAC_ONCOLOGY_IND
Description: Oncology facility indicator.
Beginning Position: 37 Data Source: Provider
Length: 1 Type: Alphanumeric
Field 30: PROVIDER_NAME
Description: Hospital name provided by the hospital.
Beginning Position: 38 Data Source: Provider
Length: 55 Type: Alphanumeric
Field 31: POA_PROVIDER_INDICATOR
Indicator identifying whether facility is required to submit Diagnosis Present on Admission
(POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from
reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospital
Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long
Term Care Hospitals.
Coding Scheme: M Mixed (Facility has sections that would be exempted from reporting POA for those patients)
R Required X Exempt
Invalid
Beginning Position: 93 Data Source: Assigned
Length: 1 Type: Alphanumeric
Field 32: CERT_STATUS
Assignment of a code to indicate the certification of data and submission of comments by the
facility. First available 3 rd quarter 1999.
Coding Scheme: Certified, without comment
2 Certified, with comment 3 Certified, with comment, comment not received by deadline
Facility elected not to certify
5 Facility closed; data not certified
Facility out of compliance, did not certify data
7 Data not certified. Facility affected by natural or man-made disaster (Starting 4Q2016)
Beginning Position: 94 Data Source: Assigned
Length: 1 Type: Alphanumeric

GROUPER FILE

Field 1:	RECORD_ID		
Description:		mber. Unique num	ber assigned to identify the record. First available
2 cscription.			CORD ID in THCIC Research Data Files (RDF's).
Beginning Position:	1	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 2:	REVENUE_CODE_SE(
11014 21			of submission of the revenue codes.
Beginning Position:	13	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 3:	FROZEN_EAPG_GRP_		7 ii piidiidii ei e
riciu 5.			Number, as assigned by 3M EAPG Grouper.
Beginning Position:	16	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 4:	FROZEN_FINAL_EAI		The financial control of the first control of the f
Ticia 4.			G) category code, as assigned by 3M™ EAPG
	Grouper. Not available 4		o) category code, as assigned by siri Erri C
Beginning Position:	28	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 5:	FROZEN_FINAL_EAL		
ricia 5.			G) type code, as assigned by 3M [™] EAPG Grouper.
	Not available 4Q09.	attent Group (LAI v	d) type code, as assigned by 51vi EAi o Glouper.
Beginning Position:	30	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 6:	FROZEN_FINAL_EAL		Aiphanumene
riciu v.			(EAPG), as assigned by 3M [™] EAPG Grouper. Not
	available 4Q09.	iory rationi Group	(EAFO), as assigned by 5M EAFO Glouper. Not
Beginning Position:	32	Data Source:	Assigned
Length:	5		Alphanumeric
Field 8:	FROZEN APC GRP	Type:	Aiphanumenc
rieiu o:			Version Number as assigned by 3M APC Grouper.
	Not available 4Q09.	ssification (AFC) v	ersion Number as assigned by 51v1 AFC Grouper.
Beginning Position:	47	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 9:	FROZEN_APC_PROC		Alphanumeric
riciu 7.			procedure code as assigned by 3M [™] APC Grouper.
	Not available 4Q09.	assification (AFC)	procedure code as assigned by 5W Ar C Grouper.
Beginning Position:	59	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 10:	FROZEN_APC_PX_ST		•
riciu iv.			procedure status indicator as assigned by 3M [™] APC
	Grouper. Not available 4		procedure status indicator as assigned by 51vi AFC
Beginning Position:	64	Data Source:	Assigned
Length:	2		Alphanumeric
Field 11:	FROZEN_APC_WEIG	Type:	Aiphanumenc
rieid 11:			weighting as assigned by 3M [™] APC Grouper. Not
	available 4Q09.	assification (AFC)	weighting as assigned by SM APC Glouper. Not
Daginning Dagitians	66	Data Source:	Assigned
Beginning Position:			Assigned
Length:	9 EADC CDD VED	Type:	Alphanumeric
Field 13:	EAPG_GRP_VER	tiont Crown VI	Number as assigned by 2M EADC Commen
Danimuina Danisian.	•	•	Number, as assigned by 3M EAPG Grouper
Beginning Position:	80	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
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Field 14:	FINAL_EAPG_CAT_CO	DDE		
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG			
	Grouper. Not available 4Q			
Beginning Position:	92	Data Source:	Assigned	
Length:	2	Type:	Alphanumeric	
Field 15:	FINAL_EAPG_TYPE_C			
		ient Group (EAP	G) type code, as assigned by 3M™ EAPG Grouper.	
	Not available 4Q09.			
Beginning Position:	94	Data Source:	Assigned	
Length:	2	Type:	Alphanumeric	
Field 16:	FINAL_EAPG			
		ry Patient Group	(EAPG), as assigned by 3M [™] EAPG Grouper. Not	
	available 4Q09.			
Beginning Position:	96	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Field 18:	APC_GRP_VER	er er er er er		
		fication (APC) V	ersion Number as assigned by 3M APC Grouper.	
D ' ' D '	Not available 4Q09.	D 4 G	A 1	
Beginning Position:	111 12	Data Source:	Assigned	
Length:		Type:	Alphanumeric	
Field 19:	APC_PROCEDURE_CO		manadum and as assigned by 2MTM ADC Chayman	
	Not available 4Q09.	silication (APC)	procedure code as assigned by 3M™ APC Grouper.	
Beginning Position:	123	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
Field 20:	APC_PX_STATUS_IND		Aiphaitimeric	
riciu 20.			procedure status indicator as assigned by 3M [™] APC	
	Grouper. Not available 4Q		procedure status indicator as assigned by 5141 - 711 C	
Beginning Position:	128	Data Source:	Assigned	
Length:	2	Type:	Alphanumeric	
Field 22:	APC_PX_STATUS_IND		<u>r</u>	
			procedure status indicator as assigned by 3M™ APC	
	Grouper. Not available 4Q		i	
Beginning Position:	139	Data Source:	Assigned	
Length:	5	Type:	Alphanumeric	
			•	
Field 21:	APC_WEIGHT			
		sification (APC)	weighting as assigned by 3M [™] APC Grouper. Not	
	available 4Q09.			
Beginning Position:	130	Data Source:	Assigned	
Length:	9	Type:	Alphanumeric	
zengen.		TJ Pc.	1 ii piidii dii ii ci	



