

# Texas Department of State Health Services

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

# TEXAS OUTPATIENT PUBLIC USE DATA FILE (PUDF)

# **USER MANUAL**

# 2023

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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Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014.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 2023 PUDF is available in five files, the Base Data, Classification Data, Charges Data, Grouper Data, 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, 1394\* facilities:

Base Data	5,258,553 records	129 variables	Fixed field format	4,443 MB	Tab-delimited	2,036 MB
Classification Data	5,258,553 records	51 variables	Fixed field format	1,199 MB	Tab-delimited	521 MB
Charges	38,772,151 records	13 variables	Fixed field format	3,032 MB	Tab-delimited	1,984 MB
Grouper Data	38,772,151 records	18 variables	Fixed field format	4,252 MB	Tab-delimited	4,080 MB
Facility Type Data	1,394 records	32 variables	Fixed field format	131 KB	Tab-delimited	111 KB

#### Second quarter, 1398\* facilities:

Base Data	5,489,792 records	129 variables	Fixed field format	4,639 MB	Tab-delimited	2,125 MB
Classification Data	5,489,792 records	51 variables	Fixed field format	1,251 MB	Tab-delimited	543 MB
Charges	40,117,200 records	13 variables	Fixed field format	3,137 MB	Tab-delimited	2,052 MB
Grouper Data	40,117,200 records	18 variables	Fixed field format	4,400 MB	Tab-delimited	4,223 MB
Facility Type Data	1,398 records	32 variables	Fixed field format	131 KB	Tab-delimited	111 KB

#### Third quarter, 1393\* facilities:

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Base Data	5,556,050 records	129 variables	Fixed field format	4,695 MB	Tab-delimited	2,164 MB
Classification Data	5,556,050 records	51 variables	Fixed field format	1,266 MB	Tab-delimited	549 MB
Charges	40,916,677 records	13 variables	Fixed field format	3,200 MB	Tab-delimited	2,094 MB
Grouper Data	40,916,677 records	18 variables	Fixed field format	4,487 MB	Tab-delimited	4,301 MB
Facility Type Data	1,393 records	32 variables	Fixed field format	131 KB	Tab-delimited	111 KB

<sup>\*</sup> 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, <a href="http://www.dshs.texas.gov/thcic/">http://www.dshs.texas.gov/thcic/</a>, which should be checked periodically as notifications of an update 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.  Descriptions of data elements are taken from specifications manuals.
<b>Data Source</b>	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
<b>Coding scheme</b>	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:

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

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# **BASE DATA FILE**

	CEDITICE OT DEED							
Field 1:	SERVICE_QUARTER							
Description:	Quarter during which service occurred. Year and quarter of service. yyyyQn.							
	1st Quarter (YYYYQ1): 1st January-31st March of that corresponding year							
	2nd Quarter (YYYYQ2): 1st April – 30th June of that corresponding year							
		3rd Quarter (YYYYQ3): 1st July- 30th September of that corresponding year 4th Quarter (YYYYQ4); 1st October-31st December of that corresponding year						
T			-	ponding year				
<b>Beginning Position:</b>	1	Data Source:	Assigned					
Length:	6	Type:	Alphanumeric					
Field 2:	RECORD_ID							
<b>Description:</b>			er assigned to identify the					
	1		ORD_ID in THCIC Resear	ch Data Files (RDF's).				
<b>Beginning Position:</b>	7	Data Source:	Assigned					
Length:	12	Type:	Alphanumeric					
Field 3:	THCIC_ID							
<b>Description:</b>	Provider ID. Unique iden							
Suppression:			been aggregated into the					
		han 5 events for a pa	articular gender, including	'unknown', Provider				
	ID is '999998'.							
<b>Beginning Position:</b>	19	Data Source:	Assigned					
Length:	6	Type:	Alphanumeric					
Field 4:	SPEC_UNIT_1							
<b>Description:</b>			ny occurred based on numb	per of days by Type of				
	Bill or Revenue Code. In		days in the unit.					
Coding Scheme:	C	Coronary Care Unit	P	Pediatric Unit				
	D I	Detoxification Unit Intensive Care Unit	Y R	Psychiatric Unit Rehabilitation Unit				
	H	Hospice Unit	U	Sub-acute Care Unit				
	N	Nursery	S	Skilled Nursing Unit				
	В	Obstetric Unit	Blank	Acute Care				
	O	Oncology Unit						
<b>Beginning Position:</b>	25	Data Source:	Calculated					
Length:	1	Туре:	Alphanumeric					
Field 5:	SPEC_UNIT_2							
Description:		nd most days during	stay occurred based on nu	mber of days by Type				
	of Bill or Revenue Code.							
Coding Scheme:	Same as SPEC_UNIT_1.							
<b>Beginning Position:</b>	26	Data Source:	Calculated					
Length:	1	Type:	Alphanumeric					
Field 6:	SPEC_UNIT_3							
<b>Description:</b>		rd most days during	stay occurred based on nu	mber of days by Type of				
	Bill or Revenue Code.							
Coding Scheme:	Same as SPEC_UNIT_1.							
<b>Beginning Position:</b>	27	Data Source:	Calculated					
Length:	1	Type:	Alphanumeric					
Field 7:	SPEC_UNIT_4							
<b>Description:</b>		th most days during	stay occurred based on nu	mber of days by Type of				
	Bill or Revenue Code.							
Coding Scheme:	Same as SPEC_UNIT_1.							
<b>Beginning Position:</b>	28	Data Source:	Calculated					
Length:	1	Type:	Alphanumeric					
Field 8:	SPEC_UNIT_5							
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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 Calculated **Data Source:** Length: Alphanumeric Type: SEX CODE Field 9: **Description:** Gender of the patient as recorded at date of start of care. **Suppression:** Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as "U" (Unknown). If a 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 Μ **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. 001 129 Donley 257 385 Anderson Kaufman Real **Coding scheme:** 003 Andrews 131 Duval 259 Kendall 387 Red River Eastland 261 005 Angelina 133 Kenedy 389 Reeves 007 135 263 391 Refugio Aransas Ector Kent Edwards 009 Archer 137 265 Kerr 393 Roberts 011 139 Ellis 267 Kimble 395 Robertson Armstrong 013 Atascosa 141 El Paso 269 King Rockwall Austin 271 399 015 143 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 Baylor 151 San Jacinto 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 289 Leon 417 Shackelford 035 Bosque 163 291 Liberty 419 Shelby Frio 037 165 Gaines 293 421 **Bowie** Limestone Sherman 039 Brazoria 167 Galveston 295 Lipscomb 423 Smith 041 Brazos 169 Garza 297 Live Oak 425 Somervell 043 Brewster Gillespie 299 427 171 Llano Starr 301 045 173 Loving 429 Stephens Briscoe Glasscock 047 **Brooks** 175 Goliad 303 Lubbock 431 Sterling 049 177 305 433 Stonewall Brown Gonzales Lynn 051 Burleson 179 Grav 307 McCulloch 435 Sutton 053 181 Grayson 309 437 Burnet McLennan Swisher 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 Trinity Hardin 073 Cherokee 201 Harris 329 Midland 457 Tyler Upshur 075 Childress 203 331 459 Harrison Milam 077 Clay 205 Hartley 333 Mills 461 Upton 079 Cochran 207 Haskell 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 089 217 345 Motley 473 Waller Colorado Hill Hockley 091 Comal 219 347 Nacogdoches 475 Ward 093 Comanche 221 Hood 349 Navarro 477 Washington 095 Concho 223 Hopkins 351 Newton Webb 097 353 Nolan 481 Wharton Cooke Houston DSHS/THCIC **DSHS Document** # E25-14164 Page 10 www.dshs.texas.gov/THCIC Last Updated: May, 2024

	099 Coryell	227 Howard	355 Nueces	483 Wheeler
	101 Cottle	229 Hudspeth	357 Ochiltree	485 Wichita
	103 Crane	231 Hunt	359 Oldham	487 Wilbarger
	105 Crockett 107 Crosby	233 Hutchinson 235 Irion	361 Orange 363 Palo Pinto	489 Willacy 491 Williamson
	109 Culberson	237 Jack	365 Panola	493 Wilson
	111 Dallam	239 Jackson	367 Parker	495 Winkler
	113 Dallas	241 Jasper	369 Parmer	497 Wise
	115 Dawson	243 Jeff Davis	371 Pecos	499 Wood
	117 Deaf Smith	245 Jefferson	373 Polk	501 Yoakum
	119 Delta	247 Jim Hogg	375 Potter	503 Young
	121 Denton	249 Jim Wells	377 Presidio	505 Zapata
	123 Dewitt 125 Dickens	251 Johnson 253 Jones	379 Rains 381 Randall	507 Zavala
	127 Diekens	255 Karnes	383 Reagan	` Invalid
<b>Beginning Position:</b>	31	Data Source:	Assigned; based on pa	
				thent ZII code
Length:	3	Type:	Alphanumeric	
Field 11:	PAT_STATE			
Description:	State of the patient's m	ailing address in Texas	and contiguous states. S	Standard 2-character
_	Postal Service abbrevia	tion.	_	
Coding Scheme:	AR Arkansas			
Coung Benefite.	LA Louisiana			
	NM New Mexico			
	OK Oklahoma			
	TX Texas			
	ZZ All other states an	d American Territories		
	FC Foreign country			
	XX Foreign country			
<b>Beginning Position:</b>	34	Data Source:	Claim	
Length:	2	Type:	Alphanumeric	
Field 12:	PAT_ZIP	-JP - 1		_
	<del></del>	anda		
Description:	Patient's five-digit ZIP		1 20 1 10	1 (22) 210 1
Suppression:				ate equals 'ZZ', ZIP code
	equals '88888'. If state	equals 'FC' (foreign c	ountry) ZIP code is blan	k. If ICD-10-CM
	indicates alcohol or dru	g use or an HIV diagn	osis the ZIP code is blan	k. If ICD-10-CM
			osis (patients covered by	
	42 CFR Part 2 rules) th	e ZIP code is reported	as "" (back quote). If a	facility has fewer than
	42 CFR Part 2 rules) th fifty outpatient services	e ZIP code is reported reported for the quart	as "" (back quote). If a er the ZIP code is blank.	facility has fewer than If a facility has fewer
	42 CFR Part 2 rules) th fifty outpatient services than 5 patients reported	e ZIP code is reported reported for the quarted of a particular gender	as "'" (back quote). If a er the ZIP code is blank., including 'unknown', tl	facility has fewer than If a facility has fewer
Beginning Position:	42 CFR Part 2 rules) th fifty outpatient services	e ZIP code is reported reported for the quart	as "" (back quote). If a er the ZIP code is blank.	facility has fewer than If a facility has fewer
	42 CFR Part 2 rules) th fifty outpatient services than 5 patients reported 36	e ZIP code is reported reported for the quart of a particular gender <b>Data Source:</b>	as "'" (back quote). If a er the ZIP code is blank. , including 'unknown', tl Claim	facility has fewer than If a facility has fewer
Length:	42 CFR Part 2 rules) th fifty outpatient services than 5 patients reported 36 5	e ZIP code is reported reported for the quarted of a particular gender	as "'" (back quote). If a er the ZIP code is blank., including 'unknown', tl	facility has fewer than If a facility has fewer
Length: Field 13:	42 CFR Part 2 rules) th fifty outpatient services than 5 patients reported 36 5 PAT_COUNTRY	e ZIP code is reported reported for the quart of a particular gender Data Source:  Type:	as "'" (back quote). If a er the ZIP code is blank., including 'unknown', the Claim  Alphanumeric	facility has fewer than If a facility has fewer the ZIP Code is blank.
Length:	42 CFR Part 2 rules) th fifty outpatient services than 5 patients reported 36 5 PAT_COUNTRY Country of patient's res	e ZIP code is reported reported for the quart of a particular gender Data Source:  Type:	as "'" (back quote). If a er the ZIP code is blank, including 'unknown', the Claim Alphanumeric naintained by the Internation	facility has fewer than If a facility has fewer the ZIP Code is blank.  attional Organization for
Length: Field 13:	42 CFR Part 2 rules) th fifty outpatient services than 5 patients reported 36 5 PAT_COUNTRY Country of patient's res Standardization (ISO).	e ZIP code is reported reported for the quart of a particular gender Data Source:  Type:  sidential address. List r If ICD-10-CM indicate	as "" (back quote). If a er the ZIP code is blank, including 'unknown', the Claim Alphanumeric maintained by the Internates alcohol or drug use or	facility has fewer than If a facility has fewer the ZIP Code is blank.  ational Organization for an HIV diagnosis
Length: Field 13:	42 CFR Part 2 rules) the fifty outpatient services than 5 patients reported 36 5  PAT_COUNTRY Country of patient's resistandardization (ISO). (patients covered by 42)	e ZIP code is reported reported for the quart of a particular gender Data Source:  Type:  sidential address. List r If ICD-10-CM indicate	as "'" (back quote). If a er the ZIP code is blank, including 'unknown', the Claim Alphanumeric naintained by the Internation	facility has fewer than If a facility has fewer the ZIP Code is blank.  ational Organization for an HIV diagnosis
Length: Field 13:	42 CFR Part 2 rules) th fifty outpatient services than 5 patients reported 36 5 PAT_COUNTRY Country of patient's res Standardization (ISO).	e ZIP code is reported reported for the quart of a particular gender Data Source:  Type:  sidential address. List r If ICD-10-CM indicate	as "" (back quote). If a er the ZIP code is blank, including 'unknown', the Claim Alphanumeric maintained by the Internates alcohol or drug use or	facility has fewer than If a facility has fewer the ZIP Code is blank.  ational Organization for an HIV diagnosis
Length: Field 13: Description:	42 CFR Part 2 rules) the fifty outpatient services than 5 patients reported 36 5  PAT_COUNTRY Country of patient's res Standardization (ISO). (patients covered by 42 (back quote).	e ZIP code is reported a reported for the quarted of a particular gender Data Source: Type:  sidential address. List r If ICD-10-CM indicate USC §290dd-2 and 42	as "'" (back quote). If a er the ZIP code is blank. including 'unknown', the Claim Alphanumeric maintained by the Internates alcohol or drug use or 2 CFR Part 2 rules) the contracts.	facility has fewer than If a facility has fewer the ZIP Code is blank.  ational Organization for an HIV diagnosis
Length: Field 13: Description: Suppression:	42 CFR Part 2 rules) the fifty outpatient services than 5 patients reported 36 5  PAT_COUNTRY Country of patient's res Standardization (ISO). (patients covered by 42 (back quote). Suppressed if fewer that	e ZIP code is reported a reported for the quart of a particular gender Data Source: Type:  sidential address. List r If ICD-10-CM indicate USC §290dd-2 and 42 an 5 patients from one of	as "'" (back quote). If a er the ZIP code is blank. including 'unknown', the Claim Alphanumeric maintained by the Internates alcohol or drug use or 2 CFR Part 2 rules) the contracts.	facility has fewer than If a facility has fewer the ZIP Code is blank.  ational Organization for an HIV diagnosis
Length: Field 13: Description: Suppression: Coding scheme:	42 CFR Part 2 rules) th fifty outpatient services than 5 patients reported 36 5  PAT_COUNTRY Country of patient's res Standardization (ISO). (patients covered by 42 (back quote). Suppressed if fewer that See www.ISO.org for contents of the service of the servic	e ZIP code is reported a reported for the quart of a particular gender Data Source: Type:  sidential address. List ralf ICD-10-CM indicate USC §290dd-2 and 42 and 5 patients from one complete list.	as "" (back quote). If a er the ZIP code is blank, including 'unknown', the Claim Alphanumeric maintained by the Internates alcohol or drug use or 2 CFR Part 2 rules) the country.	facility has fewer than If a facility has fewer the ZIP Code is blank.  ational Organization for an HIV diagnosis
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**DSHS Document** # E25-14164