Texas Department of State Health Services

TEXAS OUTPATIENT SURGICAL AND RADIOLOGICAL PROCEDURE

Public Use Data File DATA FIELDS

BASE DATA FILE

Number	Field Name	Position	Length	Field Type
1	SERVICE_QUARTER	1	6	Alphanumeric
2	RECORD_ID- Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's)	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
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

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Number	Field Name	Position	Length	Field Type
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
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

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Number	Field Name	Position	Length	Field Type
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
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

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Number	Field Name	Position	Length	Field Type
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
129	EMERGENCY_DEPT_FLAG	884	1	Alphanumeric
	Record_Length		884	

CLASSIFICATION 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	CCSR_PRINC_DIAG_CODE	13	6	Alphanumeric
3	CCSR_OTH_DIAG_CODE_1	17	6	Alphanumeric
4	CCSR_OTH_DIAG_CODE_2	21	6	Alphanumeric
5	CCSR_OTH_DIAG_CODE_3	25	6	Alphanumeric
6	CCSR_OTH_DIAG_CODE_4	29	6	Alphanumeric
7	CCSR_OTH_DIAG_CODE_5	33	6	Alphanumeric
8	CCSR_OTH_DIAG_CODE_6	37	6	Alphanumeric
9	CCSR_OTH_DIAG_CODE_7	41	6	Alphanumeric
10	CCSR_OTH_DIAG_CODE_8	45	6	Alphanumeric
11	CCSR_OTH_DIAG_CODE_9	49	6	Alphanumeric
12	CCSR_OTH_DIAG_CODE_10	53	6	Alphanumeric
13	CCSR_OTH_DIAG_CODE_11	57	6	Alphanumeric
14	CCSR_OTH_DIAG_CODE_12	61	6	Alphanumeric
15	CCSR_OTH_DIAG_CODE_13	65	6	Alphanumeric
16	CCSR_OTH_DIAG_CODE_14	69	6	Alphanumeric
17	CCSR_OTH_DIAG_CODE_15	73	6	Alphanumeric
18	CCSR_OTH_DIAG_CODE_16	77	6	Alphanumeric
19	CCSR_OTH_DIAG_CODE_17	81	6	Alphanumeric
20	CCSR_OTH_DIAG_CODE_18	85	6	Alphanumeric
21	CCSR_OTH_DIAG_CODE_19	89	6	Alphanumeric
22	CCSR_OTH_DIAG_CODE_20	93	6	Alphanumeric
23	CCSR_OTH_DIAG_CODE_21	97	6	Alphanumeric
24	CCSR_OTH_DIAG_CODE_22	101	6	Alphanumeric
25	CCSR_OTH_DIAG_CODE_23	105	6	Alphanumeric
26	CCSR_OTH_DIAG_CODE_24	109	6	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

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Number	Field Name	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		187	

CHARGES 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	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	

FACILITY TYPE DATA FILE

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	FAC_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 ¹	36	1	Alphanumeric
29	FAC_ONCOLOGY_IND ¹	37	1	Alphanumeric
30	PROVIDER_NAME	38	55	Alphanumeric
31	POA_PROVIDER_INDICATOR	93	1	Alphanumeric
32	CERT_STATUS	94	1	Alphanumeric
	Record_Length		94	

¹ Facility Type Code added to the 4th Quarter 2020 Facility Type Data File **DSHS/THCIC**

GROUPER 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	