Last Updated: May, 2024

DSHS/THCIC

www.dshs.texas.gov/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						
Length: Field 15:		GTH_OF_SERVICE	Type:		Alphanu	IIIICIIC		
Description:		th of service in days eq	uala Statos	mant E	rom Dota	through Sta	otomo	ent They Data. The
Description.		mum length of service i					ateme	ant Thru Date. The
<b>Beginning Position:</b>	45	mum lengur of service i	Data Sou		Calculat	•		
Length:	2		Type:	irce.	Alphanu			
Field 16:		AGE	Type.		Aiphanu	IIIICIIC		
Description:	-	_AGE indicating age of patien	nt in days	or won	e on data	of corvice		
Coding Scheme:	00	1-28 days	10	35-39	s on date	of service.	20	85-89
Coung Scheme:	01	29-365 days	11	40-44			21	90+
	02	1-4 years	12	45-49			HIV a	and drug/alcohol use patients:
	03	5-9	13	50-54			22	0-17
	04	10-14	14	55-59			23	18-44
	05	15-17	15	60-64			24	45-64
	06 07	18-19 20-24	16 17	65-69 70-74			25 26	65-74 75+
	08	25-29	18	75-79			20	Invalid
	09	30-34	19	80-84				mvand
<b>Beginning Position:</b>	47		Data Sou		Assigne	d		
Length:	2		Type:		Alphanu			
Field 17:	RAC	<b>'E</b>	- J P 0 0					_
Description:		indicating the patient's	race					
Suppression:		acility has fewer than te		of one	race that	race is char	nged :	to 'Other' (code equals 5)
Coding Scheme:	1	American Indian/Eskimo/A		or one	race mai	race is ena	ngcu	to Other (code equals 3).
Couring Benefite.	2	Asian or Pacific Islander						
	3	Black						
	4	White						
	5	Other Invalid						
<b>Beginning Position:</b>	49	mvana	Data Sou	ırce	Claim			
Length:	1		Type:		Alphanu	ımeric		
Field 18:		NICITY	турс.		7 HpHulle	imeric		
Description:		indicating the Hispania	origin of	the na	tient			
Suppression:	If a f	acility has fewer than te	n natients	of one	race the	ethnicity of	natie	nts of that race is
Suppression.		ressed (code is blank).	ii patients	or one	race the	etimicity of	patie	nts of that face is
Coding Scheme:	1	Hispanic Origin						
Couring Benefite.	2	Not of Hispanic Origin						
	`	Invalid						
<b>Beginning Position:</b>	50		Data Sou	ırce:	Claim			
Length:	1		Type:		Alphanu	ımeric		
Field 19:	FIRS	ST_PAYMENT_SRC						
<b>Description:</b>	Code	indicating the expected	d primary	source	of payme	ent.		
Coding Scheme:	09	Self Pay (Removed from 50					ntenanc	e Organization
	10	beginning 2Q2012 data)				T 1.54.00		
	10	Central Certification			LI	Liability		
DSHS/THCIC			Page 1	2 —		DSI		ocument # E25-14164
www.dshs.texas.gov/	ГНСІС	C	I ugt 1	_			Las	t Updated: May, 2024

	12 Preferre 13 Point of 14 Exclusiv 15 Indemni 16 Health Medicar AM Automo BL Blue Cr CH CHAMI CI Comme DS Disabili	obile Medical oss/Blue Shield	ation (PPC zation (EPC	O)	LM MA MB MC TV OF VA WC ZZ	Workers C	Part A Part B eral Pr dminis	
<b>Beginning Position:</b>	51		Data S	ource:	Claim			
Length:	2		Type:		Alphanu	meric		
Field 20:		RY_PAYMENT						
Description:		ing the expected			ce of payn	nent.		
Coding Scheme:		I FIRST_PAYM			CI.			
Beginning Position:	53		Data S	ource:	Claim			
Length:	2 TYPE OF I	DIT I	Type:		Alphanu	meric		
Field 21:	TYPE_OF_I		4	ماء ماء		:44 a J. Til	4 .1:	ait town of facility
<b>Description:</b>		= type of care. 7					rst ai	git = type of facility.
<b>Coding Scheme:</b>	1 <sup>st</sup> digit–Type of			gn – scq igit–Type o		ne ciann.	$3^{rd} d$	igit–Sequence of claim
Couning Benefite.	1 Hospital		1		including N	Medicare	0	Non-payment/Zero claim
	2 (1.31 1		2	Part A	M 1' D	D 1	1	
	<ul><li>2 Skilled nu</li><li>3 Home heal</li></ul>		2 3	Outpatient,	Medicare P	art B only	1 2	Admit through discharge claim Interim–first claim
		non-medical health	4		nt Other, Me	dicare	3	Interim—continuing claim
	care-Hosp	oital		Part B on	ly			
	5 Religious care–Exter	non-medical health	5	Intermedi	iate Care–Le	evel I	4	Interim–last claim
	6 Intermedia		6	Intermedi	iate Care–Le	evel II	5	Late charge(s) only claim
	7 Clinic		7	Sub-acute	e inpatient –	Level III	6	Adjustment of prior claim (Not used by Medicare)
	8 Special fac	cility	8	Swing be	d		7 8	Replacement of prior claim Void/cancel of prior claim
<b>Beginning Position:</b>	55		Data S	ource:	Claim			
Length:	3		Type:		Alphanu	meric		
Field 22:	CONDITIO							
<b>Coding Scheme:</b>	01 Military	ing a condition service related on is employment re		to the cl	aım. 83 84			tions 39 weeks or greater te Kidney Injury (AKI)
		covered by insuranc		cted here	85			fication of Hospice Terminal
		tion only bill.	o not reme	eted nere	86			odialysis Treatment with
		s been filed			A0	Medical Ju		nal partnership program
	06 ESRD p	oatient in first 18 mo	onths of en	titlement	A1	EPSDT/Cl		mar paranersmip program
	covered Treatme	by EGHP ent of non-terminal of	condition i	for hospice				capped children's program
		iary would not prov		nation	A3	Special Fe	deral l	Funding
	concern	ing other insurance patient or spouse is		1	A4	Family pla		•
		and/or spouse is em				Disability	. 0	
		d beneficiary but no	LGHP co	overage	A6	Vaccines/I	Medica	are 100% payment
		is homeless			A9	Second op	inion	surgery
	18 Maiden	name retained			AA	-		med due to rape
	19 Child re	tains mother's name	e		AB			ned due to incest
	20 Benefic	iary requested billin	ng		AC			ned due to serious fatal genetic y, or abnormality

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21	Dilling for denial notice	A.D.	Abortion performed due to life endangering
	Billing for denial notice	AD	physical condition Abortion performed due to physical health of
22	Patient on multiple drug regimen	AE	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 program
34	Patient is student (part-time)	B4	Admission unrelated to discharge on same day
36	General care patient in a special unit	BP	Gulf Oil Spill of 2010
37	Ward accommodation at patient request	C1	Approved as billed
38	Semi-private room not available	C2	Automatic approval as billed based on focused review
39	Private room medically necessary	C3	Partial approval
40	Same day transfer	C4	Admission/services denied
41	Partial hospitalization	C5	Post payment review applicable
42	Continuing care not related to inpatient	CC	* *
42 43	admission Continuing care not provided within prescribed	C6 C7	Admission Preauthorization  Extended Authorization
43	postdischarge window	C/	
44	Inpatient admission changed to outpatient	D0	Changes to Service Dates
45	Ambiguous Gender Category	D1	Changes to Charges
46	Non-availability statement on file	D3	Second or Subsequent Interim PPS Bill
47	Transfer from another Home Health Agency	D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
48	Psychiatric residential treatment centers for children 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	E0	Changes in Patient Status
55	Health Agency 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
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	67	Beneficiary elects not to use life time reserve	R1	Request for reopening Reason Code -
	<b>C</b> 0	(LTR) days  Beneficiary elects to use life time reserve (LTI	R) p2	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 management 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/required due to contractual arrangement or law to accept payment by a primary payer as payment	wa W2	Duplicate of Original Bill
	78	New coverage not implemented by HMO	W3	Level I Appeal
	79	CORF services provided offsite	W4	Level II Appeal
	80	Home dialysis - nursing facility	W5	Level III Appeal
	81	C-section/Inductions <39 Weeks-Medical Necessity		
	82	C-section/Inductions <39 Weeks-Elective		
<b>Beginning Position:</b>	58	Data Source:	Claim	
Length:	2	Type:	Alphan	umeric
Field 23:	CON	NDITION_CODE_2		
	Code	describing a condition relating to the o	claim.	
Coding Scheme:	Same	e as Field CONDITION_CODE_1.		
<b>Beginning Position:</b>	60	Data Source:	Claim	
Length:	2	Туре:	Alphan	umeric
Field 24:	CON	NDITION_CODE_3		
	Code	e describing a condition relating to the o	laim.	
Coding Scheme:	Same	e as Field CONDITION_CODE_1.		
<b>Beginning Position:</b>	62	Data Source:	Claim	
Length:	2	Type:	Alphan	umeric
Field 25:	CON	NDITION_CODE_4		
	Code	e describing a condition relating to the o	laim.	
Coding Scheme:	Same	e as Field CONDITION_CODE_1.		
<b>Beginning Position:</b>	64	Data Source:	Claim	
Length:	2	Type:	Alphan	umeric
Field 26:	CON	NDITION_CODE_5		
		e describing a condition relating to the o	laim.	
Coding Scheme:		e as Field CONDITION_CODE_1.		
<b>Beginning Position:</b>	66	Data Source:	Claim	
Length:	2	Type:	Alphan	umeric
Field 27:		NDITION_CODE_6		
		e describing a condition relating to the o	laim.	
Coding Scheme:		e as Field CONDITION_CODE_1.		
<b>Beginning Position:</b>	68	Data Source:	Claim	
Length:	2	Type:	Alphan	umeric
Field 28:		NDITION_CODE_7		
		e describing a condition relating to the o	laim.	
<b>Coding Scheme:</b>		e as Field CONDITION_CODE_1.		
<b>Beginning Position:</b>	70	Data Source:	Claim	
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Length:	2	Type:	Alphanumeric		
Field 29:	CONDITION_CODE_8	-JP**	p		
Ticia 25.	Code describing a condition relating to the claim.				
Coding Scheme:	Same as Field CONDITION		141111.		
Beginning Position:	72	Data Source:	Claim		
Length:	2	Type:	Alphanumeric		
Field 30:	PAT_REASON_FOR_VIS		Aiphanumenc		
riela 30:			de 5th Cth and 7th divite if annihable Desimal is		
			th, 5th, 6th and 7th digits if applicable. Decimal is		
	implied following the third of		I I I DATE DELIGON FOR MIGHT!		
			longer collecting PAT_REASON_FOR_VISIT in		
<b>D D</b>	Outpatient Professional claim		CI.:		
Beginning Position:	74	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 31:	PRINC_DIAG_CODE				
			diagnosis, including the 4th, 5th, 6th and 7th digits		
	if applicable. Decimal is imp				
<b>Beginning Position:</b>	81	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 32:	OTH_DIAG_CODE_1				
			th, 5th, 6th and 7th digits if applicable. Decimal is		
	implied following the third	character.			
<b>Beginning Position:</b>	88	<b>Data Source:</b>	Claim		
Length:	7	Type:	Alphanumeric		
Field 33:	OTH_DIAG_CODE_2		·		
		including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is		
	implied following the third		, , , , , , , , , , , , , , , , , , , ,		
<b>Beginning Position:</b>	95	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 34:	OTH_DIAG_CODE_3	<i>J</i> <b>F</b>	<u>r</u>		
		including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is		
	implied following the third		an, cui, cui und , in aigne ii appricuerer 2 commi ie		
<b>Beginning Position:</b>	102	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 35:	OTH_DIAG_CODE_4	-3 P • ·			
Ticiu oo:		including the 4t	th, 5th, 6th and 7th digits if applicable. Decimal is		
	implied following the third		in, our and rur digits if applicable. Beennar is		
<b>Beginning Position:</b>	109	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 36:	OTH_DIAG_CODE_5	турс.	7 ii piidiidiilerre		
riciu 30.		including the At	th, 5th, 6th and 7th digits if applicable. Decimal is		
	implied following the third	, including the 4t	in, but, but and but digits it applicable. Decimal is		
<b>Beginning Position:</b>	116	Data Source:	Claim		
0	7				
Length: Field 37:	OTH_DIAG_CODE_6	Type:	Alphanumeric		
rieia 37:		:11: 41 44	de 5th Cth and 7th divite if annihable Desimal is		
			th, 5th, 6th and 7th digits if applicable. Decimal is		
D	implied following the third of		Claim		
Beginning Position:	123	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
Field 38:	OTH_DIAG_CODE_7				
	_	_	th, 5th, 6th and 7th digits if applicable. Decimal is		
<b></b>	implied following the third		au :		
<b>Beginning Position:</b>	130	Data Source:	Claim		
Length:	7	Type:	Alphanumeric		
	7 OTH_DIAG_CODE_8	Type:	Alphanumeric		

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			h, 5th, 6th and 7th digits if applicable. Decimal is
Daginning Dagitians	implied following the third		Claim
Beginning Position: Length:	7	Data Source: Type:	Alphanumeric
Field 40:	OTH_DIAG_CODE_9	туре.	Aiphanumene
1 icia 40.		including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character.	ii, sui, sui una vui aigus ii applicasie. Beeiliai is
<b>Beginning Position:</b>	144	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 41:	OTH_DIAG_CODE_10		
			h, 5th, 6th and 7th digits if applicable. Decimal is
D!! D:4!	implied following the third		Ch.'
Beginning Position: Length:	151 7	Data Source: Type:	Claim Alphanumeric
Field 42:	OTH_DIAG_CODE_11	туре.	Alphanumene
riciu 42.		including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		ii, sui, sui una vui aigus ii applicasie. Beeiliai is
<b>Beginning Position:</b>	158	<b>Data Source:</b>	Claim
Length:	7	Type:	Alphanumeric
Field 43:	OTH_DIAG_CODE_12		
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
Beginning Position:	165	Data Source:	Claim
Length:	OTH DIAC CODE 12	Type:	Alphanumeric
Field 44:	OTH_DIAG_CODE_13	including the At	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		ii, 5tii, 6tii and 7tii digits ii applicable. Decimai is
<b>Beginning Position:</b>	172	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 45:	OTH_DIAG_CODE_14		
			h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third		
<b>Beginning Position:</b>	179	Data Source:	Claim
Length:	7 OF I DIA G CODE 15	Type:	Alphanumeric
Field 46:	OTH_DIAG_CODE_15	in aludina tha 1t	h 5th 6th and 7th digits if applicable Designal is
	implied following the third		h, 5th, 6th and 7th digits if applicable. Decimal is
<b>Beginning Position:</b>	186	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 47:	OTH_DIAG_CODE_16	- <b>JP</b>	
		, including the 4t	h, 5th, 6th and 7th digits if applicable. Decimal is
	implied following the third	character	
	implied following the time	character.	
<b>Beginning Position:</b>	193	Data Source:	Claim
Length:	193 7		Claim Alphanumeric
0 0	193 7 OTH_DIAG_CODE_17	Data Source: Type:	Alphanumeric
Length:	193 7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code	Data Source: Type: , including the 4t	
Length: Field 48:	193 7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code implied following the third	Data Source: Type: , including the 4t character.	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is
Length: Field 48: Beginning Position:	7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code implied following the third 200	Data Source: Type:  , including the 4t character.  Data Source:	Alphanumeric  h, 5th, 6th and 7th digits if applicable. Decimal is  Claim
Length: Field 48:  Beginning Position: Length:	193 7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code implied following the third 200 7	Data Source: Type: , including the 4t character.	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is
Length: Field 48: Beginning Position:	193 7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code implied following the third 200 7 OTH_DIAG_CODE_18	Data Source: Type:  , including the 4t character. Data Source: Type:	Alphanumeric  h, 5th, 6th and 7th digits if applicable. Decimal is  Claim Alphanumeric
Length: Field 48:  Beginning Position: Length:	193 7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code implied following the third 200 7 OTH_DIAG_CODE_18 ICD-10-CM diagnosis code	Data Source: Type:  , including the 4t character. Data Source: Type: , including the 4t	Alphanumeric  h, 5th, 6th and 7th digits if applicable. Decimal is  Claim
Length: Field 48:  Beginning Position: Length:	193 7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code implied following the third 200 7 OTH_DIAG_CODE_18	Data Source: Type:  , including the 4t character. Data Source: Type: , including the 4t	Alphanumeric  h, 5th, 6th and 7th digits if applicable. Decimal is  Claim Alphanumeric
Length: Field 48:  Beginning Position: Length: Field 49:	193 7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code implied following the third 200 7 OTH_DIAG_CODE_18 ICD-10-CM diagnosis code implied following the third 207 7	Data Source: Type:  , including the 4t character. Data Source: Type:  , including the 4t character.	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is
Length: Field 48:  Beginning Position: Length: Field 49:  Beginning Position:	193 7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code implied following the third 200 7 OTH_DIAG_CODE_18 ICD-10-CM diagnosis code implied following the third 207	Data Source: Type:  , including the 4t character. Data Source: Type:  , including the 4t character. Data Source:	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim
Length: Field 48:  Beginning Position: Length: Field 49:  Beginning Position: Length: Field 50:	193 7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code implied following the third 200 7 OTH_DIAG_CODE_18 ICD-10-CM diagnosis code implied following the third 207 7	Data Source: Type:  , including the 4t character. Data Source: Type:  , including the 4t character. Data Source:	Alphanumeric  h, 5th, 6th and 7th digits if applicable. Decimal is  Claim Alphanumeric  h, 5th, 6th and 7th digits if applicable. Decimal is  Claim Alphanumeric
Length: Field 48:  Beginning Position: Length: Field 49:  Beginning Position: Length:	193 7 OTH_DIAG_CODE_17 ICD-10-CM diagnosis code implied following the third 200 7 OTH_DIAG_CODE_18 ICD-10-CM diagnosis code implied following the third 207 7 OTH_DIAG_CODE_19	Data Source: Type:  , including the 4t character. Data Source: Type:  , including the 4t character. Data Source:	Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim Alphanumeric h, 5th, 6th and 7th digits if applicable. Decimal is Claim

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: Alphanumeric Type: 7 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: Alphanumeric 7 Type: 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** FMOther accident OA **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: Type: Alphanumeric 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:** 262 **Data Source:** Claim Length: 7 Alphanumeric Type: E CODE 2 Field 60:

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			th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
Beginning Position:	269	Data Source:	Claim
Length: Field 61:	7 E_CODE_3	Type:	Alphanumeric
rieia o1:		a including the At	th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
<b>Beginning Position:</b>	276	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 62:	E_CODE_4	J.F.	F ** * * * *
		e, including the 4t	th, 5th, 6th and 7th digits if applicable, of an
	additional external cause o	of morbidity. Deci	mal is implied following the third character.
<b>Beginning Position:</b>	283	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 63:	E_CODE_5		
			th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
<b>Beginning Position:</b>	290	Data Source:	Claim
Length:	7 E CODE (	Type:	Alphanumeric
Field 64:	E_CODE_6		1. 5d. 6d. a. 17d. 1'.'a.'f
			th, 5th, 6th and 7th digits if applicable, of an
<b>Beginning Position:</b>	297	Data Source:	mal is implied following the third character.  Claim
Length:	7	Type:	Alphanumeric
Field 65:	E_CODE_7	турс.	Aiphanumere
Ticiu 05.		e, including the 4t	th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
<b>Beginning Position:</b>	304	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 66:	E_CODE_8		•
	ICD-10-CM diagnosis cod	e, including the 4t	th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
<b>Beginning Position:</b>	311	Data Source:	Claim
Length:	7 F. CODE 0	Type:	Alphanumeric
Field 67:	E_CODE_9	. 1 1: .1 4:	1 54 54 174 11 11 15
			th, 5th, 6th and 7th digits if applicable, of an
<b>Beginning Position:</b>	318	Data Source:	mal is implied following the third character.  Claim
Length:	7	Type:	Alphanumeric
Field 68:	E_CODE_10	турс.	ruphanumeric
11010 001		e, including the 4t	th, 5th, 6th and 7th digits if applicable, of an
			mal is implied following the third character.
<b>Beginning Position:</b>	325	Data Source:	Claim
Length:	7	Type:	Alphanumeric
Field 69:	PROC_CODE_1		
			n the highest charge performed during the period
	covered by the bill. HCPC		
<b>Beginning Position:</b>	332	Data Source:	Claim
Length:	5 PROG. GODE 4	Type:	Alphanumeric
Field 70:	PROC_CODE_2	mmonoderne - 24. d	a most highest shows a sufface of district to a set of
			e next highest charge performed during the period
<b>Beginning Position:</b>	covered by the bill. HCPC 337	Data Source:	Claim
Length:	5	Type:	Alphanumeric
Field 71:	PROC_CODE_3	-7100	
	<u>-</u> <u>-</u>		
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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:** 342 **Data Source:** Claim Length: Alphanumeric 5 Type: **Field 72:** PROC CODE 4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position: Data Source:** Claim Length: Alphanumeric 5 Type: **Field 73:** PROC CODE 5 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 352 Data Source: Claim Length: 5 Type: Alphanumeric **Field 74:** PROC\_CODE 6 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position: Data Source:** 357 Claim Length: Type: Alphanumeric 5 PROC CODE 7 Field 75: 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:** 362 **Data Source:** Claim Length: 5 Type: Alphanumeric Field 76: PROC CODE 8 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position: Data Source:** Claim Length: Alphanumeric Type: 5 Field 77: PROC CODE 9 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. **Beginning Position:** 372 **Data Source:** Claim Length: 5 Type: Alphanumeric Field 78: PROC CODE 10 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:** 377 **Data Source:** Claim Length: Type: Alphanumeric **Field 79:** PROC CODE 11 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:** 382 **Data Source:** Claim Length: 5 Alphanumeric Type: Field 80: PROC CODE 12 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:** 387 **Data Source:** Claim Length: Alphanumeric Type: Field 81: PROC CODE 13 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:** 392 **Data Source:** Claim Length: Alphanumeric Type: Field 82: PROC CODE 14 DSHS/THCIC **DSHS Document** # E25-14164 Page 20 www.dshs.texas.gov/THCIC Last Updated: May, 2024

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:** 397 **Data Source:** Claim Length: Alphanumeric 5 Type: PROC CODE 15 Field 83: 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: Data Source:** Claim Length: Alphanumeric 5 Type: Field 84: PROC CODE 16 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:** 407 Data Source: Claim Length: 5 Type: Alphanumeric Field 85: PROC CODE 17 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: Data Source:** 412 Claim Length: Type: Alphanumeric 5 PROC CODE 18 Field 86: 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:** 417 **Data Source:** Claim Length: 5 Type: Alphanumeric Field 87: PROC CODE 19 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: Data Source:** 422 Claim Length: Alphanumeric 5 Type: Field 88: PROC CODE 20 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:** 427 **Data Source:** Claim Length: 5 Type: Alphanumeric Field 89: PROC CODE 21 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:** 432 **Data Source:** Claim Length: Type: Alphanumeric Field 90: PROC CODE 22 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:** 437 **Data Source:** Claim Length: 5 Alphanumeric Type: PROC CODE 23 Field 91: 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:** 442 **Data Source:** Claim Length: Alphanumeric 5 Type: Field 92: PROC CODE 24 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:** 447 **Data Source:** Claim Length: Alphanumeric Type: Field 93: PROC CODE 25 DSHS/THCIC **DSHS Document** # E25-14164 Page 21 www.dshs.texas.gov/THCIC Last Updated: May, 2024

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. **Beginning Position:** 469 **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 **Field 97:** DME AMOUNT 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:** 517 **Data Source:** Calculated Length: Numeric Type: 12 OT\_AMOUNT **Field 100:** 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: Type: Numeric **Field 102:** IT\_AMOUNT

Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X. 046X. **Beginning Position:** Calculated 553 **Data Source:** Length: 12 Numeric Type: **Field 103: BLOOD AMOUNT** Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X. **Beginning Position:** 565 **Data Source:** Calculated Length: 12 Type: Numeric Field 104: **BLOOD ADMIN AMOUNT** Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X. **Data Source: Beginning Position:** 577 Calculated Length: 12 Numeric Type: OR AMOUNT **Field 105:** Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X. **Beginning Position:** Calculated 589 **Data Source:** Length: 12 Type: Numeric LITH AMOUNT **Field 106:** Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X. **Beginning Position: Data Source:** Calculated 601 Length: 12 Numeric Type: **Field 107:** CARD AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X. **Beginning Position:** 613 **Data Source:** Calculated Length: 12 Type: Numeric **Field 108:** ANES AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X. **Beginning Position:** 625 **Data Source:** Calculated Length: 12 Type: Numeric **Field 109:** LAB AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X. **Beginning Position:** 637 **Data Source:** Calculated Length: 12 Numeric Type: RAD AMOUNT **Field 110:** Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X. **Beginning Position:** 649 **Data Source:** Calculated Length: 12 Type: Numeric MRI\_AMOUNT **Field 111:** Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X. **Beginning Position:** 661 **Data Source:** Calculated DSHS/THCIC **DSHS Document** # E25-14164

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Length:	12	Type:	Numeric
Field 112:	OP_AMOUNT		
	algorithm. Sum of charges as 049X-050X.	ssociated with re	es Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
<b>Beginning Position:</b>	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
<b>Beginning Position:</b>	685	Data Source:	Calculated
Length:	12	Type:	Numeric
Field 114:	AMBULANCE_AMOUNT		
11010 1111			e Amount. Calculated using MEDPAR algorithm.
			es other than 0100-0219, revenue center 054X.
<b>Beginning Position:</b>	697	Data Source:	Calculated
	12	Type:	Numeric
Length:		1 ype:	Numeric
Field 115:	PRO_FEE_AMOUNT	6 : 15 (	
			Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center
<b>Beginning Position:</b>	709	<b>Data Source:</b>	Calculated
Length:	12	Type:	Numeric
Field 116:	ORGAN AMOUNT		
Beginning Position:			n Charge Amount. Calculated using MEDPAR evenue codes other than 0100-0219, revenue center Calculated
Length:	12	Type:	Numeric
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Field 117:  Beginning Position: Length: Field 118:  Beginning Position: Length: Field 119:  Beginning Position: Length: Field 120: Beginning Position: Length: Field 121: Beginning Position:	ESRD_AMOUNT Ancillary Service Charge, End MEDPAR algorithm. Sum of revenue center 080X, 082X-733 12 CLINIC_AMOUNT Ancillary Service Charge, Clause of charges associated was 745 12 TOTAL_CHARGES Sum of accommodation charges and accommodation charges and ancillary charges. Reference of the property of t	nd Stage Renal I f charges associa 085X, 088X.  Data Source: Type:  linic Visit Charge with revenue code Data Source: Type:  rges, non-covere eplaces TOTAL Data Source: Type: ARGES modation charges Data Source: Type: CIL vered ancillary cl Data Source: Type:	Dialysis Charge Amount. Calculated using atted with revenue codes other than 0100-0219,  Calculated Numeric  ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X.  Calculated Numeric  d accommodation charges, ancillary charges, non-CHARGES_23.  Claim Numeric  st, non-covered ancillary charges.  Claim Numeric  harges.  Claim Numeric
Field 117:  Beginning Position: Length: Field 118:  Beginning Position: Length: Field 119:  Beginning Position: Length: Field 120:  Beginning Position: Length: Field 121:  Beginning Position: Length: Field 121:	ESRD_AMOUNT Ancillary Service Charge, End MEDPAR algorithm. Sum of revenue center 080X, 082X-733 12 CLINIC_AMOUNT Ancillary Service Charge, Claum of charges associated wards 12 TOTAL_CHARGES Sum of accommodation charges and accommodation charges and accommodation charges and accovered ancillary charges. Responsible to the covered and accommodation for the covered and accommodation for the covered for the covere	nd Stage Renal I f charges associa 085X, 088X.  Data Source: Type: linic Visit Charge vith revenue code Data Source: Type: rges, non-covere eplaces TOTAL Data Source: Type: ARGES modation charges Data Source: Type: CIL vered ancillary cl Data Source: Type: ARGES_ANCII	Dialysis Charge Amount. Calculated using atted with revenue codes other than 0100-0219,  Calculated Numeric  ge Amount. Calculated using MEDPAR algorithm. es other than 0100-0219, revenue center 051X.  Calculated Numeric  d accommodation charges, ancillary charges, non-CHARGES_23.  Claim Numeric  st, non-covered ancillary charges.  Claim Numeric  charges.  Claim Numeric
Field 117:  Beginning Position: Length: Field 118:  Beginning Position: Length: Field 119:  Beginning Position: Length: Field 120:  Beginning Position: Length: Field 121:  Beginning Position: Length: Field 121:	ESRD_AMOUNT Ancillary Service Charge, End MEDPAR algorithm. Sum of revenue center 080X, 082X-733 12 CLINIC_AMOUNT Ancillary Service Charge, Claum of charges associated was 745 12 TOTAL_CHARGES Sum of accommodation charges and accommodation charges and ancillary charges. Response of the covered ancillary charges. Response of the covered accommodation for the covered and non-covered accommodation charges. Response of the covered accommodation for the covered accommodation for the covered accommodation covered accommodation for the covered and non-covered and non-covered and non-covered and non-covered accommodation for the covered and non-covered and non-covered and non-covered and non-covered and non-covered accommodation for the covered and non-covered and	nd Stage Renal I f charges associa 085X, 088X.  Data Source: Type:  linic Visit Charge with revenue code Data Source: Type:  rges, non-covere eplaces TOTAL Data Source: Type: ARGES modation charges Data Source: Type: CIL vered ancillary cl Data Source: Type:	Dialysis Charge Amount. Calculated using lated with revenue codes other than 0100-0219,  Calculated Numeric  Re Amount. Calculated using MEDPAR algorithm. less other than 0100-0219, revenue center 051X.  Calculated Numeric  d accommodation charges, ancillary charges, non-CHARGES_23.  Claim Numeric  St, non-covered ancillary charges.  Claim Numeric  Claim Numeric  Claim Numeric

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. 999999998 Cell size less than 5 **Coding Scheme:** 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: Data Source:** 825 Assigned Length: Type: Alphanumeric **Field 126:** SOURCE OF ADMISSION **Description:** Code indicating source of the admission. Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) **Coding Scheme:** 2 Clinic or Physician's Office 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 D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer 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: Data Source:** 826 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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	02	
Coding Scheme:	02 03	Discharged/transferred to a short-term general hospital for inpatient care Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled
	04	care Discharged/transferred to a facility that provides custodial or supportive care
	05	Discharged/transferred to a Tacinty that provides custodial of supportive care  Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
	06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
	07	Left against medical advice
	09	Admitted as inpatient to this hospital
	20	Expired  Discharge 1/2 and 1 a Count/Low Enforcement
	21 30	Discharged/transferred to Court/Law Enforcement Still patient
	40	Expired at home
	41	Expired in a medical facility
	42	Expired, place unknown
	43	Discharged/transferred to federal government operated health facility
	50	Hospice-home
	51 61	Hospice–medical facility (Certified) providing hospice level of care Discharged/transferred within this institution to Medicare-approved swing bed
	62	Discharged/transferred to inpatient rehabilitation facility
	63	Discharged/transferred to Medicare-certified long term care hospital
	64	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
	65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
	66	Discharged/transferred to Critical Access Hospital (CAH)
	69 70	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)  Discharge/transfer to another type of health care institution not defined elsewhere in the code list
	81	Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-
	01	2013)
	82	Discharged/Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care
		Hospital Inpatient Readmission (effective 10-1-2013)
	83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	85	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	86	Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned
		Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	89	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	90	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part
	91	Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care
	92	Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with
	93	a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)  Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned
	0.1	Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	94	Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
	95	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List
		with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
<b>Beginning Position:</b>	827	Invalid  Data Source: Claim
Length:	2	
Field 128:		Type: Alphanumeric  OVIDER_NAME
Description:		ne provided by the facility.
Suppression:		lities reporting fewer than 50 events (Provider ID equals '999999') are assigned the name
		v Volume Facility'. If a facility reported fewer than 5 events for a particular gender,
n		iding 'unknown', Provider Name is blank.
<b>Beginning Position:</b>	829	Data Source: Provider
Length:	55	Type: Alphanumeric
Field 129:	EMI	ERGENCY_DEPT_FLAG
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Indicator of emergency department visit. Y visit was emergency related **Description:** 

Y N **Coding Scheme:** Visit was not emergency related

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

# **CLASSIFICATION DATA FILE**

	CLASSIF	ICATION D	OATA FILE
Field 1:	RECORD_ID		
Description:		er. Unique numb	er assigned to identify the record. First available 1st
20001170110			D ID in THCIC Research Data Files (RDF's).
<b>Beginning Position:</b>	1	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 2:	CCSR_ PRIN_DIAG_CO		
			CS) classification of PRIN_DIAG_CODE into
	clinically meaningful diagno		
<b>Beginning Position:</b>	13	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 3:	CCSR_OTH_DIAG_COD		
	Clinical Classifications Soft	tware Refined (Co	CSR) classification of OTH_DIAG_CODE_1 into
	clinically meaningful diagno	osis category.	
<b>Beginning Position:</b>	17	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 4:	CCSR_OTH_DIAG_COD		
			CSR) classification of OTH_DIAG_CODE_2 into
	clinically meaningful diagno		
<b>Beginning Position:</b>	21	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 5:	CCSR_OTH_DIAG_COD		
			CSR) classification of OTH_DIAG_CODE_3 into
	clinically meaningful diagno	~ .	
<b>Beginning Position:</b>	25	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 6:	CCSR_OTH_DIAG_COD		GGD) 1 'C' ' COTH DIAG GODE A'
			CSR) classification of OTH_DIAG_CODE_4 into
Doninging Donition.	clinically meaningful diagno		Assissand
Beginning Position:	29 4	Data Source:	Assigned
Length: Field 7:	CCSR_OTH_DIAG_COD	Type:	Alphanumeric
riciu 7.			CSR) classification of OTH_DIAG_CODE_5 into
	clinically meaningful diagno		esk) classification of OTI_DIAG_cobl_5 into
<b>Beginning Position:</b>	33	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 8:	CCSR_OTH_DIAG_COD		
21010-01			CSR) classification of OTH_DIAG_CODE_6 into
	clinically meaningful diagno		,
<b>Beginning Position:</b>	37	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 9:	CCSR_OTH_DIAG_COD		
	Clinical Classifications Soft	tware Refined (Co	CSR) classification of OTH_DIAG_CODE_7 into
	clinically meaningful diagno	osis category.	
<b>Beginning Position:</b>	41	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 10:	CCSR_OTH_DIAG_COD	E_8	
			CSR) classification of OTH_DIAG_CODE_8 into
	clinically meaningful diagno		
<b>Beginning Position:</b>	45	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 11:	CCSR_OTH_DIAG_COD		
			CSR) classification of OTH_DIAG_CODE_9 into
	clinically meaningful diagno	osis category.	
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Beginning Position:	49	Data Source:	Assigned
Length:	49	Type:	Alphanumeric
Field 12:	CCSR_OTH_DIAG_COL		7 iipiidiidiidii
11414 124			CSR) classification of OTH_DIAG_CODE_10 into
	clinically meaningful diagn		,
<b>Beginning Position:</b>	53	<b>Data Source:</b>	Assigned
Length:	4	Type:	Alphanumeric
Field 13:	CCSR_OTH_DIAG_COL		
			CSR) classification of OTH_DIAG_CODE_11 into
	clinically meaningful diagn		
<b>Beginning Position:</b>	57	Data Source:	Assigned
Length: Field 14:	4 CCSR_OTH_DIAG_COD	Type:	Alphanumeric
rieia 14:			CSR) classification of OTH_DIAG_CODE_12 into
	clinically meaningful diagn		CSK) classification of OTII_DIAG_CODE_12 lifto
<b>Beginning Position:</b>	61	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 15:	CCSR OTH DIAG COL		
			CSR) classification of OTH_DIAG_CODE_13 into
	clinically meaningful diagn	osis category.	
<b>Beginning Position:</b>	65	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 16:	CCSR_OTH_DIAG_COL		
			CSR) classification of OTH_DIAG_CODE_14 into
D ' ' D '	clinically meaningful diagn		A 1
Beginning Position:	69 4	Data Source:	Assigned
Length: Field 17:	CCSR_OTH_DIAG_COD	Type:	Alphanumeric
riciu 17:			CSR) classification of OTH_DIAG_CODE_15 into
	clinically meaningful diagn		CSK) classification of OTII_DIAO_CODE_13 lifto
<b>Beginning Position:</b>	73	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 18:	CCSR_OTH_DIAG_COL	DE_16	•
			CSR) classification of OTH_DIAG_CODE_16 into
	clinically meaningful diagn	~ .	
<b>Beginning Position:</b>	77	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 19:	CCSR_OTH_DIAG_COL		CCD 1 10 11 COTH DIAC CODE 1711
	clinical Classifications Sor		CSR) classification of OTH_DIAG_CODE_17 into
<b>Beginning Position:</b>	81	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 20:	CCSR OTH DIAG COL		1 1151111111111111111111111111111111111
			CSR) classification of OTH_DIAG_CODE_18 into
	clinically meaningful diagn		
<b>Beginning Position:</b>	85	Data Source:	Assigned
Length:	4	Type:	Alphanumeric
Field 21:	CCSR_OTH_DIAG_COL		
			CSR) classification of OTH_DIAG_CODE_19 into
Danimuin - Daniel	clinically meaningful diagn		Ancienal
Beginning Position:	89	Data Source:	Assigned
Length: Field 22:	4 CCSR_OTH_DIAG_COD	Type:	Alphanumeric
riciu 22.			CSR) classification of OTH_DIAG_CODE_20 into
	clinically meaningful diagn		Cost, Simportication of Offi_Dirito_CODE_20 lillo
thintens, mennings and surgers.			
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Field 23:   CCSR_OTH_DIAG_CODE_21	<b>Beginning Position:</b>	93	Data Source:	Assigned		
CCSR_OTH_DIAG_CODE_21		4	Type:			
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_21 into clinically meaningful diagnosis category.   Aphanumeric		CCSR OTH DIAG COD		•		
Beginning Position:   4   Type:   Alphanumeric		Clinical Classifications Soft	ware Refined (C	CSR) classification of OTH_DIAG_CODE_21 into		
Field 24:   CCSR_OTH_DIAG_CODE_22	Reginning Position			Assigned		
Field 24: CCSR_OTH_DIAG_CODE_22 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_22 into clinically meaningful diagnosis category.  Beginning Position:  CCSR_OTH_DIAG_CODE_23 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_23 into clinically meaningful diagnosis category.  Beginning Position: Length:  CCSR_OTH_DIAG_CODE_24 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_23 into clinically meaningful diagnosis category.  Beginning Position: Length:  Field 26: CCSR_OTH_DIAG_CODE_24 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category.  Beginning Position: Length:  CCS_PROC_CODE_1 Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_24 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_1 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_2 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_3 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_3 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.  Beginning Position: Length:  Type: Alphanumeric  CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position:  CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure categor						
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_22 into clinically meaningful diagnosis category.   Beginning Position:				Aiphanumeric		
clinically meaningful diagnosis category.     Length:	Field 24:					
Beginning Position:   101				CSR) classification of OTH_DIAG_CODE_22 into		
Field 25:   CCSR_OTH_DIAG_CODE_23			<b>.</b>			
CCSR OTH_DIAG_CODE_23				•		
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_23 into clinically meaningful diagnosis category.   Beginning Position   Length:   CCSR OTH_DIAG_CODE_24     Field 26:   CCSR OTH_DIAG_CODE_24     Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category.   Beginning Position:   109				Alphanumeric		
Contact   Con	Field 25:					
Contact   Con		Clinical Classifications Soft	ware Refined (C	CSR) classification of OTH_DIAG_CODE_23 into		
Beginning Position:   105						
Field 26:   CCS_PTD_INAG_CODE_24   Clinical Classifications Software Refined (CCSIR) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category.    Beginning Position:   109   Data Source:   Aphanumeric	<b>Beginning Position:</b>			Assigned		
CCSR_OTH_DIAG_CODE_24						
Clinical Classifications Software Refined (CCSR) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category.   109						
Clinically meaningful diagnosis category.	ricia 20.			CSR) classification of OTH DIAG CODE 24 into		
Detail Position:   109				CSK) classification of OTTI_DIAG_CODE_24 into		
Field 27:   CCS_PROC_CODE_1   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.    Beginning Position:   113   Data Source:   Assigned	Daginaina Dagitian.	• •		٨: ا		
Field 27: CCS_PROC_CODE_1 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.  Beginning Position: Length: 3 Type: Alphanumeric  Field 28: CCS_PROC_CODE_2 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.  Beginning Position: 116 Data Source: Assigned Length: 3 Type: Alphanumeric  Field 29: CCS_PROC_CODE_3 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: 119 Data Source: Assigned Length: 3 Type: Alphanumeric  Field 30: CCS_PROC_CODE_4 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.  Beginning Position: 122 Data Source: Assigned Length: 3 Type: Alphanumeric  Field 31: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: 125 Data Source: Assigned Length: 3 Type: Alphanumeric  Field 32: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: 125 Data Source: Assigned Length: 3 Type: Alphanumeric  Field 32: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  Beginning Position: 128 Data Source: Assigned  Length: 3 Type: Alphanumeric  Field 33: Type: Alphanumeric						
Beginning Position:   13   Data Source: Assigned			Type:	Alphanumeric		
Beginning Position:   113   Data Source:   Assigned	Field 27:					
Beginning Position: Length:   113   Data Source: Alphanumeric						
Process		PROC_CODE_1 into clinical	ally meaningful p	procedure category.		
Process	<b>Beginning Position:</b>	113	<b>Data Source:</b>	Assigned		
CCS_PROC_CODE_2   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.    Beginning Position:				•		
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.    Beginning Position:   116						
Beginning Position: Length:  16     Data Source: Length:  7    Segmed Alphanumeric  CCS_PROC_CODE_3 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.  Beginning Position: Length:  7    Data Source: Length:  8    Type: Alphanumeric  CCS_PROC_CODE_4 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.  Beginning Position: 122 Data Source: Assigned CCS_PROC_CODE_4 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.  Beginning Position: 122 Data Source: Alphanumeric  Field 31: CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: 125 Data Source: Assigned Alphanumeric  Field 32: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  Beginning Position: 128 Data Source: Assigned Alphanumeric  Field 33: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC  DSHS/THCIC  DSHS/THCIC  DSHS/SHCIC  DSHS Document # E25-14164	11014 201		ware (CCS) for S	Services and Procedures classification of		
Beginning Position:       116       Data Source:       Assigned         Field 29:       CCS_PROC_CODE_3         Clinical Classifications Software (CCS) for Sequence CCS) for Sequence CCS (CCS_PROC_CODE_3 into clinically meaningful procedure category.         Beginning Position:       Length:       3       Type:       Alphanumeric         Field 30:       CCS_PROC_CODE_4         Clinical Classifications Software (CCS) for Sequence CCS) for Sequence CCS (CCS_PROC_CODE_4 into clinically meaningful procedure category.         Beginning Position:       Length:       3       Type:       Alphanumeric         Field 31:       CCS_PROC_CODE_5         Clinical Classifications Software (CCS) for Sequence CCS) for Sequence CCS (CCS_PROC_CODE_5 into clinically) meaningful procedure category.         Beginning Position:       Length:       CCS_PROC_CODE_6         Beginning Position:       Length:       Assigned         Beginning Position:       Length:       Assigned         Beginning Position:       Length:       Assigned         Beginning Position:       Length:       Assigned         Length: <th <="" colspan="2" th=""><th></th><th></th><th></th><th></th></th>	<th></th> <th></th> <th></th> <th></th>					
CCS_PROC_CODE_3   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.    Procedure   Proced	D 1 1 D 1/1					
CCS_PROC_CODE_3   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.    Procedure category				e e e e e e e e e e e e e e e e e e e		
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.    119		_	Type:	Alphanumeric		
PROC_CODE_3 into clinically meaningful procedure category.   119   Data Source: Assigned   Alphanumeric   Al	Field 29:					
Data Source: Assigned   Assigned   Alphanumeric						
Length:       3       Type:       Alphanumeric         Field 30:       CCS_PROC_CODE_4       Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.         Beginning Position:       122       Data Source:       Alphanumeric         Field 31:       CCS_PROC_CODE_5       Type:       Alphanumeric         Beginning Position:       125       Data Source:       Assigned         Length:       3       Type:       Alphanumeric         Field 32:       CCS_PROC_CODE_6       Assigned         Field 32:       CCS_PROC_CODE_6       Alphanumeric         Field 32:       CCS_PROC_CODE_6       Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.         Beginning Position:       128       Data Source:       Assigned         Length:       3       Type:       Alphanumeric         Field 33:       Type:       Alphanumeric         F						
CCS_PROC_CODE_4   Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.    Beginning Position: Length: 3   Type: Alphanumeric	<b>Beginning Position:</b>		Data Source:	•		
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.  122	Length:		Type:	Alphanumeric		
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.  122	Field 30:	CCS_PROC_CODE_4				
Beginning Position: Length:  CCS_PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of Alphanumeric  Field 32: CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  Beginning Position: Length:  Type: Alphanumeric  CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC  DSHS/THCIC  DSHS Document # E25-14164			ware (CCS) for S	Services and Procedures classification of		
Data Source: Assigned   Alphanumeric						
Length: 3   Type:   Alphanumeric	Beginning Position:					
Field 31:  CCS_PROC_CODE_5  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_6  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  Beginning Position: Length:  Type: Alphanumeric  Assigned  Length:  Assigned  Length:  Assigned  CCS_PROC_CODE_6 into clinically meaningful procedure category.  Assigned  CCS_PROC_CODE_7  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC  DSHS Document # E25-14164				•		
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.  Beginning Position: Length:  CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  Beginning Position: Length:  Type: Alphanumeric  CCS_PROC_CODE_6 into clinically meaningful procedure category.  Beginning Position: 128 Data Source: Assigned Length: 3 Type: Alphanumeric  CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC  DSHS Document # E25-14164			Турсі	Tipilanameric		
PROC_CODE_5 into clinically meaningful procedure category.  125	riciu 31.		word (CCS) for S	Sarvices and Procedures classification of		
Beginning Position: Length:  Type: Alphanumeric  CCS_PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  Beginning Position: Length: Type: Assigned Assigned Assigned Assigned Assigned Assigned Assigned CCS_PROC_CODE_6 into clinically meaningful procedure category.  CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC  DSHS Document # E25-14164						
Type: Alphanumeric						
Field 32:  CCS_PROC_CODE_6  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  128  Data Source: Assigned  3  Type: Alphanumeric  Field 33:  CCS_PROC_CODE_7  Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC  DSHS Document # E25-14164	0 0		Data Source:	e e e e e e e e e e e e e e e e e e e		
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.  128	Length:	3	Type:	Alphanumeric		
PROC_CODE_6 into clinically meaningful procedure category.  128 Data Source: Assigned 3 Type: Alphanumeric  CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC  Page 30 DSHS Document # E25-14164	Field 32:	CCS_PROC_CODE_6				
PROC_CODE_6 into clinically meaningful procedure category.  128 Data Source: Assigned 3 Type: Alphanumeric  CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC  Page 30 DSHS Document # E25-14164		Clinical Classifications Soft	ware (CCS) for S	Services and Procedures classification of		
Beginning Position:       128       Data Source:       Assigned         Length:       3       Type:       Alphanumeric         Field 33:       CCS_PROC_CODE_7       Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.         DSHS/THCIC       DSHS Document # E25-14164						
Length:     3     Type:     Alphanumeric       Field 33:     CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.       DSHS/THCIC     Page 30     DSHS Document # E25-14164	<b>Beginning Position:</b>					
Field 33: CCS_PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC Page 30 DSHS Document # E25-14164				•		
Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC  Page 30  DSHS Document # E25-14164			<b>1</b> jpc.	1 Inputationic		
PROC_CODE_7 into clinically meaningful procedure category.  DSHS/THCIC  Page 30  DSHS Document # E25-14164	riciu 55.		wara (CCC) for C	Corrigon and Dragaduras alcosification of		
DSHS/THCIC DSHS Document # E25-14164						
		PROC_CODE_/ into clinical	any meaningful p			
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<b>Beginning Position:</b>	131	Data Source:	Assigned
Length: Field 34:	3 CCS_PROC_CODE_8	Туре:	Alphanumeric
riela 34:		ftwara (CCS) for 9	Services and Procedures classification of
	PROC_CODE_8 into clinic		
Beginning Position:	134	Data Source:	Assigned
0 0	3		
Length: Field 35:	CCS_PROC_CODE_9	Type:	Alphanumeric
rieia 35:		· · · · · · · · · · · · · · · · · · ·	Samiana and Durandana alamiciantian of
			Services and Procedures classification of
<b>Beginning Position:</b>	PROC_CODE_9 into clinic 137	Data Source:	Assigned
0	3		Alphanumeric
Length:	CCS_PROC_CODE_10	Туре:	Aiphanumenc
Field 36:		· · · · · · · · · · · · · · · · · · ·	Samiana and Durandana alamiciantian of
			Services and Procedures classification of
Danimuina Danitiana	PROC_CODE_10 into clin		
<b>Beginning Position:</b>	140	Data Source:	Assigned
Length:	GGG PROG GODE 11	Type:	Alphanumeric
Field 37:	CCS_PROC_CODE_11	(CCC) (	G 1 D 1 1
			Services and Procedures classification of
D 1 1 D 1/1	PROC_CODE_11 into clin		
<b>Beginning Position:</b>	143	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 38:	CCS_PROC_CODE_12	· (gga) (	
			Services and Procedures classification of
	PROC_CODE_12 into clin		
<b>Beginning Position:</b>	146	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 39:	CCS_PROC_CODE_13		
			Services and Procedures classification of
	PROC_CODE_13 into clin		
<b>Beginning Position:</b>	149	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 40:	CCS_PROC_CODE_14		
		, ,	Services and Procedures classification of
	PROC_CODE_14 into clin		
<b>Beginning Position:</b>	152	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 41:	CCS_PROC_CODE_15		
	Clinical Classifications Sof	ftware (CCS) for S	Services and Procedures classification of
	PROC_CODE_15 into clin		I procedure category.
<b>Beginning Position:</b>	155	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 42:	CCS_PROC_CODE_16		
	Clinical Classifications Sof	ftware (CCS) for S	Services and Procedures classification of
	PROC_CODE_16 into clin	ically meaningful	l procedure category.
<b>Beginning Position:</b>	158	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 43:	CCS_PROC_CODE_17		
		ftware (CCS) for S	Services and Procedures classification of
	PROC_CODE_17 into clin		
<b>Beginning Position:</b>	161	Data Source:	Assigned
Length:	3	Type:	Alphanumeric
Field 44:	CCS_PROC_CODE_18	V 1	<u>,                                    </u>
		ftware (CCS) for S	Services and Procedures classification of
	PROC_CODE_18 into clin		
	1100_00DL_10 III0 CIII	meaningidi	restaute emegory.
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<b>Beginning Position:</b>	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 clinically meaningful procedure category.			
<b>Beginning Position:</b>	167	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 46:	CCS_PROC_CODE_20			
			Services and Procedures classification of	
	PROC_CODE_20 into clinic			
<b>Beginning Position:</b>	170	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 47:	CCS_PROC_CODE_21			
			Services and Procedures classification of	
	PROC_CODE_21 into clinic			
<b>Beginning Position:</b>	173	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 48:	CCS_PROC_CODE_22			
			Services and Procedures classification of	
	PROC_CODE_22 into clinic			
<b>Beginning Position:</b>	176	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 49:	CCS_PROC_CODE_23			
			Services and Procedures classification of	
	PROC_CODE_23 into clinic			
<b>Beginning Position:</b>	179	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 50:	CCS_PROC_CODE_24	(222)		
			Services and Procedures classification of	
T. 1 T. 14	PROC_CODE_24 into clinic			
<b>Beginning Position:</b>	182	Data Source:	Assigned	
Length:	3	Type:	Alphanumeric	
Field 51:	CCS_PROC_CODE_25	(GGB) 6 - 6	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
			Services and Procedures classification of	
D 1 1 D 1/1	PROC_CODE_25 into clinic			
<b>Beginning Position:</b>				
Length:	185 3	Data Source: Type:	Assigned Alphanumeric	

# **CHARGES DATA FILE**

Field 1:	RECORD_ID				
Description:	Record Identification Number. Unique number assigned to identify the record. First available				
	1 <sup>st</sup> quarter 2002. Does NOT match the RECORD ID in THCIC Research Data Files (RDF's).				
<b>Beginning Position:</b>	1	Data Source:	Assigne	ed	
Length:	12	Type:	Alphanumeric		
Field 2:		ENUE_CODE	<u>F</u>		
Description:		corresponding to each specific accommod	dation a	naillary corrigo or billing aplaulation	
Description:			uation, a	nemary service or binning calculation	
G 11 G 1		to the services being billed.	0527	Francisco di la Clinia Vinitia Norma Cominacia	
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 0119	Room charges for private rooms - rehabilitation Room charges for private rooms - other	0544 0545	Ambulance service - oxygen Ambulance service - air ambulance	
	0119	Room charges for semi-private rooms - general	0546	Ambulance service - an ambulance Ambulance service - neonatal	
	0120	Room charges for semi-private rooms -	0547	Ambulance service - heonatar  Ambulance service - pharmacy	
	0121	medical/surgical/GYN	0547	Amountainee 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 0137	Room charges for semi-private - 3/4 beds - rooms - detoxification  Room charges for semi-private - 3/4 beds -	0580	Other visits (home health) - general Other visits (home health) - visit charge	
	0137	rooms - oncology Room charges for semi-private - 3/4 beds -	0581 0582	Other visits (home health) - visit charge Other visits (home health) - hourly charge	
	0138	rooms - rehabilitation Room charges for semi-private - 3/4 beds -	0582	Other visits (nome health) - nourly charge  Other visits (home health) - assessment	
	0140	rooms - other Room charges for private (deluxe) rooms -	0589	Other visits (home health) - assessment  Other visits (home health) - other	
	0110	general	0307		

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0141	Room charges for private (deluxe) rooms - medical/surgical/GYN	0590	Units of service (home health) - general
0142	Room charges for private (deluxe) rooms - obstetrics	0600	Oxygen (home health) - general
0143	Room charges for private (deluxe) rooms -	0601	Oxygen (home health) - stat/equip/supply or
0144	pediatric Room charges for private (deluxe) rooms -	0602	contents Oxygen (home health) - stat/equip/supply under
0145	psychiatric Room charges for private (deluxe) rooms -	0603	1 liter per minute Oxygen (home health) - stat/equip/supply over 4
0146	hospice Room charges for private (deluxe) rooms -	0604	liters per minute Oxygen (home health) - portable add-in
0147	detoxification Room charges for private (deluxe) rooms -	0609	Oxygen (home health) - other
0148	oncology Room charges for private (deluxe) rooms -	0610	Magnetic Resonance Technology (MRT) - MRI
0149	rehabilitation Room charges for private (deluxe) rooms -	0611	- general Magnetic Resonance Technology (MRT) - MRI
0150	other Room charges for ward rooms - general	0612	- brain (including brain stem) Magnetic Resonance Technology (MRT) - MRI
0151	Room charges for ward rooms -	0614	- spinal cord (including spine) 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) -
0154	Room charges for ward rooms - psychiatric	0618	MRA – lower extremities Magnetic Resonance Technology (MRT) -
0155	Room charges for ward rooms - hospice	0619	MRA – other Magnetic Resonance Technology (MRT) -
			Other MRT
0156	Room charges for ward rooms - detoxification	0621	Medical/surgical supplies - incident to radiology
0157	Room charges for ward rooms - oncology	0622	Medical/surgical supplies - incident to other diagnostic services
		0623	Medical/surgical supplies - surgical dressings
0158	Room charges for ward rooms - rehabilitation	0624	Medical/surgical supplies - FDA investigational devices
0159	Room charges for ward rooms - other	0631	Drugs requiring specific identification - single source
0160	Room charges for other rooms - general	0632	Drugs requiring specific identification - multiple source
0164	Room charges for other rooms – Sterile Environment	0633	Drugs requiring specific identification - restrictive prescription
0167	Room charges for other rooms – self care	0634	Drugs requiring specific identification - EPO, less than 10,000 units
0169	Room charges for other rooms - other	0635	Drugs requiring specific identification - EPO, 10,000 or more units
0170	Room charges for nursery - general	0636	Drugs requiring specific identification - requiring detailed coding
0171	Room charges for nursery - newborn level I	0637	Drugs requiring specific identification - self- administrable
0172	Room charges for nursery - newborn level II	0640	Home IV therapy services - general
0173	Room charges for nursery - newborn level III	0641	Home IV therapy services – non-routine nursing, central line
0174	Room charges for nursery - newborn level IV	0642	Home IV therapy services - IV site care, central line
0179	Room charges for nursery - other	0643	Home IV therapy services - IV start/change,
0180	Room charges for LOA - general	0644	peripheral line Home IV therapy services – non-routine
0182	Room charges for LOA - patient convenience	0645	nursing, peripheral 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
0185	Room charges for LOA – nursing home (for	0647	patient, central line Home IV therapy services - training,
0189	hospitalization) Room charges for LOA - other	0648	patient/caregiver, peripheral Home IV therapy services - training, disabled
0190	Room charges for subacute care - general	0649	patient, peripheral Home IV therapy services - other
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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	0651	Hospice services - routine home care
	0193	(comprehensive care) 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 0224	Special charges - UR service charge	0691 0692	Pre-hospice/Palliative Care Services – visit charge Pre-hospice/Palliative Care Services – hourly
	0224	Special charges - late discharge, medically necessary	0092	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 -
			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	2.0	0802	•
	Medical surgical supplies and devices - general		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 - support services
0307	Laboratory - urology	0839	Peritoneal dialysis - outpatient or home - other
0309	Laboratory - other	0840	CAPD - outpatient or home - general
0310	Laboratory pathological - general	0841	CAPD - outpatient or home - composite or other
0311	Laboratory pathological - cytology	0842	rate CAPD - outpatient or home – home supplies
			- ^^

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0312	Laboratory pathological - histology	0843	CAPD - outpatient or home - home equipment
0314	Laboratory pathological - biopsy	0844	CAPD - outpatient or home – maintenance 100%
0319	Laboratory pathological - other	0845	CAPD - outpatient or home - support services
0320	Radiology - diagnostic - general	0849	CAPD - outpatient or home - other
0321	Radiology - diagnostic - angiocardiography	0850	CCPD - outpatient or home - general
0322	Radiology - diagnostic - arthrography	0851	CCPD - outpatient or home - composite or other rate
0323	Radiology - diagnostic - arteriography	0852	CCPD - outpatient or home - home supplies
0324	Radiology - diagnostic - chest x-ray	0853	CCPD - outpatient or home - home equipment
0329	Radiology - diagnostic - other	0854	CCPD - outpatient or home - maintenance 100%
0330	Radiology - therapeutic and/or chemotherapy administration - general	0855	CCPD - outpatient or home - support services
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected	0859	CCPD - outpatient or home - other
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral	0860	Magnetoencephalography (MEG) - General
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy	0861	Magnetoencephalography (MEG) - MEG
0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV	0880	Miscellaneous dialysis - general
0339	Radiology - therapeutic and/or chemotherapy administration - other	0881	Miscellaneous dialysis - ultrafiltration
0340	Nuclear medicine - general	0882	Miscellaneous dialysis - home aide visit
0341	Nuclear medicine - diagnostic procedures	0889	Miscellaneous dialysis - other
0342	Nuclear medicine - therapeutic procedures	0900	Behavior health treatments/services - general
0343	Nuclear medicine - diagnostic	0901	Behavior health treatments/services -
0344	radiopharmaceuticals Nuclear medicine - therapeutic	0902	electroshock Behavior health treatments/services - milieu
0349	radiopharmaceuticals Nuclear medicine - other	0903	therapy Behavioral health treatments/services - play therapy
0350	CT scan - general	0904	Behavior health treatments/services - activity therapy
0351	CT scan - head	0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0352	CT scan - body	0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0359	CT scan - other	0907	Behavior health treatments/services - community behavioral health program
0360	Operating room services - general	0911	Behavior health treatment/services - rehabilitation
0361	Operating room services - minor surgery	0912	Behavior health treatment/services - partial hospitalization - less intensive
0362	Operating room services - organ transplant other than kidney	0913	Behavior health treatment/services - partial hospitalization - intensive
0367	Operating room services - kidney transplant	0914	Behavior health treatment/services - individual therapy
0369	Operating room services - other	0915	Behavior health treatment/services - group therapy
0370	Anesthesia - general	0916	Behavior health treatment/services - family therapy
0371	Anesthesia - incident to radiology	0917	Behavior health treatment/services - biofeedback
0372	Anesthesia - incident to other diagnostic services	0918	Behavior health treatment/services - testing
0374	Anesthesia - acupuncture	0919	Behavior health treatment/services - other
0379	Anesthesia - other	0920	Other diagnostic services - general
0380	Blood - general	0921	Other diagnostic services - peripheral vascular lab
0381	Blood - packed red cells	0922	Other diagnostic services - electromyogram
0382	Blood - whole blood	0923	Other diagnostic services - pap smear
0383	Blood - plasma	0924	Other diagnostic services - allergy test
	D1 1 1 1 . 1 .	0025	Other diagnostic services - pregnancy test
0384	Blood - platelets Blood - leukocytes	0925	Other diagnostic services - pregnancy test  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,	0941	Other therapeutic services - recreational therapy
0391	storage and processing - general Blood and blood component administration, storage and processing - administration	0942	Other therapeutic services - education/training
0392	Blood and blood component administration,	0943	Other therapeutic services - cardiac
0399	storage and processing – processing and storage Blood and blood component administration,	0944	rehabilitation Other therapeutic services - drug rehabilitation
0400	storage and processing - other Other imaging services - general	0945	Other therapeutic services - alcohol rehabilitation
0401	Other imaging services - diagnostic	0946	Other therapeutic services - complex medical
0402	mammography Other imaging services - ultrasound	0947	equipment - routine 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 therapy	0960	dependency (drug and alcohol) Professional fees - general
0419	Respiratory services - other	0961	Professional fees - psychiatric
0420	Physical therapy - general	0962	Professional fees - ophthalmology
0421	Physical therapy - visit charge	0963	Professional fees - anesthesiologist (MD)
0422	Physical therapy - hourly charge	0964	Professional fees - anesthetist (CRNA)
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 - group rate  Occupational therapy - evaluation or	0977	Professional fees - physical therapy
0439	reevaluation 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
DCHC/EHOLO	Cardiology - general	0997	Patient convenience items - admission kits

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	25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service	E1	Upper left eyelid  DSHS Document # E25-14164
	24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	P6	A declared brain-dead patient whose organs are being removed for donor purposes
	23	Unusual Anesthesia	P5	A moribund patient who is not expected to survive without the operation
Coding Scheme:	22	Increased procedural services	P4	A patient with severe systemic disease that is a constant threat to life
Description:		fies special circumstances related to the p		
Field 5:		IFIER_1		
Length:	5	Type:		numeric
Beginning Position:	НСРС 19	CS codes.  Data Source:	Claim	
Coding Scheme:		ttps://www.cms.gov/medicare/coding/hcp	ocsreieas	secouesets for complete list of Level II
Coding Sahama		nmodations.	200rol	pandagata for complete list of I I II
Description:		A Common Procedure Coding System (Ho	CPCS) c	code applicable to ancillary services or
Field 4		CS_PROCEDURE_CODE	CDCC'	1 1 11
Length:	2	Type:	Alphan	numeric
Beginning Position:	17	Data Source:	Claim	
Description:		identifying the type/source of the descrip CS_PROCEDURE_CODE.	uve nun	ibei asea iii
Field 3:		CS_QUALIFIER	4:	ah an araa diin
Length:	4	Type:	Alphan	numeric
Beginning Position:	13	Data Source:	Claim	
	0526	Part A Stay) or NF or ICF MR or Other Residential Facility Freestanding Clinic - urgent care		
	0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered		
	J. 2.	Practitioner to a Member in a Covered Part A Stay at SNF	2107	
	0523	Freestanding Clinic - Visit by RHC/FQHC	3103	Adult foster care - dany Adult foster care - other
	0523	RHC/FQHC Practitioner Freestanding Clinic - family practice	3104	Adult foster care - daily
	0521	RHC/FQHC Freestanding Clinic - Home Visit by	3104	Adult day care, social - daily
	0520	Freestanding Clinic - Clinic Visit by Member to	3102	Adult day care, social - hourly  Adult day care, medical and social - daily
	0519	Freestanding Clinic - general	3101 3102	Adult day care, medical and social - nourly  Adult day care, social - hourly
	0517 0519	Clinic - family practice Clinic - other	2109	Alternative therapy services - other Adult day care, medical and social - hourly
	0516	Clinic - urgent care	2106	Alternative therapy services - hypnosis
	0515	Clinic - pediatric	2105	Alternative therapy services - biofeedback
	0514	Clinic - OB/GYN	2104	Alternative therapy services - reflexology
	0513	Clinic - psychiatric	2103	Alternative therapy services - massage
	0512	Clinic - dental	2102	Alternative therapy services - acupressure
	0511	Clinic - chronic pain	2101	Alternative therapy services - acupuncture
	0510	Clinic - general	2100	Alternative therapy services - general
	0509	Outpatient services - other	1005	house Behavior health accommodations - group home
	0500	Outpatient services - general	1004	living Behavior health accommodations - halfway
	0499	Ambulatory surgical care - other	1002	treatment - chemical dependency Behavior health accommodations - supervised
	0489	Ambulatory surgical care - general	1001	treatment - psychiatric Behavior health accommodations - residential
	0483 0489	Cardiology - echocardiology Cardiology - other	1000 1001	Behavior health accommodations - general Behavior health accommodations - residential
	0482	Cardiology - stress test	0999	Patient convenience items - other

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Beginning Position:	P3 24	A patient with severe systemic disease  Data Source:	Claim	
	P2	A patient with mild systemic disease	XU	Unusual Non-Overlapping Service
	P1	A normal healthy patient	XP	Separate Practitioner
	8P	Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified	XS	Separate Structure
	3P	Patient Reasons Performance Measure Exclusion Modifier due to System Reasons	XE	Separate Encounter
	2P	Medical Reasons Performance Measure Exclusion Modifier due to	TA	Left foot, great toe
	1P	Performance Measure Exclusion Modifier due to	T9	Right foot, fifth digit
	99	Telecommunications System Multiple Modifiers	Т8	Right foot, fourth digit
	95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video	T7	Right foot, third 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	T3	Left foot, fourth digit
	81	Minimum Assistant Surgeon	T2	Left foot, second digit  Left foot, third digit
	80	Physician or Other Qualified Health Care Professional During the Postoperative Period Assistant Surgeon	T1	Left foot, second digit
	79	Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period Unrelated Procedure or Service by the Same	RT	Right side of the body procedure
	78	Qualified Health Care Professional Unplanned Return to the Operating/Procedure	RI	Ramus intermedius coronary artery
	77	Qualified Health Care Professional Repeat Procedure by Another Physician or Other	RC	provider of services Right coronary artery
	76	Surgery Center (ASC) Procedure after Administration of Anesthesia Repeat Procedure by Same Physician or Other	QN	by a provider of services  Ambulance service furnished directly by a
	74	Surgery Center (ASC) Procedure prior to the Administration of Anesthesia  Discontinued Outpatient Hospital/Ambulatory	QM	Ambulance service provided under arrangemen
	73	Discontinued Outpatient Hospital/Ambulatory	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
	59 62	Distinct Procedural Service  Two Surgeons	GH LC	Diagnostic mammogram converted from screening mammogram on same day Left circumflex coronary artery
	58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	GG	Performance and payment of a screening mammography and diagnostic mammography came patient, same day.
	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	F5	Right hand, thumb
	51	Multiple Procedures	F4	Left hand, fifth digit
	47 50	Anesthesia by Surgeon Bilateral Procedure	F2 F3	Left hand, third digit Left hand, fourth 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

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Field 6:	MODIFIER 2		
<b>Description:</b>	<del>-</del>	nces related to the	performance of the service.
Coding Scheme:	Same as Field MODIFIER		
Beginning Position:	26	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 7:	MODIFIER_3		•
<b>Description:</b>	Identifies special circumsta	nces related to the	performance of the service.
Coding Scheme:	Same as Field MODIFIER_	_1	
<b>Beginning Position:</b>	28	<b>Data Source:</b>	Claim
Length:	2	Type:	Alphanumeric
Field 8:	MODIFIER_4		
<b>Description:</b>			performance of the service.
Coding Scheme:	Same as Field MODIFIER_	_1	
<b>Beginning Position:</b>	30	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 9:	UNIT_MEASUREMENT	_	
<b>Description:</b>	Code specifying the units in	n which a value is	being expressed.
Coding Scheme:	DA Days F2 International unit		
	UN Unit		
<b>Beginning Position:</b>	32	Data Source:	Claim
Length:	2	Type:	Alphanumeric
Field 10:	UNITS_OF_SERVICE		•
<b>Description:</b>	Numeric value of quantity		
<b>Beginning Position:</b>	34	<b>Data Source:</b>	Claim
Length:	7	Type:	Numeric
Field 11:	UNIT_RATE		
<b>Description:</b>	Rate per unit		
<b>Beginning Position:</b>	41	Data Source:	Claim
Length:	12	Type:	Numeric
Field 12:	CHRGS_LINE_ITEM		
<b>Description:</b>	Total amount of the charge		
<b>Beginning Position:</b>	53	Data Source:	Assigned
Length:	14	Type:	Numeric
Field 13:	CHRGS_NON_COV		
<b>Description:</b>	Total non-covered amount		
<b>Beginning Position:</b>	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.	THCIC ID		
Field 1:	THCIC_ID		anne i den her DOIIO
Description:	Provider ID. Unique identif	-	ž ,
Beginning Position:	1	Data Source:	Assigned
Length:	6	Type:	Alphanumeric
Field 2:	FAC_TYPE		
Description:	Types of healthcare facilities		
<b>Beginning Position:</b>	7	Data Source:	Provider
Length:	4	Type:	Alphanumeric
Field 3:	FAC_TEACHING_IND		
<b>Description:</b>	Teaching facility indicator.		
Coding Scheme:	A Member, Council of Teaching F X Other teaching facility	lospitals	
<b>Beginning Position:</b>	11	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 4:	FAC_PSYCH_IND	Type.	Alphanumeric
Description:	Psychiatric facility indicator	•	
_	12	Data Source:	Provider
Beginning Position:	12		
Length: Field 5:		Type:	Alphanumeric
	FAC_REHAB_IND		
Description:	Rehabilitation facility indic		D 11
Beginning Position:	13	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 6:	FAC_ACUTE_CARE_IN		
Description:	Acute care facility indicator		D
<b>Beginning Position:</b>	14	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 7:	FAC_SNF_IND		
<b>Description:</b>	Skilled nursing facility indi		
<b>Beginning Position:</b>	15	Data Source:	Provider
Length:	1	Туре:	Alphanumeric
Field 8:	FAC_LONG_TERM_AC		
<b>Description:</b>	Long term acute care facilit		
<b>Beginning Position:</b>	16	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 9:	FAC_OTHER_LTC_IND		
<b>Description:</b>	Other long term care facility		
<b>Beginning Position:</b>	17	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 10:	FAC_PEDS_IND		
<b>Description:</b>	Pediatric facility Indicator.		
Coding Scheme:			and Related Institutions (NACHRI)
Danimuima Danisiam.	X Facilities that also treat children		Dunaidan
<b>Beginning Position:</b>	18	Data Source:	Provider
Length:	TAG GARRIOWAGGIII	Type:	Alphanumeric
Field 11:	FAC_CARDIOVASCULA	<del>-</del>	
Description:	Cardiovascular facility indi		D '1
Beginning Position:	19	Data Source:	Provider
Length:	EAG GHIDODDAGEIG	Type:	Alphanumeric
Field 12:	FAC_CHIROPRACTIC_	IND	
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			<del>-</del>

Description	Chinamus atia sama facility in	adiaatan	
Description:	Chiropractic care facility in		D 14
<b>Beginning Position:</b>	20	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 13:	FAC_ENDOSCOPY_INI		
<b>Description:</b>	Endoscopy facility indicate		
<b>Beginning Position:</b>	21	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 14:	FAC_FOOT_IND		
<b>Description:</b>	Foot care facility indicator.	•	
<b>Beginning Position:</b>	22	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 15:	FAC_GASTROENTERO	DLOGY IND	
<b>Description:</b>	Gastroenterology facility in	ndicator.	
Beginning Position:	23	<b>Data Source:</b>	Provider
Length:	1	Type:	Alphanumeric
Field 16:	FAC_GENERAL_IND	J P	<b>.</b>
Description:	General care facility indica	ntor	
Beginning Position:	24	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 17:	FAC_NEUROLOGICAL		Auphanumene
	Neurological care facility i		
Description:	•		Provider
Beginning Position:	25	Data Source:	
Length:	I EAC OR CVN IND	Type:	Alphanumeric
Field 18:	FAC_OB_GYN_IND	C 111. 1 1	
Description:	Obstetrics and gynecology		D
<b>Beginning Position:</b>	26	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 19:	FAC_OPTHAMOLOGY		
<b>Description:</b>	Opthamology facility indic		
<b>Beginning Position:</b>	27	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 20:	FAC_ORAL_IND		
Description:	Oral health care facility ind		
<b>Beginning Position:</b>	28	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 21:	FAC_ORTHOPEDIC_IN	ND	
<b>Description:</b>	Orthopedic care facility inc	dicator.	
<b>Beginning Position:</b>	29	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 22:	FAC_OTOLARYNGOLO	OGY_IND	-
<b>Description:</b>	Otolaryngology facility ind	licator.	
Beginning Position:	30	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 23:	FAC_PAIN_MNGMT_I		
<b>Description:</b>	Pain management facility i		
Beginning Position:	31	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 24:	FAC_PLASTIC_IND	- J p = 0	
Description:	Plastic surgery facility indi	cator.	
Beginning Position:	32	Data Source:	Provider
Length:	1	Type:	Alphanumeric
Field 25:	FAC_THORACIC_IND	Type.	1 inplication in the second in
		eator	
Description:	Thoracic care facility Indic	Data Source:	Provider
Beginning Position:	33		
Length:	1	Type:	Alphanumeric
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_	
Field 26:	FAC_UROLOGY_IND
<b>Description:</b>	Urology care facility indicator.
<b>Beginning Position:</b>	34 <b>Data Source:</b> Provider
Length:	1 Type: Alphanumeric
Field 27:	FAC_OTHER_IND
Description:	Other facility indicator.
<b>Beginning Position:</b>	Data Source: Provider
Length:	1 Type: Alphanumeric
Field 28:	FAC_EMERGENCY_DEPARTMENT_IND
<b>Description:</b>	Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting with
	the 4 <sup>th</sup> Quarter 2020 Facility Type Data File. Note:
	The FEMCFs names are available at <a href="https://dshs.texas.gov/thcic/">https://dshs.texas.gov/thcic/</a> (downloadable Excel sheet
	named Current Facility Contact), under "Facility Reporting Requirement". The provider names
	and THCIC IDs in the Excel sheet are more current than the ones in the provider file dataset.
	For the first quarterly implementation, 4 <sup>th</sup> Quarter 2020, the facility indicator has incomplete
	data due to implementation timing.
<b>Beginning Position:</b>	36 <b>Data Source:</b> Provider
Length:	1 <b>Type:</b> Alphanumeric
Field 29:	FAC_ONCOLOGY_IND
Description:	Oncology facility indicator.
Beginning Position:	37 <b>Data Source:</b> Provider
Length:	1 Type: Alphanumeric
Field 30:	PROVIDER_NAME
<b>Description:</b>	Hospital name provided by the hospital.
<b>Beginning Position:</b>	38 <b>Data Source:</b> Provider
Length:	55 <b>Type:</b> 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 Hospitals,
	Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long
	Term Care Hospitals.
Coding Scheme:	M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required
	X Exempt
	Invalid
<b>Beginning Position:</b>	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 <sup>rd</sup> quarter 1999.
Coding Scheme:	1 Certified, without comment
Couning Scheme.	2 Certified, with comment
	3 Certified, with comment, comment not received by deadline
	Facility elected not to certify
	5 Facility closed; data not certified 6 Facility out of compliance, did not certify data
	Data not certified. Facility affected by natural or man-made disaster (Starting 4Q2016)
<b>Beginning Position:</b>	94 <b>Data Source:</b> Assigned
Length:	1 Type: Alphanumeric
	VI

# **GROUPER FILE**

D' 114	DECORD TO		
Field 1:	RECORD_ID	maham IIndana	han assigned to identify the ground First and 11
<b>Description:</b>			ber assigned to identify the record. First available
Doginaina Daalda	•		CORD_ID in THCIC Research Data Files (RDF's).
Beginning Position:	1 12	Data Source:	Assigned
Length:		Type:	Alphanumeric
Field 2:	REVENUE_CODE_SEC		
Doginaina Dogitions	•	Data Source:	of submission of the revenue codes.
Beginning Position:	13		Assigned Alphanumeric
Length: Field 3:	3 FROZEN_EAPG_GRP_	Type:	Aiphanumenc
rieiu 3:			n Number, as assigned by 3M EAPG Grouper.
<b>Beginning Position:</b>	16	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 4:	FROZEN_FINAL_EAI		7 ii pii aii aii ii
riciu 4.			G) category code, as assigned by 3M™ EAPG
	Grouper. Not available 4		o) category code, as assigned by 3111 Erri o
<b>Beginning Position:</b>	28	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 5:	FROZEN_FINAL_EAR		<u> </u>
			G) type code, as assigned by 3M <sup>™</sup> EAPG Grouper.
	Not available 4Q09.	1 \	
<b>Beginning Position:</b>	30	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 6:	FROZEN_FINAL_EAI	PG	
		ory Patient Group	(EAPG), as assigned by 3M™ EAPG Grouper. Not
	available 4Q09.		
<b>Beginning Position:</b>	32	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 7:	FROZEN_APC_GRP_V		
		ssification (APC) V	ersion Number as assigned by 3M APC Grouper.
	Not available 4Q09.	<b>5</b>	
Beginning Position:	47	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Field 8:	FROZEN_APC_PROC		and the same and the SMTM ADC Common
		assification (APC)	procedure code as assigned by 3M <sup>™</sup> APC Grouper.
Beginning Position:	Not available 4Q09.	Data Source:	Assigned
Length:	5	Type:	Alphanumeric
Field 9:	FROZEN APC PX ST	<i>V</i> 1	
riciu 7.			procedure status indicator as assigned by 3M <sup>™</sup> APC
	Grouper. Not available 4		procedure status mercator as assigned by 3111 The
<b>Beginning Position:</b>	64	Data Source:	Assigned
Length:	2	Type:	Alphanumeric
Field 10:	FROZEN APC WEIG		j
			weighting as assigned by 3M <sup>™</sup> APC Grouper. Not
	available 4Q09.	` ′	
<b>Beginning Position:</b>	66	Data Source:	Assigned
Length:	9	Type:	Alphanumeric
Field 11:	EAPG_GRP_VER		
	Enhanced Ambulatory Pat	ient Group Version	Number, as assigned by 3M EAPG Grouper
<b>Beginning Position:</b>	80	Data Source:	Assigned
Length:	12	Type:	Alphanumeric
Length.	12	турс.	1.1.
	12	Type.	•
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Field 12:	FINAL_EAPG_CAT_CODE			
	Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG			
	Grouper. Not available 4Q09.			
<b>Beginning Position:</b>		ta Source:	Assigned	
Length:	•	pe:	Alphanumeric	
Field 13:	FINAL_EAPG_TYPE_CODI			
		Group (EAPO	G) type code, as assigned by 3M <sup>™</sup> EAPG Grouper.	
	Not available 4Q09.			
<b>Beginning Position:</b>	94 <b>Da</b>	ta Source:	Assigned	
Length:	•	pe:	Alphanumeric	
Field 14:	FINAL_EAPG			
	-	tient Group (	(EAPG), as assigned by 3M <sup>™</sup> EAPG Grouper. Not	
	available 4Q09.			
<b>Beginning Position:</b>		ita Source:	Assigned	
Length:		pe:	Alphanumeric	
Field 15:	APC_GRP_VER			
		ion (APC) V	ersion Number as assigned by 3M APC Grouper.	
	Not available 4Q09.			
<b>Beginning Position:</b>	111 <b>Da</b> t	ta Source:	Assigned	
Length:	12 <b>Ty</b> j	pe:	Alphanumeric	
Length: Field 16:	APC_PROCEDURE_CODE			
	APC_PROCEDURE_CODE Ambulatory Payment Classifica		Alphanumeric procedure code as assigned by 3M <sup>™</sup> APC Grouper.	
Field 16:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09.	ation (APC)	procedure code as assigned by 3M™ APC Grouper.	
Field 16: Beginning Position:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09. 123 Da	ation (APC) j	procedure code as assigned by 3M <sup>™</sup> APC Grouper.  Assigned	
Field 16:  Beginning Position: Length:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09. 123 Da 5 Ty	ation (APC) j ata Source: pe:	procedure code as assigned by 3M™ APC Grouper.	
Field 16: Beginning Position:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09. 123 Da 5 Ty APC_PX_STATUS_IND_CO	ation (APC) jata Source: pe: DDE	procedure code as assigned by 3M <sup>™</sup> APC Grouper.  Assigned Alphanumeric	
Field 16:  Beginning Position: Length:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09. 123 Da 5 Ty APC_PX_STATUS_IND_CO Ambulatory Payment Classifica	ation (APC) jata Source: pe: DDE	procedure code as assigned by 3M <sup>™</sup> APC Grouper.  Assigned	
Field 16:  Beginning Position: Length: Field 17:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09. 123 Da 5 Ty APC_PX_STATUS_IND_CO Ambulatory Payment Classifica Grouper. Not available 4Q09.	nta Source: pe: DE ation (APC)	Assigned Alphanumeric  procedure status indicator as assigned by 3M <sup>TM</sup> APC	
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Field 16:  Beginning Position: Length: Field 17:  Beginning Position: Length:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09. 123	nta Source: pe: DE ation (APC)	procedure code as assigned by 3M™ APC Grouper.  Assigned Alphanumeric  procedure status indicator as assigned by 3M™ APC	
Field 16:  Beginning Position: Length: Field 17:  Beginning Position:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09. 123	nta Source:  pe: DE ation (APC) ation (APC) ation (APC)	Assigned Alphanumeric  Assigned Alphanumeric  Assigned by 3M <sup>TM</sup> APC Grouper.  Assigned Alphanumeric	
Field 16:  Beginning Position: Length: Field 17:  Beginning Position: Length:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09.  123	nta Source: rpe: DDE ation (APC) ation (APC) ation (APC)	Assigned Alphanumeric  Assigned Alphanumeric  Assigned by 3M™ APC Grouper.  Assigned Alphanumeric  Assigned by 3M™ APC  Assigned	
Field 16:  Beginning Position: Length: Field 17:  Beginning Position: Length: Field 18:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09.  123	nta Source: rpe: DDE nta Source: rta Source: rpe: nta Source: rpe:	Assigned Alphanumeric  Procedure status indicator as assigned by 3M <sup>TM</sup> APC  Assigned Alphanumeric  Assigned Alphanumeric  weighting as assigned by 3M <sup>TM</sup> APC Grouper. Not	
Field 16:  Beginning Position: Length: Field 17:  Beginning Position: Length: Field 18:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09.  123	ation (APC) partial Source:  Ata Source:  Ata Source:  Ata Source:  Ata Source:	Assigned Alphanumeric  Assigned Alphanumeric  Assigned Alphanumeric  Assigned Alphanumeric  Assigned Alphanumeric  Weighting as assigned by 3M <sup>TM</sup> APC Grouper. Not  Assigned	
Field 16:  Beginning Position: Length: Field 17:  Beginning Position: Length: Field 18:	APC_PROCEDURE_CODE Ambulatory Payment Classifica Not available 4Q09.  123	nta Source: rpe: DDE nta Source: rta Source: rpe: nta Source: rpe:	Assigned Alphanumeric  Procedure status indicator as assigned by 3M <sup>TM</sup> APC  Assigned Alphanumeric  Assigned Alphanumeric  weighting as assigned by 3M <sup>TM</sup> APC Grouper. Not	



# 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 <sup>1</sup>	36	1	Alphanumeric
29	FAC_ONCOLOGY_IND <sup>1</sup>	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	

<sup>&</sup>lt;sup>1</sup> Facility Type Code added to the 4<sup>th</sup> 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	